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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	12,352,824.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	12,352,824.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	6,926,373.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	19,279,197.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	175,013.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	19,454,210.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	2,902,862.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	2,902,862.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	754,091.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	3,656,953.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	55,177.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	3,712,130.	
00300	Other Capital Related Cost	00200	Other Cost	3,054,846.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	3,054,846.	
00300	Other Capital Related Cost	00400	Reclassifications	-7,680,464.	
00300	Other Capital Related Cost	00500	Reclassified T/B	-4,625,618.	
00300	Other Capital Related Cost	00600	Adjustments	4,625,618.	
00400	Employee Benefits	00100	Salaries	902,754.	
00400	Employee Benefits	00200	Other Cost	17,593,151.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	18,495,905.	
00400	Employee Benefits	00400	Reclassifications	-1,929.	
00400	Employee Benefits	00500	Reclassified T/B	18,493,976.	
00400	Employee Benefits	00600	Adjustments	-756,410.	
00400	Employee Benefits	00700	Net Expense for Alloc	17,737,566.	
00500	Administrative and General	00100	Salaries	14,774,493.	
00500	Administrative and General	00200	Other Cost	61,541,948.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	76,316,441.	
00500	Administrative and General	00400	Reclassifications	328.	
00500	Administrative and General	00500	Reclassified T/B	76,316,769.	
00500	Administrative and General	00600	Adjustments	-10,636,129.	
00500	Administrative and General	00700	Net Expense for Alloc	65,680,640.	
00700	Plant Operation	00100	Salaries	2,102,278.	
00700	Plant Operation	00200	Other Cost	6,103,483.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	8,205,761.	

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00700	Plant Operation	00500	Reclassified T/B	8,205,761.	
00700	Plant Operation	00700	Net Expense for Alloc	8,205,761.	
00800	Laundry and Linen Service	00100	Salaries	106,217.	
00800	Laundry and Linen Service	00200	Other Cost	1,154,550.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	1,260,767.	
00800	Laundry and Linen Service	00500	Reclassified T/B	1,260,767.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	1,260,767.	
00900	Housekeeping	00100	Salaries	2,878,650.	
00900	Housekeeping	00200	Other Cost	1,232,425.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	4,111,075.	
00900	Housekeeping	00500	Reclassified T/B	4,111,075.	
00900	Housekeeping	00700	Net Expense for Alloc	4,111,075.	
01000	Dietary	00100	Salaries	3,634,939.	
01000	Dietary	00200	Other Cost	3,874,506.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	7,509,445.	
01000	Dietary	00400	Reclassifications	-3,915,548.	
01000	Dietary	00500	Reclassified T/B	3,593,897.	
01000	Dietary	00600	Adjustments	-1,940.	
01000	Dietary	00700	Net Expense for Alloc	3,591,957.	
01100	Cafeteria	00400	Reclassifications	3,915,548.	
01100	Cafeteria	00500	Reclassified T/B	3,915,548.	
01100	Cafeteria	00600	Adjustments	-1,802,949.	
01100	Cafeteria	00700	Net Expense for Alloc	2,112,599.	
01300	Nursing Administration	00100	Salaries	2,147,163.	
01300	Nursing Administration	00200	Other Cost	306,841.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	2,454,004.	
01300	Nursing Administration	00400	Reclassifications	13,605.	
01300	Nursing Administration	00500	Reclassified T/B	2,467,609.	
01300	Nursing Administration	00600	Adjustments	-9,550.	
01300	Nursing Administration	00700	Net Expense for Alloc	2,458,059.	
01400	Central Service and Supply	00100	Salaries	670,359.	
01400	Central Service and Supply	00200	Other Cost	1,454,340.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	2,124,699.	
01400	Central Service and Supply	00400	Reclassifications	8,076.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01400	Central Service and Supply	00500	Reclassified T/B	2,132,775.	
01400	Central Service and Supply	00600	Adjustments	1,201,001.	
01400	Central Service and Supply	00700	Net Expense for Alloc	3,333,776.	
01500	Pharmacy	00100	Salaries	5,721,121.	
01500	Pharmacy	00200	Other Cost	454,350.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	6,175,471.	
01500	Pharmacy	00400	Reclassifications	-8,479.	
01500	Pharmacy	00500	Reclassified T/B	6,166,992.	
01500	Pharmacy	00600	Adjustments	-1,350.	
01500	Pharmacy	00700	Net Expense for Alloc	6,165,642.	
01600	Medical Records and Library	00100	Salaries	1,622,754.	
01600	Medical Records and Library	00200	Other Cost	865,319.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	2,488,073.	
01600	Medical Records and Library	00500	Reclassified T/B	2,488,073.	
01600	Medical Records and Library	00600	Adjustments	-121,637.	
01600	Medical Records and Library	00700	Net Expense for Alloc	2,366,436.	
02000	Nursing School	00100	Salaries	1,008,181.	
02000	Nursing School	00200	Other Cost	106,486.	
02000	Nursing School	00300	Total Cost (Col 01 & 02)	1,114,667.	
02000	Nursing School	00400	Reclassifications	195,580.	
02000	Nursing School	00500	Reclassified T/B	1,310,247.	
02000	Nursing School	00600	Adjustments	-171,210.	
02000	Nursing School	00700	Net Expense for Alloc	1,139,037.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00100	Salaries	321,061.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00200	Other Cost	78,192.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00300	Total Cost (Col 01 & 02)	399,253.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00500	Reclassified T/B	399,253.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	399,253.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	5,043,301.	02201

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	5,043,301.	02201
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	5,043,301.	02201
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	-578,451.	02201
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	4,464,850.	02201
02300	Paramedical Education Program	00100	Salaries	129,528.	
02300	Paramedical Education Program	00200	Other Cost	5,015.	
02300	Paramedical Education Program	00300	Total Cost (Col 01 & 02)	134,543.	
02300	Paramedical Education Program	00400	Reclassifications	15,348.	
02300	Paramedical Education Program	00500	Reclassified T/B	149,891.	
02300	Paramedical Education Program	00600	Adjustments	-15,245.	
02300	Paramedical Education Program	00700	Net Expense for Alloc	134,646.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	24,026,403.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	560,643.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	24,587,046.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-788,020.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	23,799,026.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-23,222.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	23,775,804.	
03100	Intensive Care Unit	00100	Salaries	6,346,460.	
03100	Intensive Care Unit	00200	Other Cost	121,345.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	6,467,805.	
03100	Intensive Care Unit	00400	Reclassifications	75,820.	
03100	Intensive Care Unit	00500	Reclassified T/B	6,543,625.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	6,543,625.	
03200	Coronary Care Unit	00100	Salaries	5,131,194.	
03200	Coronary Care Unit	00200	Other Cost	79,191.	
03200	Coronary Care Unit	00300	Total Cost (Col 01 & 02)	5,210,385.	
03200	Coronary Care Unit	00400	Reclassifications	152,298.	
03200	Coronary Care Unit	00500	Reclassified T/B	5,362,683.	
03200	Coronary Care Unit	00600	Adjustments	-80,623.	
03200	Coronary Care Unit	00700	Net Expense for Alloc	5,282,060.	

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03200	Coronary Care Unit	00100	Salaries	332,344.	03201
03200	Coronary Care Unit	00200	Other Cost	2,274.	03201
03200	Coronary Care Unit	00300	Total Cost (Col 01 & 02)	334,618.	03201
03200	Coronary Care Unit	00400	Reclassifications	-3,829.	03201
03200	Coronary Care Unit	00500	Reclassified T/B	330,789.	03201
03200	Coronary Care Unit	00700	Net Expense for Alloc	330,789.	03201
03200	Coronary Care Unit	00100	Salaries	3,277,759.	03202
03200	Coronary Care Unit	00200	Other Cost	166,774.	03202
03200	Coronary Care Unit	00300	Total Cost (Col 01 & 02)	3,444,533.	03202
03200	Coronary Care Unit	00400	Reclassifications	33,960.	03202
03200	Coronary Care Unit	00500	Reclassified T/B	3,478,493.	03202
03200	Coronary Care Unit	00600	Adjustments	-60,000.	03202
03200	Coronary Care Unit	00700	Net Expense for Alloc	3,418,493.	03202
04100	Subprovider - IRF	00100	Salaries	3,703,771.	
04100	Subprovider - IRF	00200	Other Cost	132,746.	
04100	Subprovider - IRF	00300	Total Cost (Col 01 & 02)	3,836,517.	
04100	Subprovider - IRF	00400	Reclassifications	-341,332.	
04100	Subprovider - IRF	00500	Reclassified T/B	3,495,185.	
04100	Subprovider - IRF	00600	Adjustments	-36,000.	
04100	Subprovider - IRF	00700	Net Expense for Alloc	3,459,185.	
04300	Nursery	00200	Other Cost	403.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	403.	
04300	Nursery	00400	Reclassifications	1,369,338.	
04300	Nursery	00500	Reclassified T/B	1,369,741.	
04300	Nursery	00700	Net Expense for Alloc	1,369,741.	
05000	Operating Room	00100	Salaries	8,518,677.	
05000	Operating Room	00200	Other Cost	4,104,387.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	12,623,064.	
05000	Operating Room	00400	Reclassifications	-18,249.	
05000	Operating Room	00500	Reclassified T/B	12,604,815.	
05000	Operating Room	00700	Net Expense for Alloc	12,604,815.	
05100	Recovery Room	00100	Salaries	2,892,914.	
05100	Recovery Room	00200	Other Cost	82,534.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	2,975,448.	

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05100	Recovery Room	00400	Reclassifications	49,063.	
05100	Recovery Room	00500	Reclassified T/B	3,024,511.	
05100	Recovery Room	00700	Net Expense for Alloc	3,024,511.	
05200	Delivery Room and Labor Room	00100	Salaries	2,937,274.	
05200	Delivery Room and Labor Room	00200	Other Cost	207,608.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	3,144,882.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-755,761.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	2,389,121.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	2,389,121.	
05300	Anesthesiology	00100	Salaries	285,388.	
05300	Anesthesiology	00200	Other Cost	1,099,314.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	1,384,702.	
05300	Anesthesiology	00400	Reclassifications	3,438.	
05300	Anesthesiology	00500	Reclassified T/B	1,388,140.	
05300	Anesthesiology	00600	Adjustments	-1,000,000.	
05300	Anesthesiology	00700	Net Expense for Alloc	388,140.	
05400	Radiology - Diagnositc	00100	Salaries	5,029,551.	
05400	Radiology - Diagnositc	00200	Other Cost	573,514.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	5,603,065.	
05400	Radiology - Diagnositc	00400	Reclassifications	-32,124.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	5,570,941.	
05400	Radiology - Diagnositc	00600	Adjustments	-437,480.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	5,133,461.	
05600	Radioisotope	00100	Salaries	321,988.	
05600	Radioisotope	00200	Other Cost	549,274.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	871,262.	
05600	Radioisotope	00400	Reclassifications	21,538.	
05600	Radioisotope	00500	Reclassified T/B	892,800.	
05600	Radioisotope	00700	Net Expense for Alloc	892,800.	
05700	Computer Tomography (CT) Scan	00100	Salaries	1,056,605.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	482,222.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	1,538,827.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	45,009.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	1,583,836.	

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	1,583,836.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	451,766.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	68,898.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	520,664.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	7,634.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	528,298.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	528,298.	
05900	Cardiac Catheterization	00100	Salaries	1,176,493.	
05900	Cardiac Catheterization	00200	Other Cost	1,147,841.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	2,324,334.	
05900	Cardiac Catheterization	00400	Reclassifications	66,132.	
05900	Cardiac Catheterization	00500	Reclassified T/B	2,390,466.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	2,390,466.	
06000	Laboratory	00100	Salaries	5,132,183.	
06000	Laboratory	00200	Other Cost	1,620,355.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	6,752,538.	
06000	Laboratory	00400	Reclassifications	-7,683.	
06000	Laboratory	00500	Reclassified T/B	6,744,855.	
06000	Laboratory	00600	Adjustments	-488,317.	
06000	Laboratory	00700	Net Expense for Alloc	6,256,538.	
06300	Blood Storing, Processing and Transportation	00100	Salaries	372,082.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	1,930,333.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	2,302,415.	
06300	Blood Storing, Processing and Transportation	00400	Reclassifications	7,601.	
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	2,310,016.	
06300	Blood Storing, Processing and Transportation	00600	Adjustments	-105.	
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	2,309,911.	
06500	Respiratory Therapy	00100	Salaries	3,346,087.	
06500	Respiratory Therapy	00200	Other Cost	294,835.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	3,640,922.	
06500	Respiratory Therapy	00400	Reclassifications	-3,695.	
06500	Respiratory Therapy	00500	Reclassified T/B	3,637,227.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	3,637,227.	
06600	Physical Therapy	00100	Salaries	7,361,966.	

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06600	Physical Therapy	00200	Other Cost	293,914.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	7,655,880.	
06600	Physical Therapy	00400	Reclassifications	335,463.	
06600	Physical Therapy	00500	Reclassified T/B	7,991,343.	
06600	Physical Therapy	00600	Adjustments	-3,142.	
06600	Physical Therapy	00700	Net Expense for Alloc	7,988,201.	
06900	Electrocardiology	00100	Salaries	898,790.	
06900	Electrocardiology	00200	Other Cost	127,952.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	1,026,742.	
06900	Electrocardiology	00400	Reclassifications	-357,885.	
06900	Electrocardiology	00500	Reclassified T/B	668,857.	
06900	Electrocardiology	00700	Net Expense for Alloc	668,857.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	30,767,127.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	30,767,127.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	30,767,127.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	30,767,127.	
07200	Implantable Devices Charged to Patients	00200	Other Cost	17,642,883.	
07200	Implantable Devices Charged to Patients	00300	Total Cost (Col 01 & 02)	17,642,883.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	17,642,883.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	17,642,883.	
07300	Drugs Charged to Patients	00200	Other Cost	14,157,535.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	14,157,535.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	14,157,535.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	14,157,535.	
07400	Renal Dialysis	00100	Salaries	519,483.	
07400	Renal Dialysis	00200	Other Cost	161,850.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	681,333.	
07400	Renal Dialysis	00400	Reclassifications	5,616.	
07400	Renal Dialysis	00500	Reclassified T/B	686,949.	
07400	Renal Dialysis	00700	Net Expense for Alloc	686,949.	
07600	Other Ancillary Cost	00100	Salaries	1,250,822.	07601
07600	Other Ancillary Cost	00200	Other Cost	43,934.	07601
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	1,294,756.	07601
07600	Other Ancillary Cost	00400	Reclassifications	-520.	07601

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100002	**BETHESDA HOSPITAL BOYNTON BEACH, FL 33435**				
	Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00500	Reclassified T/B	1,294,236.	07601
07600	Other Ancillary Cost	00700	Net Expense for Alloc	1,294,236.	07601
07600	Other Ancillary Cost	00100	Salaries	216,199.	07602
07600	Other Ancillary Cost	00200	Other Cost	5,123.	07602
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	221,322.	07602
07600	Other Ancillary Cost	00400	Reclassifications	3,750.	07602
07600	Other Ancillary Cost	00500	Reclassified T/B	225,072.	07602
07600	Other Ancillary Cost	00700	Net Expense for Alloc	225,072.	07602
07600	Other Ancillary Cost	00100	Salaries	654,994.	07603
07600	Other Ancillary Cost	00200	Other Cost	33,771.	07603
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	688,765.	07603
07600	Other Ancillary Cost	00400	Reclassifications	11,258.	07603
07600	Other Ancillary Cost	00500	Reclassified T/B	700,023.	07603
07600	Other Ancillary Cost	00700	Net Expense for Alloc	700,023.	07603
07600	Other Ancillary Cost	00100	Salaries	338,155.	07697
07600	Other Ancillary Cost	00200	Other Cost	82,340.	07697
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	420,495.	07697
07600	Other Ancillary Cost	00500	Reclassified T/B	420,495.	07697
07600	Other Ancillary Cost	00600	Adjustments	-73,312.	07697
07600	Other Ancillary Cost	00700	Net Expense for Alloc	347,183.	07697
07600	Other Ancillary Cost	00100	Salaries	60,456.	07698
07600	Other Ancillary Cost	00200	Other Cost	12,802.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	73,258.	07698
07600	Other Ancillary Cost	00400	Reclassifications	5,259.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	78,517.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	78,517.	07698
09100	Emergency	00100	Salaries	7,926,082.	
09100	Emergency	00200	Other Cost	345,721.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	8,271,803.	
09100	Emergency	00400	Reclassifications	-118,174.	
09100	Emergency	00500	Reclassified T/B	8,153,629.	
09100	Emergency	00600	Adjustments	-344,389.	
09100	Emergency	00700	Net Expense for Alloc	7,809,240.	
11800	Sub Total (Lines 01-117)	00100	Salaries	129,585,384.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
11800	Sub Total (Lines 01-117)	00200	Other Cost	195,023,882.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	324,609,266.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-11,566.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	324,597,700.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-10,584,652.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	314,013,048.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	156,226.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	-156,175.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	51.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	51.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	51.	
19400	Other Nonreimbursable Cost	00100	Salaries	265,921.	
19400	Other Nonreimbursable Cost	00200	Other Cost	9,533.	
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	275,454.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	3,087.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	278,541.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	278,541.	
19400	Other Nonreimbursable Cost	00100	Salaries	355,407.	19401
19400	Other Nonreimbursable Cost	00200	Other Cost	44,023.	19401
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	399,430.	19401
19400	Other Nonreimbursable Cost	00400	Reclassifications	8,479.	19401
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	407,909.	19401
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	407,909.	19401
20000	Worksheet A Total (Line 118-199)	00100	Salaries	130,362,938.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	194,921,263.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	325,284,201.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	325,284,201.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-10,584,652.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	314,699,549.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	NURSERY COST WITHIN OB	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	43.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00400	Salary	1,322,854.	
00100	Reclassifications	00500	Other	46,484.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	1,322,854.	
00100	Reclassifications	00900	Other	46,484.	
50000	Reclassifications	00400	Salary	1,322,854.	
50000	Reclassifications	00500	Other	46,484.	
50000	Reclassifications	00800	Salary	1,322,854.	
50000	Reclassifications	00900	Other	46,484.	
00B	**Adjustment Reference**				
00100	CAFETERIA COST WITHIN DIETARY	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00400	Salary	1,895,317.	
00100	Reclassifications	00500	Other	2,020,231.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00800	Salary	1,895,317.	
00100	Reclassifications	00900	Other	2,020,231.	
50000	Reclassifications	00400	Salary	1,895,317.	
50000	Reclassifications	00500	Other	2,020,231.	
50000	Reclassifications	00800	Salary	1,895,317.	
50000	Reclassifications	00900	Other	2,020,231.	
00C	**Adjustment Reference**				
00100	IRF ADMINISTRATION	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	66.	
00100	Reclassifications	00400	Salary	312,535.	
00100	Reclassifications	00500	Other	23,614.	
00100	Reclassifications	00700	Line Number	41.	
00100	Reclassifications	00800	Salary	312,535.	
00100	Reclassifications	00900	Other	23,614.	
50000	Reclassifications	00400	Salary	312,535.	
50000	Reclassifications	00500	Other	23,614.	
50000	Reclassifications	00800	Salary	312,535.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	23,614.	
00D	**Adjustment Reference**				
00100	BETHESDA HEART ADMINISTRATION	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	32.	
00100	Reclassifications	00400	Salary	139,468.	
00100	Reclassifications	00500	Other	38,603.	
00100	Reclassifications	00700	Line Number	69.	
00100	Reclassifications	00800	Salary	280,262.	
00100	Reclassifications	00900	Other	77,573.	
00200	BETHESDA HEART ADMINISTRATION	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00300	Line Number	50.	
00200	Reclassifications	00400	Salary	28,554.	
00200	Reclassifications	00500	Other	7,903.	
00300	BETHESDA HEART ADMINISTRATION	00000	Description		
00300	Reclassifications	00100	Code	D	
00300	Reclassifications	00300	Line Number	51.	
00300	Reclassifications	00400	Salary	16,982.	
00300	Reclassifications	00500	Other	4,700.	
00400	BETHESDA HEART ADMINISTRATION	00000	Description		
00400	Reclassifications	00100	Code	D	
00400	Reclassifications	00300	Line Number	56.	
00400	Reclassifications	00400	Salary	15,137.	
00400	Reclassifications	00500	Other	4,190.	
00500	BETHESDA HEART ADMINISTRATION	00000	Description		
00500	Reclassifications	00100	Code	D	
00500	Reclassifications	00300	Line Number	57.	
00500	Reclassifications	00400	Salary	21,520.	
00500	Reclassifications	00500	Other	5,957.	
00600	BETHESDA HEART ADMINISTRATION	00000	Description		
00600	Reclassifications	00100	Code	D	
00600	Reclassifications	00300	Line Number	59.	
00600	Reclassifications	00400	Salary	58,601.	

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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				
A60	**Wkst A-6 Reclassifications**				
00600	Reclassifications	00500	Other	16,220.	
50000	Reclassifications	00400	Salary	280,262.	
50000	Reclassifications	00500	Other	77,573.	
50000	Reclassifications	00800	Salary	280,262.	
50000	Reclassifications	00900	Other	77,573.	
00E	**Adjustment Reference**				
00100	EMERGENCY ROOM HOLD	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	65,816.	
00100	Reclassifications	00500	Other	2,518.	
00100	Reclassifications	00700	Line Number	91.	
00100	Reclassifications	00800	Salary	65,816.	
00100	Reclassifications	00900	Other	2,518.	
50000	Reclassifications	00400	Salary	65,816.	
50000	Reclassifications	00500	Other	2,518.	
50000	Reclassifications	00800	Salary	65,816.	
50000	Reclassifications	00900	Other	2,518.	
00F	**Adjustment Reference**				
00100	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	20.	
00100	Reclassifications	00400	Salary	341,597.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	706.	
00200	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00700	Line Number	13.	
00200	Reclassifications	00800	Salary	1,793.	
00300	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00800	Salary	189,218.	
00400	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00800	Salary	1,177.	
00500	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	32.	
00500	Reclassifications	00800	Salary	25,773.	
00600	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	32.01	
00600	Reclassifications	00800	Salary	7,688.	
00700	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00700	Reclassifications	00100	Code	F	
00700	Reclassifications	00700	Line Number	32.02	
00700	Reclassifications	00800	Salary	4,097.	
00800	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00800	Reclassifications	00100	Code	F	
00800	Reclassifications	00700	Line Number	41.	
00800	Reclassifications	00800	Salary	5,134.	
00900	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
00900	Reclassifications	00100	Code	F	
00900	Reclassifications	00700	Line Number	50.	
00900	Reclassifications	00800	Salary	15,530.	
01000	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01000	Reclassifications	00100	Code	F	
01000	Reclassifications	00700	Line Number	51.	
01000	Reclassifications	00800	Salary	281.	
01100	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01100	Reclassifications	00100	Code	F	
01100	Reclassifications	00700	Line Number	52.	
01100	Reclassifications	00800	Salary	20,054.	
01200	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01200	Reclassifications	00100	Code	F	
01200	Reclassifications	00700	Line Number	57.	

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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				
A60	**Wkst A-6 Reclassifications**				
01200	Reclassifications	00800	Salary	745.	
01300	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01300	Reclassifications	00100	Code	F	
01300	Reclassifications	00700	Line Number	58.	
01300	Reclassifications	00800	Salary	202.	
01400	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01400	Reclassifications	00100	Code	F	
01400	Reclassifications	00700	Line Number	59.	
01400	Reclassifications	00800	Salary	8,587.	
01500	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01500	Reclassifications	00100	Code	F	
01500	Reclassifications	00700	Line Number	65.	
01500	Reclassifications	00800	Salary	2,103.	
01600	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01600	Reclassifications	00100	Code	F	
01600	Reclassifications	00700	Line Number	66.	
01600	Reclassifications	00800	Salary	597.	
01700	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01700	Reclassifications	00100	Code	F	
01700	Reclassifications	00700	Line Number	69.	
01700	Reclassifications	00800	Salary	1,642.	
01800	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01800	Reclassifications	00100	Code	F	
01800	Reclassifications	00700	Line Number	76.03	
01800	Reclassifications	00800	Salary	2,454.	
01900	BETHESDA COLLEGE PRECEPTOR COST	00000	Description		
01900	Reclassifications	00100	Code	F	
01900	Reclassifications	00700	Line Number	91.	
01900	Reclassifications	00800	Salary	53,816.	
50000	Reclassifications	00400	Salary	341,597.	
50000	Reclassifications	00800	Salary	341,597.	
00G	**Adjustment Reference**				
00100	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00100	Reclassifications	00100	Code	G	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	20.	
00100	Reclassifications	00400	Salary	2,888.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00800	Salary	1,929.	
00200	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00200	Reclassifications	00100	Code	G	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00800	Salary	256.	
00300	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00300	Reclassifications	00100	Code	G	
00300	Reclassifications	00700	Line Number	13.	
00300	Reclassifications	00800	Salary	110.	
00400	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00400	Reclassifications	00100	Code	G	
00400	Reclassifications	00700	Line Number	41.	
00400	Reclassifications	00800	Salary	49.	
00500	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00500	Reclassifications	00100	Code	G	
00500	Reclassifications	00700	Line Number	57.	
00500	Reclassifications	00800	Salary	50.	
00600	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00600	Reclassifications	00100	Code	G	
00600	Reclassifications	00700	Line Number	59.	
00600	Reclassifications	00800	Salary	102.	
00700	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00700	Reclassifications	00100	Code	G	
00700	Reclassifications	00700	Line Number	63.	
00700	Reclassifications	00800	Salary	82.	
00800	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00800	Reclassifications	00100	Code	G	
00800	Reclassifications	00700	Line Number	66.	
00800	Reclassifications	00800	Salary	89.	
00900	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
00900	Reclassifications	00100	Code	G	

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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				
A60	**Wkst A-6 Reclassifications**				
00900	Reclassifications	00700	Line Number	76.01	
00900	Reclassifications	00800	Salary	119.	
01000	BETHESDA COLLEGE SPEAKER COSTS	00000	Description		
01000	Reclassifications	00100	Code	G	
01000	Reclassifications	00700	Line Number	91.	
01000	Reclassifications	00800	Salary	102.	
50000	Reclassifications	00400	Salary	2,888.	
50000	Reclassifications	00800	Salary	2,888.	
00H	**Adjustment Reference**				
00100	DIRECTORS RECLASSIFICATOIN	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00400	Salary	1,290.	
00200	DIRECTORS RECLASSIFICATOIN	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00300	Line Number	13.	
00200	Reclassifications	00400	Salary	15,508.	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00800	Salary	8,479.	
00300	DIRECTORS RECLASSIFICATOIN	00000	Description		
00300	Reclassifications	00100	Code	H	
00300	Reclassifications	00300	Line Number	14.	
00300	Reclassifications	00400	Salary	8,076.	
00300	Reclassifications	00700	Line Number	20.	
00300	Reclassifications	00800	Salary	148,905.	
00400	DIRECTORS RECLASSIFICATOIN	00000	Description		
00400	Reclassifications	00100	Code	H	
00400	Reclassifications	00300	Line Number	23.	
00400	Reclassifications	00400	Salary	15,348.	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00800	Salary	71,483.	
00500	DIRECTORS RECLASSIFICATOIN	00000	Description		
00500	Reclassifications	00100	Code	H	
00500	Reclassifications	00300	Line Number	30.	

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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				
A60	**Wkst A-6 Reclassifications**				
00500	Reclassifications	00400	Salary	87,059.	
00500	Reclassifications	00700	Line Number	50.	
00500	Reclassifications	00800	Salary	39,176.	
00600	DIRECTORS RECLASSIFICATOIN	00000	Description		
00600	Reclassifications	00100	Code	H	
00600	Reclassifications	00300	Line Number	31.	
00600	Reclassifications	00400	Salary	76,997.	
00600	Reclassifications	00700	Line Number	52.	
00600	Reclassifications	00800	Salary	83,184.	
00700	DIRECTORS RECLASSIFICATOIN	00000	Description		
00700	Reclassifications	00100	Code	H	
00700	Reclassifications	00300	Line Number	32.01	
00700	Reclassifications	00400	Salary	3,859.	
00700	Reclassifications	00700	Line Number	54.	
00700	Reclassifications	00800	Salary	32,124.	
00800	DIRECTORS RECLASSIFICATOIN	00000	Description		
00800	Reclassifications	00100	Code	H	
00800	Reclassifications	00300	Line Number	32.02	
00800	Reclassifications	00400	Salary	38,057.	
00800	Reclassifications	00700	Line Number	60.	
00800	Reclassifications	00800	Salary	7,683.	
00900	DIRECTORS RECLASSIFICATOIN	00000	Description		
00900	Reclassifications	00100	Code	H	
00900	Reclassifications	00300	Line Number	51.	
00900	Reclassifications	00400	Salary	27,662.	
00900	Reclassifications	00700	Line Number	65.	
00900	Reclassifications	00800	Salary	1,592.	
01000	DIRECTORS RECLASSIFICATOIN	00000	Description		
01000	Reclassifications	00100	Code	H	
01000	Reclassifications	00300	Line Number	52.	
01000	Reclassifications	00400	Salary	34,103.	
01000	Reclassifications	00700	Line Number	66.	
01000	Reclassifications	00800	Salary	21,423.	
01100	DIRECTORS RECLASSIFICATOIN	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01100	Reclassifications	00100	Code	H	
01100	Reclassifications	00300	Line Number	53.	
01100	Reclassifications	00400	Salary	3,438.	
01100	Reclassifications	00700	Line Number	76.01	
01100	Reclassifications	00800	Salary	5,259.	
01200	DIRECTORS RECLASSIFICATOIN	00000	Description		
01200	Reclassifications	00100	Code	H	
01200	Reclassifications	00300	Line Number	56.	
01200	Reclassifications	00400	Salary	2,211.	
01300	DIRECTORS RECLASSIFICATOIN	00000	Description		
01300	Reclassifications	00100	Code	H	
01300	Reclassifications	00300	Line Number	57.	
01300	Reclassifications	00400	Salary	18,327.	
01400	DIRECTORS RECLASSIFICATOIN	00000	Description		
01400	Reclassifications	00100	Code	H	
01400	Reclassifications	00300	Line Number	58.	
01400	Reclassifications	00400	Salary	7,836.	
01500	DIRECTORS RECLASSIFICATOIN	00000	Description		
01500	Reclassifications	00100	Code	H	
01500	Reclassifications	00300	Line Number	63.	
01500	Reclassifications	00400	Salary	7,683.	
01600	DIRECTORS RECLASSIFICATOIN	00000	Description		
01600	Reclassifications	00100	Code	H	
01600	Reclassifications	00300	Line Number	66.	
01600	Reclassifications	00400	Salary	21,423.	
01700	DIRECTORS RECLASSIFICATOIN	00000	Description		
01700	Reclassifications	00100	Code	H	
01700	Reclassifications	00300	Line Number	69.	
01700	Reclassifications	00400	Salary	1,592.	
01800	DIRECTORS RECLASSIFICATOIN	00000	Description		
01800	Reclassifications	00100	Code	H	
01800	Reclassifications	00300	Line Number	74.	
01800	Reclassifications	00400	Salary	5,616.	
01900	DIRECTORS RECLASSIFICATOIN	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01900	Reclassifications	00100	Code	H	
01900	Reclassifications	00300	Line Number	76.01	
01900	Reclassifications	00400	Salary	4,858.	
02000	DIRECTORS RECLASSIFICATOIN	00000	Description		
02000	Reclassifications	00100	Code	H	
02000	Reclassifications	00300	Line Number	76.02	
02000	Reclassifications	00400	Salary	3,750.	
02100	DIRECTORS RECLASSIFICATOIN	00000	Description		
02100	Reclassifications	00100	Code	H	
02100	Reclassifications	00300	Line Number	76.03	
02100	Reclassifications	00400	Salary	13,712.	
02200	DIRECTORS RECLASSIFICATOIN	00000	Description		
02200	Reclassifications	00100	Code	H	
02200	Reclassifications	00300	Line Number	76.98	
02200	Reclassifications	00400	Salary	5,259.	
02300	DIRECTORS RECLASSIFICATOIN	00000	Description		
02300	Reclassifications	00100	Code	H	
02300	Reclassifications	00300	Line Number	91.	
02300	Reclassifications	00400	Salary	4,078.	
02400	DIRECTORS RECLASSIFICATOIN	00000	Description		
02400	Reclassifications	00100	Code	H	
02400	Reclassifications	00300	Line Number	194.	
02400	Reclassifications	00400	Salary	3,087.	
02500	DIRECTORS RECLASSIFICATOIN	00000	Description		
02500	Reclassifications	00100	Code	H	
02500	Reclassifications	00300	Line Number	194.01	
02500	Reclassifications	00400	Salary	8,479.	
50000	Reclassifications	00400	Salary	419,308.	
50000	Reclassifications	00800	Salary	419,308.	
00I	**Adjustment Reference**				
00100	LABOR & DELIVERY COST	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	622,961.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	63,665.	
00100	Reclassifications	00700	Line Number	52.	
00100	Reclassifications	00800	Salary	622,961.	
00100	Reclassifications	00900	Other	63,665.	
50000	Reclassifications	00400	Salary	622,961.	
50000	Reclassifications	00500	Other	63,665.	
50000	Reclassifications	00800	Salary	622,961.	
50000	Reclassifications	00900	Other	63,665.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	20,282,811.	
00100	Land	00500	Disposals/Retirements	8,879.	
00100	Land	00600	Ending Balance	20,273,932.	
00200	Land Improvements	00100	Beginning Balances	12,739,919.	
00200	Land Improvements	00500	Disposals/Retirements	6,144,858.	
00200	Land Improvements	00600	Ending Balance	6,595,061.	
00200	Land Improvements	00700	Fully Depreciated Assets	4,878,778.	
00300	Buildings and Fixtures	00100	Beginning Balances	226,855,014.	
00300	Buildings and Fixtures	00200	Purchases	6,600.	
00300	Buildings and Fixtures	00400	Total	6,600.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	108,412,349.	
00300	Buildings and Fixtures	00600	Ending Balance	118,449,265.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	17,308,437.	
00400	Building Improvements	00100	Beginning Balances	901,746.	
00400	Building Improvements	00200	Purchases	35,890.	
00400	Building Improvements	00400	Total	35,890.	
00400	Building Improvements	00500	Disposals/Retirements	799,490.	
00400	Building Improvements	00600	Ending Balance	138,146.	
00400	Building Improvements	00700	Fully Depreciated Assets	43,336.	
00500	Fixed Equipment	00100	Beginning Balances	91,599,468.	
00500	Fixed Equipment	00200	Purchases	367,180.	
00500	Fixed Equipment	00400	Total	367,180.	
00500	Fixed Equipment	00500	Disposals/Retirements	62,258,891.	
00500	Fixed Equipment	00600	Ending Balance	29,707,757.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00500	Fixed Equipment	00700	Fully Depreciated Assets	7,223,397.	
00600	Movable Equipment	00100	Beginning Balances	123,508,971.	
00600	Movable Equipment	00200	Purchases	2,937,729.	
00600	Movable Equipment	00400	Total	2,937,729.	
00600	Movable Equipment	00500	Disposals/Retirements	107,033,973.	
00600	Movable Equipment	00600	Ending Balance	19,412,727.	
00600	Movable Equipment	00700	Fully Depreciated Assets	6,908,924.	
00700	HIT-designated Assets	00100	Beginning Balances	34,290,450.	
00700	HIT-designated Assets	00200	Purchases	367,431.	
00700	HIT-designated Assets	00400	Total	367,431.	
00700	HIT-designated Assets	00500	Disposals/Retirements	31,515,151.	
00700	HIT-designated Assets	00600	Ending Balance	3,142,730.	
00700	HIT-designated Assets	00700	Fully Depreciated Assets	1,858,759.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	510,178,379.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	3,714,830.	
00800	Sub Total (Lines 01 To 07)	00400	Total	3,714,830.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	316,173,591.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	197,719,618.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	38,221,631.	
00900	Reconciling Items	00100	Beginning Balances	-857,543.	
00900	Reconciling Items	00200	Purchases	-4,673,905.	
00900	Reconciling Items	00400	Total	-4,673,905.	
00900	Reconciling Items	00500	Disposals/Retirements	-3,729,095.	
00900	Reconciling Items	00600	Ending Balance	-1,802,353.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	511,035,922.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	8,388,735.	
01000	Worksheet A-7 Part 1 Total	00400	Total	8,388,735.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	319,902,686.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	199,521,971.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	38,221,631.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	12,352,824.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	12,352,824.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	2,902,862.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	2,902,862.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	15,255,686.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	15,255,686.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	178,306,892.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	178,306,892.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.901817	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	19,357.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	94,576.	
00100	Capital Related Cost - Land and Buildings	00700	Other Capital Cost	6,812,440.	
00100	Capital Related Cost - Land and Buildings	00800	Total	6,926,373.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	12,527,837.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	19,357.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	94,576.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	6,812,440.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	19,454,210.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	19,412,727.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	19,412,727.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.098183	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	2,107.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	10,297.	
00200	Capital Related Cost - Movable Equipment	00700	Other Capital Cost	741,687.	
00200	Capital Related Cost - Movable Equipment	00800	Total	754,091.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	2,958,039.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	2,107.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	10,297.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	741,687.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	3,712,130.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	197,719,619.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	197,719,619.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	21,464.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	104,873.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00700	Other Capital Cost	7,554,127.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	7,680,464.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	15,485,876.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	21,464.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	104,873.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	7,554,127.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	23,166,340.	
A80	**Wkst A-8 Adjustment to Expenses**				
00300	Investment Income - Other (Chapter 2)	00100	Basis/Code	B	
00300	Investment Income - Other (Chapter 2)	00200	Amount	-239,876.	
00300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00300	Investment Income - Other (Chapter 2)	00400	Line Number	5.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-7,316,980.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	2,518,317.	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-1,784,246.	
01400	CAFETERIA	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	11.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-121,630.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-18,703.	
02000	CAFETERIA	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	11.	
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-45,956.	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	HOUSEKEEPING	00300	Cost Center		
03300	Adjustments	00400	Line Number	9.	03301
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03302
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03303
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,716.	03304
03300	CENTRAL SERVICES & SUPPLY	00300	Cost Center		
03300	Adjustments	00400	Line Number	14.	03304

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	PHARMACY	00300	Cost Center		
03300	Adjustments	00400	Line Number	15.	03305
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	NURSING SCHOOL	00300	Cost Center		
03300	Adjustments	00400	Line Number	20.	03306
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-23,222.	03307
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03307
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-80,623.	03308
03300	CORONARY CARE UNIT	00300	Cost Center		
03300	Adjustments	00400	Line Number	32.	03308
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03309
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03310
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03311
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	RESPIRATORY THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	65.	03312

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	NON ALLOWABLE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03313
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-877,473.	03319
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03319
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-423,333.	03320
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03320
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03321
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,114.	03322
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03322
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03323
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03324
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-13,754.	03325

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	CARDIAC REHABILITATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.97	03325
03300	MISCELLANEOUS SALES & FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,350.	03326
03300	PHARMACY	00300	Cost Center		
03300	Adjustments	00400	Line Number	15.	03326
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,940.	03332
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03332
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03335
03300	MISCELLANEOUS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03337
03300	MISCELLANEOUS SALES & FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-2,400.	03341
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03341
03300	MISCELLANEOUS SALES & FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-140,729.	03342
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03342
03300	TRANSCRIPTS FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-14,147.	03343
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	54.	03343
03300	TRANSCRIPTS FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-28.	03344
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03344
03300	COLLEGE TUITION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-15,245.	03345
03300	PARAMED ED PRGM-RADIOLOGY	00300	Cost Center		
03300	Adjustments	00400	Line Number	23.	03345
03300	COLLEGE TUITION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-171,210.	03346
03300	NURSING SCHOOL	00300	Cost Center		
03300	Adjustments	00400	Line Number	20.	03346
03300	SERVICE INCOME - CATH LAB	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-2,800.	03352
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03352
03300	SERVICE INCOME LAB	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-488,317.	03353
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03353
03300	SERVICE INCOME ER RESIDENTS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-540,000.	03354
03300	I&R SERVICES-OTHER PRGM. COSTS APPR	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.01	03354
03300	SERVICE INCOME MED STAFF SVC	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-12,750.	03356

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03356
03300	SERVICE INCOME - EDUCATION RESOURCE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,905.	03357
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03357
03300	SERVIE INCOME - HIMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-7.	03358
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03358
03300	INTERCOMPANY RENT -ELIMINATION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	OTHER CAP REL COSTS	00300	Cost Center		
03300	Adjustments	00400	Line Number	3.	03359
03300	Adjustments	00500	Wkst A-8 Reference	10.	03359
03300	INTERCOMPANY RENT -ELIMINATION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03360
03300	INTERCOMPANY RENT -ELIMINATION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03361
03300	Adjustments	00500	Wkst A-8 Reference	10.	03361
03300	SERVICE INCOME - EMPLOYEE BENEFITS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-756,410.	03362
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03362
03300	SERVICE INCOME LAB	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-105.	03363

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	BLOOD STORING PROCESSING & TRANS.	00300	Cost Center		
03300	Adjustments	00400	Line Number	63.	03363
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-10,584,652.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	BETHESDA HEALTH	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00200	BETHESDA HEALTH -DEPRECIATION	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00300	BETHESDA HEALTH -DEPRECIATION	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	OTHER CAP REL COSTS	00200	Cost Center		
00400	BETHESDA HEALTH -OTHER CAPITL	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	I&R SERVICES-OTHER PRGM. COSTS APPR	00200	Cost Center		
00400	FAU CONSORTIUM	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00401
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	BAPTIST HEALTH SOUTH FLORIDA	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00402
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	RISK MANAGEMENT INSURANCE & PROPERT	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00403
00400	Costs Incurred and Adjustments Required	00100	Line No		00404
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INFORMATION TECHNOLOGY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00404
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00404
00400	Costs Incurred and Adjustments Required	00100	Line No		00405
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	ADMINISTRATIVE SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00405
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00405
00400	Costs Incurred and Adjustments Required	00100	Line No		00406
00400	CENTRAL SERVICES & SUPPLY	00200	Cost Center		
00400	SUPPLY CHAIN	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00406
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00406
00400	Costs Incurred and Adjustments Required	00100	Line No		00407
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	FINANCE SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00407
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00407
00400	Costs Incurred and Adjustments Required	00100	Line No		00408
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	HUMAN RESOURCES	00300	Expense Items		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00408
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00408
00400	Costs Incurred and Adjustments Required	00100	Line No		00409
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERNAL AUDIT AND COMPLIANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00409
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00409
00400	Costs Incurred and Adjustments Required	00100	Line No		00411
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PRIVACY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00411
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00411
00400	Costs Incurred and Adjustments Required	00100	Line No		00412
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INSURANCE SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00412
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00412
00400	Costs Incurred and Adjustments Required	00100	Line No		00413
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	MANAGED CARE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00413
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00413
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	36,723,226.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	34,204,909.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	2,518,317.	
00600	B	00100	Line No		Symbol
00600	BETHESDA HEALTH	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	HOSPITAL	00600	Net Adjustments		Symbol
00700	C	00100	Line No		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00700	FAU CONSORTIUM	00200	Cost Center		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	FAU	00400	Allowable Cost		
00700	FAU RESIDENTS	00600	Net Adjustments		
00800	B	00100	Line No		
00800	BAPTIST HEALTH	00400	Allowable Cost		
00800	Interrelationship to Related Organization	00500	Amount Wkst A		
00800	HOME OFFICE	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	5.	
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	5,811,788.	
00100	Adjustment	00400	Professional Amount	5,811,788.	
00100	Adjustment	01800	Adjustment	5,811,788.	
00200	Adjustment	00100	Wkst A Line No.	13.	
00200	NURSING ADMINISTRATION	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	5,245.	
00200	Adjustment	00400	Professional Amount	5,245.	
00200	Adjustment	01800	Adjustment	5,245.	
00300	Adjustment	00100	Wkst A Line No.	21.	
00300	I&R SERVICES-SALARY & FRINGES APPRV	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	294,578.	
00300	Adjustment	00500	Provider Amount	294,578.	
00300	Adjustment	00600	RCE Amount	197,500.	
00300	Adjustment	00700	Physician Hours	12,328.	Hours
00300	Adjustment	00800	Unadj RCE Limit	1,170,567.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	58,528.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	1,170,567.	
00400	Adjustment	00100	Wkst A Line No.	32.02	
00400	NEONATAL INTENSIVE CARE UNIT	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	60,000.	
00400	Adjustment	00400	Professional Amount	60,000.	
00400	Adjustment	01800	Adjustment	60,000.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00500	Adjustment	00100	Wkst A Line No.	41.	
00500	SUBPROVIDER - IRF	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	36,000.	
00500	Adjustment	00400	Professional Amount	36,000.	
00500	Adjustment	01800	Adjustment	36,000.	
00600	Adjustment	00100	Wkst A Line No.	53.	
00600	ANESTHESIOLOGY	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	1,000,000.	
00600	Adjustment	00400	Professional Amount	1,000,000.	
00600	Adjustment	01800	Adjustment	1,000,000.	
00700	Adjustment	00100	Wkst A Line No.	76.97	
00700	CARDIAC REHABILITATION	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	59,558.	
00700	Adjustment	00400	Professional Amount	59,558.	
00700	Adjustment	01800	Adjustment	59,558.	
00800	Adjustment	00100	Wkst A Line No.	91.	
00800	EMERGENCY	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	344,389.	
00800	Adjustment	00400	Professional Amount	344,389.	
00800	Adjustment	01800	Adjustment	344,389.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	7,611,558.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	7,316,980.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	294,578.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	12,328.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	1,170,567.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	58,528.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	1,170,567.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	7,316,980.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	11,358,457.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	11,358,457.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	2,480,860.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	13,839,317.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-71,554.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	13,767,763.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	11,766,623.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	11,766,623.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	8,130,796.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	19,897,419.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-281.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	19,897,138.	
00300	Other Capital Related Cost	00200	Other Cost	3,348,639.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	3,348,639.	
00300	Other Capital Related Cost	00400	Reclassifications	-3,348,639.	
00400	Employee Benefits	00100	Salaries	117,709.	
00400	Employee Benefits	00200	Other Cost	32,610,193.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	32,727,902.	
00400	Employee Benefits	00400	Reclassifications	2,397,366.	
00400	Employee Benefits	00500	Reclassified T/B	35,125,268.	
00400	Employee Benefits	00600	Adjustments	4,100,607.	
00400	Employee Benefits	00700	Net Expense for Alloc	39,225,875.	
00500	Administrative and General	00100	Salaries	9,789,483.	
00500	Administrative and General	00200	Other Cost	116,916,884.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	126,706,367.	
00500	Administrative and General	00400	Reclassifications	-11,508,647.	
00500	Administrative and General	00500	Reclassified T/B	115,197,720.	
00500	Administrative and General	00600	Adjustments	-22,986,317.	
00500	Administrative and General	00700	Net Expense for Alloc	92,211,403.	
00700	Plant Operation	00100	Salaries	1,458,372.	
00700	Plant Operation	00200	Other Cost	13,570,734.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	15,029,106.	
00700	Plant Operation	00400	Reclassifications	-74,410.	
00700	Plant Operation	00500	Reclassified T/B	14,954,696.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00700	Plant Operation	00600	Adjustments	-145,546.	
00700	Plant Operation	00700	Net Expense for Alloc	14,809,150.	
00800	Laundry and Linen Service	00200	Other Cost	2,265,119.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	2,265,119.	
00800	Laundry and Linen Service	00500	Reclassified T/B	2,265,119.	
00800	Laundry and Linen Service	00600	Adjustments	-1,834.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	2,263,285.	
00900	Housekeeping	00100	Salaries	4,075,543.	
00900	Housekeeping	00200	Other Cost	2,567,737.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	6,643,280.	
00900	Housekeeping	00400	Reclassifications	-1,022.	
00900	Housekeeping	00500	Reclassified T/B	6,642,258.	
00900	Housekeeping	00700	Net Expense for Alloc	6,642,258.	
01000	Dietary	00100	Salaries	4,310,592.	
01000	Dietary	00200	Other Cost	3,531,023.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	7,841,615.	
01000	Dietary	00400	Reclassifications	1,389,236.	
01000	Dietary	00500	Reclassified T/B	9,230,851.	
01000	Dietary	00600	Adjustments	-1,067,160.	
01000	Dietary	00700	Net Expense for Alloc	8,163,691.	
01300	Nursing Administration	00100	Salaries	6,108,754.	
01300	Nursing Administration	00200	Other Cost	4,017,846.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	10,126,600.	
01300	Nursing Administration	00400	Reclassifications	-599,552.	
01300	Nursing Administration	00500	Reclassified T/B	9,527,048.	
01300	Nursing Administration	00600	Adjustments	108,695.	
01300	Nursing Administration	00700	Net Expense for Alloc	9,635,743.	
01500	Pharmacy	00400	Reclassifications	6,118,195.	
01500	Pharmacy	00500	Reclassified T/B	6,118,195.	
01500	Pharmacy	00700	Net Expense for Alloc	6,118,195.	
01600	Medical Records and Library	00100	Salaries	3,642,315.	
01600	Medical Records and Library	00200	Other Cost	1,378,115.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	5,020,430.	
01600	Medical Records and Library	00400	Reclassifications	3,977,299.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01600	Medical Records and Library	00500	Reclassified T/B	8,997,729.	
01600	Medical Records and Library	00600	Adjustments	-573,762.	
01600	Medical Records and Library	00700	Net Expense for Alloc	8,423,967.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00600	Adjustments	411,523.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	411,523.	
02200	Intern and Residents Other Program Cost (Approved Program)	00100	Salaries	1,926.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	-4,138.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	-2,212.	
02200	Intern and Residents Other Program Cost (Approved Program)	00400	Reclassifications	64,097.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	61,885.	
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	7,682,694.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	7,744,579.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	42,822,425.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	12,837,317.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	55,659,742.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-8,595.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	55,651,147.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-5,377,719.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	50,273,428.	
03100	Intensive Care Unit	00100	Salaries	12,074,845.	
03100	Intensive Care Unit	00200	Other Cost	3,282,609.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	15,357,454.	
03100	Intensive Care Unit	00400	Reclassifications	-62,833.	
03100	Intensive Care Unit	00500	Reclassified T/B	15,294,621.	
03100	Intensive Care Unit	00600	Adjustments	-345,879.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	14,948,742.	
04000	Subprovider - IPF	00100	Salaries	8,302,618.	
04000	Subprovider - IPF	00200	Other Cost	1,560,396.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
04000	Subprovider - IPF	00300	Total Cost (Col 01 & 02)	9,863,014.	
04000	Subprovider - IPF	00400	Reclassifications	-144,162.	
04000	Subprovider - IPF	00500	Reclassified T/B	9,718,852.	
04000	Subprovider - IPF	00600	Adjustments	-245,105.	
04000	Subprovider - IPF	00700	Net Expense for Alloc	9,473,747.	
04300	Nursery	00100	Salaries	458.	
04300	Nursery	00200	Other Cost	8,359.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	8,817.	
04300	Nursery	00400	Reclassifications	-1,665.	
04300	Nursery	00500	Reclassified T/B	7,152.	
04300	Nursery	00700	Net Expense for Alloc	7,152.	
05000	Operating Room	00100	Salaries	9,587,025.	
05000	Operating Room	00200	Other Cost	11,033,150.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	20,620,175.	
05000	Operating Room	00400	Reclassifications	-1,749,139.	
05000	Operating Room	00500	Reclassified T/B	18,871,036.	
05000	Operating Room	00600	Adjustments	-57,007.	
05000	Operating Room	00700	Net Expense for Alloc	18,814,029.	
05000	Operating Room	00100	Salaries	1,209,441.	05001
05000	Operating Room	00200	Other Cost	1,815,972.	05001
05000	Operating Room	00300	Total Cost (Col 01 & 02)	3,025,413.	05001
05000	Operating Room	00400	Reclassifications	-50,047.	05001
05000	Operating Room	00500	Reclassified T/B	2,975,366.	05001
05000	Operating Room	00600	Adjustments	-57,953.	05001
05000	Operating Room	00700	Net Expense for Alloc	2,917,413.	05001
05100	Recovery Room	00100	Salaries	2,329,987.	
05100	Recovery Room	00200	Other Cost	418,549.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	2,748,536.	
05100	Recovery Room	00400	Reclassifications	-1,760.	
05100	Recovery Room	00500	Reclassified T/B	2,746,776.	
05100	Recovery Room	00600	Adjustments	14,275.	
05100	Recovery Room	00700	Net Expense for Alloc	2,761,051.	
05200	Delivery Room and Labor Room	00100	Salaries	1,998,621.	
05200	Delivery Room and Labor Room	00200	Other Cost	577,686.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	2,576,307.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-65.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	2,576,242.	
05200	Delivery Room and Labor Room	00600	Adjustments	37,976.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	2,614,218.	
05300	Anesthesiology	00100	Salaries	153,723.	
05300	Anesthesiology	00200	Other Cost	1,224,546.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	1,378,269.	
05300	Anesthesiology	00400	Reclassifications	-193,065.	
05300	Anesthesiology	00500	Reclassified T/B	1,185,204.	
05300	Anesthesiology	00700	Net Expense for Alloc	1,185,204.	
05400	Radiology - Diagnositc	00100	Salaries	5,700,854.	
05400	Radiology - Diagnositc	00200	Other Cost	3,549,257.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	9,250,111.	
05400	Radiology - Diagnositc	00400	Reclassifications	-729,354.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	8,520,757.	
05400	Radiology - Diagnositc	00600	Adjustments	55,380.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	8,576,137.	
05400	Radiology - Diagnositc	00100	Salaries	90,146.	05401
05400	Radiology - Diagnositc	00200	Other Cost	351,017.	05401
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	441,163.	05401
05400	Radiology - Diagnositc	00400	Reclassifications	-371.	05401
05400	Radiology - Diagnositc	00500	Reclassified T/B	440,792.	05401
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	440,792.	05401
05500	Radiology - Therapeutic	00100	Salaries	727,167.	
05500	Radiology - Therapeutic	00200	Other Cost	1,921,087.	
05500	Radiology - Therapeutic	00300	Total Cost (Col 01 & 02)	2,648,254.	
05500	Radiology - Therapeutic	00400	Reclassifications	-476,602.	
05500	Radiology - Therapeutic	00500	Reclassified T/B	2,171,652.	
05500	Radiology - Therapeutic	00600	Adjustments	47,304.	
05500	Radiology - Therapeutic	00700	Net Expense for Alloc	2,218,956.	
05600	Radioisotope	00100	Salaries	598,434.	
05600	Radioisotope	00200	Other Cost	1,465,104.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	2,063,538.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05600	Radioisotope	00400	Reclassifications	-1,232,408.	
05600	Radioisotope	00500	Reclassified T/B	831,130.	
05600	Radioisotope	00700	Net Expense for Alloc	831,130.	
05700	Computer Tomography (CT) Scan	00100	Salaries	1,460,021.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	963,900.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	2,423,921.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	429,920.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	2,853,841.	
05700	Computer Tomography (CT) Scan	00600	Adjustments	19,211.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	2,873,052.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	736,679.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	703,275.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	1,439,954.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	-50,406.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	1,389,548.	
05800	Magnetic Resonance Imaging (MRI)	00600	Adjustments	30,822.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	1,420,370.	
05900	Cardiac Catheterization	00100	Salaries	5,320,006.	
05900	Cardiac Catheterization	00200	Other Cost	3,592,718.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	8,912,724.	
05900	Cardiac Catheterization	00400	Reclassifications	-180,646.	
05900	Cardiac Catheterization	00500	Reclassified T/B	8,732,078.	
05900	Cardiac Catheterization	00600	Adjustments	78,347.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	8,810,425.	
06000	Laboratory	00100	Salaries	4,874,885.	
06000	Laboratory	00200	Other Cost	8,053,723.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	12,928,608.	
06000	Laboratory	00400	Reclassifications	499,782.	
06000	Laboratory	00500	Reclassified T/B	13,428,390.	
06000	Laboratory	00600	Adjustments	-1,538,840.	
06000	Laboratory	00700	Net Expense for Alloc	11,889,550.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	2,186,949.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	2,186,949.	
06300	Blood Storing, Processing and Transportation	00400	Reclassifications	-289.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	2,186,660.	
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	2,186,660.	
06500	Respiratory Therapy	00100	Salaries	3,772,828.	
06500	Respiratory Therapy	00200	Other Cost	1,820,209.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	5,593,037.	
06500	Respiratory Therapy	00400	Reclassifications	-947,664.	
06500	Respiratory Therapy	00500	Reclassified T/B	4,645,373.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	4,645,373.	
06600	Physical Therapy	00100	Salaries	2,323,508.	
06600	Physical Therapy	00200	Other Cost	776,994.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	3,100,502.	
06600	Physical Therapy	00400	Reclassifications	-222,419.	
06600	Physical Therapy	00500	Reclassified T/B	2,878,083.	
06600	Physical Therapy	00600	Adjustments	30,972.	
06600	Physical Therapy	00700	Net Expense for Alloc	2,909,055.	
06800	Speech Pathology	00100	Salaries	438,693.	
06800	Speech Pathology	00200	Other Cost	43,935.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	482,628.	
06800	Speech Pathology	00400	Reclassifications	-48.	
06800	Speech Pathology	00500	Reclassified T/B	482,580.	
06800	Speech Pathology	00700	Net Expense for Alloc	482,580.	
06900	Electrocardiology	00100	Salaries	966,421.	
06900	Electrocardiology	00200	Other Cost	518,400.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	1,484,821.	
06900	Electrocardiology	00400	Reclassifications	-152,995.	
06900	Electrocardiology	00500	Reclassified T/B	1,331,826.	
06900	Electrocardiology	00600	Adjustments	-9,535.	
06900	Electrocardiology	00700	Net Expense for Alloc	1,322,291.	
07000	Electroencephalography	00100	Salaries	336,587.	
07000	Electroencephalography	00200	Other Cost	132,398.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	468,985.	
07000	Electroencephalography	00400	Reclassifications	-558.	
07000	Electroencephalography	00500	Reclassified T/B	468,427.	
07000	Electroencephalography	00600	Adjustments	-15,225.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07000	Electroencephalography	00700	Net Expense for Alloc	453,202.	
07100	Medical Supplies Charged to Patients	00100	Salaries	675.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	24,856,807.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	24,857,482.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	374,776.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	25,232,258.	
07100	Medical Supplies Charged to Patients	00600	Adjustments	-4.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	25,232,254.	
07200	Implantable Devices Charged to Patients	00200	Other Cost	51,622,910.	
07200	Implantable Devices Charged to Patients	00300	Total Cost (Col 01 & 02)	51,622,910.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	397,135.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	52,020,045.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	52,020,045.	
07300	Drugs Charged to Patients	00100	Salaries	6,200,839.	
07300	Drugs Charged to Patients	00200	Other Cost	17,386,635.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	23,587,474.	
07300	Drugs Charged to Patients	00400	Reclassifications	-1,977,165.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	21,610,309.	
07300	Drugs Charged to Patients	00600	Adjustments	117,285.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	21,727,594.	
07600	Other Ancillary Cost	00100	Salaries	439,263.	07602
07600	Other Ancillary Cost	00200	Other Cost	211,535.	07602
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	650,798.	07602
07600	Other Ancillary Cost	00400	Reclassifications	-5,047.	07602
07600	Other Ancillary Cost	00500	Reclassified T/B	645,751.	07602
07600	Other Ancillary Cost	00600	Adjustments	-22,231.	07602
07600	Other Ancillary Cost	00700	Net Expense for Alloc	623,520.	07602
07600	Other Ancillary Cost	00200	Other Cost	2,945,272.	07603
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	2,945,272.	07603
07600	Other Ancillary Cost	00400	Reclassifications	-1,822.	07603
07600	Other Ancillary Cost	00500	Reclassified T/B	2,943,450.	07603
07600	Other Ancillary Cost	00600	Adjustments	-1,044.	07603
07600	Other Ancillary Cost	00700	Net Expense for Alloc	2,942,406.	07603
07600	Other Ancillary Cost	00100	Salaries	326,879.	07604

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00200	Other Cost	292,399.	07604
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	619,278.	07604
07600	Other Ancillary Cost	00400	Reclassifications	-149,290.	07604
07600	Other Ancillary Cost	00500	Reclassified T/B	469,988.	07604
07600	Other Ancillary Cost	00600	Adjustments	-15,838.	07604
07600	Other Ancillary Cost	00700	Net Expense for Alloc	454,150.	07604
09000	Clinic	00100	Salaries	355,155.	09001
09000	Clinic	00200	Other Cost	116,701.	09001
09000	Clinic	00300	Total Cost (Col 01 & 02)	471,856.	09001
09000	Clinic	00500	Reclassified T/B	471,856.	09001
09000	Clinic	00700	Net Expense for Alloc	471,856.	09001
09100	Emergency	00100	Salaries	13,159,407.	
09100	Emergency	00200	Other Cost	10,815,338.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	23,974,745.	
09100	Emergency	00400	Reclassifications	-2,183,469.	
09100	Emergency	00500	Reclassified T/B	21,791,276.	
09100	Emergency	00600	Adjustments	-6,286,384.	
09100	Emergency	00700	Net Expense for Alloc	15,504,892.	
09100	Emergency	00100	Salaries	446,290.	09101
09100	Emergency	00200	Other Cost	762,015.	09101
09100	Emergency	00300	Total Cost (Col 01 & 02)	1,208,305.	09101
09100	Emergency	00400	Reclassifications	-192,180.	09101
09100	Emergency	00500	Reclassified T/B	1,016,125.	09101
09100	Emergency	00600	Adjustments	-22,391.	09101
09100	Emergency	00700	Net Expense for Alloc	993,734.	09101
11800	Sub Total (Lines 01-117)	00100	Salaries	156,258,574.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	371,174,394.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	527,432,968.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	13,128.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	527,446,096.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-26,106,518.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	501,339,578.	
19100	Research	00100	Salaries	184,041.	
19100	Research	00200	Other Cost	389,852.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19100	Research	00300	Total Cost (Col 01 & 02)	573,893.	
19100	Research	00400	Reclassifications	-25.	
19100	Research	00500	Reclassified T/B	573,868.	
19100	Research	00700	Net Expense for Alloc	573,868.	
19400	Other Nonreimbursable Cost	00100	Salaries	217,919.	19401
19400	Other Nonreimbursable Cost	00200	Other Cost	415,577.	19401
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	633,496.	19401
19400	Other Nonreimbursable Cost	00400	Reclassifications	-11,188.	19401
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	622,308.	19401
19400	Other Nonreimbursable Cost	00600	Adjustments	-1,619.	19401
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	620,689.	19401
19400	Other Nonreimbursable Cost	00100	Salaries	1,915.	19408
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	1,915.	19408
19400	Other Nonreimbursable Cost	00400	Reclassifications	-1,915.	19408
20000	Worksheet A Total (Line 118-199)	00100	Salaries	156,662,449.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	371,979,823.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	528,642,272.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	528,642,272.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-26,108,137.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	502,534,135.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	LEASE AND RENTALS	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	6,381,046.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	66,897.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	LEASE AND RENTALS	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	56.	
00200	Reclassifications	00500	Other	432.	
00200	Reclassifications	00700	Line Number	5.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00900	Other	1,129,560.	
00300	LEASE AND RENTALS	00000	Description		
00300	Reclassifications	00100	Code	A	
00300	Reclassifications	00700	Line Number	7.	
00300	Reclassifications	00900	Other	375,960.	
00400	LEASE AND RENTALS	00000	Description		
00400	Reclassifications	00100	Code	A	
00400	Reclassifications	00700	Line Number	16.	
00400	Reclassifications	00900	Other	79.	
00500	LEASE AND RENTALS	00000	Description		
00500	Reclassifications	00100	Code	A	
00500	Reclassifications	00700	Line Number	9.	
00500	Reclassifications	00900	Other	453.	
00600	LEASE AND RENTALS	00000	Description		
00600	Reclassifications	00100	Code	A	
00600	Reclassifications	00700	Line Number	10.	
00600	Reclassifications	00900	Other	9,086.	
00700	LEASE AND RENTALS	00000	Description		
00700	Reclassifications	00100	Code	A	
00700	Reclassifications	00700	Line Number	13.	
00700	Reclassifications	00900	Other	601,467.	
00800	LEASE AND RENTALS	00000	Description		
00800	Reclassifications	00100	Code	A	
00800	Reclassifications	00700	Line Number	71.	
00800	Reclassifications	00900	Other	840,875.	
00900	LEASE AND RENTALS	00000	Description		
00900	Reclassifications	00100	Code	A	
00900	Reclassifications	00700	Line Number	73.	
00900	Reclassifications	00900	Other	5,153.	
01000	LEASE AND RENTALS	00000	Description		
01000	Reclassifications	00100	Code	A	
01000	Reclassifications	00700	Line Number	22.	
01000	Reclassifications	00900	Other	30,992.	
01100	LEASE AND RENTALS	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01100	Reclassifications	00100	Code	A	
01100	Reclassifications	00700	Line Number	30.	
01100	Reclassifications	00900	Other	61,551.	
01200	LEASE AND RENTALS	00000	Description		
01200	Reclassifications	00100	Code	A	
01200	Reclassifications	00700	Line Number	31.	
01200	Reclassifications	00900	Other	57,007.	
01300	LEASE AND RENTALS	00000	Description		
01300	Reclassifications	00100	Code	A	
01300	Reclassifications	00700	Line Number	40.	
01300	Reclassifications	00900	Other	3,113.	
01400	LEASE AND RENTALS	00000	Description		
01400	Reclassifications	00100	Code	A	
01400	Reclassifications	00700	Line Number	50.	
01400	Reclassifications	00900	Other	898,075.	
01500	LEASE AND RENTALS	00000	Description		
01500	Reclassifications	00100	Code	A	
01500	Reclassifications	00700	Line Number	51.	
01500	Reclassifications	00900	Other	610.	
01600	LEASE AND RENTALS	00000	Description		
01600	Reclassifications	00100	Code	A	
01600	Reclassifications	00700	Line Number	54.01	
01600	Reclassifications	00900	Other	371.	
01700	LEASE AND RENTALS	00000	Description		
01700	Reclassifications	00100	Code	A	
01700	Reclassifications	00700	Line Number	55.	
01700	Reclassifications	00900	Other	475,129.	
01800	LEASE AND RENTALS	00000	Description		
01800	Reclassifications	00100	Code	A	
01800	Reclassifications	00700	Line Number	58.	
01800	Reclassifications	00900	Other	719.	
01900	LEASE AND RENTALS	00000	Description		
01900	Reclassifications	00100	Code	A	
01900	Reclassifications	00700	Line Number	59.	

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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				
A60	**Wkst A-6 Reclassifications**				
01900	Reclassifications	00900	Other	85,387.	
02000	LEASE AND RENTALS	00000	Description		
02000	Reclassifications	00100	Code	A	
02000	Reclassifications	00700	Line Number	60.	
02000	Reclassifications	00900	Other	223,864.	
02100	LEASE AND RENTALS	00000	Description		
02100	Reclassifications	00100	Code	A	
02100	Reclassifications	00700	Line Number	65.	
02100	Reclassifications	00900	Other	150,297.	
02200	LEASE AND RENTALS	00000	Description		
02200	Reclassifications	00100	Code	A	
02200	Reclassifications	00700	Line Number	66.	
02200	Reclassifications	00900	Other	222,419.	
02300	LEASE AND RENTALS	00000	Description		
02300	Reclassifications	00100	Code	A	
02300	Reclassifications	00700	Line Number	69.	
02300	Reclassifications	00900	Other	2,225.	
02400	LEASE AND RENTALS	00000	Description		
02400	Reclassifications	00100	Code	A	
02400	Reclassifications	00700	Line Number	70.	
02400	Reclassifications	00900	Other	558.	
02500	LEASE AND RENTALS	00000	Description		
02500	Reclassifications	00100	Code	A	
02500	Reclassifications	00700	Line Number	76.02	
02500	Reclassifications	00900	Other	4,541.	
02600	LEASE AND RENTALS	00000	Description		
02600	Reclassifications	00100	Code	A	
02600	Reclassifications	00700	Line Number	76.04	
02600	Reclassifications	00900	Other	134,899.	
02700	LEASE AND RENTALS	00000	Description		
02700	Reclassifications	00100	Code	A	
02700	Reclassifications	00700	Line Number	91.	
02700	Reclassifications	00900	Other	746,411.	
02800	LEASE AND RENTALS	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
02800	Reclassifications	00100	Code	A	
02800	Reclassifications	00700	Line Number	91.01	
02800	Reclassifications	00900	Other	191,746.	
02900	LEASE AND RENTALS	00000	Description		
02900	Reclassifications	00100	Code	A	
02900	Reclassifications	00700	Line Number	50.01	
02900	Reclassifications	00900	Other	26,286.	
03000	LEASE AND RENTALS	00000	Description		
03000	Reclassifications	00100	Code	A	
03000	Reclassifications	00700	Line Number	194.01	
03000	Reclassifications	00900	Other	11,188.	
03100	LEASE AND RENTALS	00000	Description		
03100	Reclassifications	00100	Code	A	
03100	Reclassifications	00700	Line Number	54.	
03100	Reclassifications	00900	Other	24,198.	
03200	LEASE AND RENTALS	00000	Description		
03200	Reclassifications	00100	Code	A	
03200	Reclassifications	00700	Line Number	63.	
03200	Reclassifications	00900	Other	289.	
03300	LEASE AND RENTALS	00000	Description		
03300	Reclassifications	00100	Code	A	
03300	Reclassifications	00700	Line Number	68.	
03300	Reclassifications	00900	Other	48.	
03400	LEASE AND RENTALS	00000	Description		
03400	Reclassifications	00100	Code	A	
03400	Reclassifications	00700	Line Number	191.	
03400	Reclassifications	00900	Other	25.	
50000	Reclassifications	00500	Other	6,381,478.	
50000	Reclassifications	00900	Other	6,381,478.	
00B	**Adjustment Reference**				
00100	CAPITAL INSURANCE	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	3.	
00100	Reclassifications	00500	Other	988,977.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	988,477.	
00100	Reclassifications	01000	Wkst A-6 Reference	12.	
00200	CAPITAL INSURANCE	00000	Description		
00200	Reclassifications	00100	Code	B	
00200	Reclassifications	00700	Line Number	22.	
00200	Reclassifications	00900	Other	500.	
50000	Reclassifications	00500	Other	988,977.	
50000	Reclassifications	00900	Other	988,977.	
00C	**Adjustment Reference**				
00100	BENEFITS FOR CORPORATE OFFICERS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	402,734.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	402,734.	
50000	Reclassifications	00500	Other	402,734.	
50000	Reclassifications	00900	Other	402,734.	
00D	**Adjustment Reference**				
00100	MEDICAL SUPPLIES CHARGES	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	2,691,277.	
00100	Reclassifications	00700	Line Number	9.	
00100	Reclassifications	00900	Other	569.	
00200	MEDICAL SUPPLIES CHARGES	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	10.	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	47.	
00300	MEDICAL SUPPLIES CHARGES	00000	Description		
00300	Reclassifications	00100	Code	D	
00300	Reclassifications	00700	Line Number	30.	

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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				
A60	**Wkst A-6 Reclassifications**				
00300	Reclassifications	00900	Other	50,160.	
00400	MEDICAL SUPPLIES CHARGES	00000	Description		
00400	Reclassifications	00100	Code	D	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	3,966.	
00500	MEDICAL SUPPLIES CHARGES	00000	Description		
00500	Reclassifications	00100	Code	D	
00500	Reclassifications	00700	Line Number	43.	
00500	Reclassifications	00900	Other	1,665.	
00600	MEDICAL SUPPLIES CHARGES	00000	Description		
00600	Reclassifications	00100	Code	D	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	672,310.	
00700	MEDICAL SUPPLIES CHARGES	00000	Description		
00700	Reclassifications	00100	Code	D	
00700	Reclassifications	00700	Line Number	50.01	
00700	Reclassifications	00900	Other	28,524.	
00800	MEDICAL SUPPLIES CHARGES	00000	Description		
00800	Reclassifications	00100	Code	D	
00800	Reclassifications	00700	Line Number	51.	
00800	Reclassifications	00900	Other	473.	
00900	MEDICAL SUPPLIES CHARGES	00000	Description		
00900	Reclassifications	00100	Code	D	
00900	Reclassifications	00700	Line Number	52.	
00900	Reclassifications	00900	Other	31.	
01000	MEDICAL SUPPLIES CHARGES	00000	Description		
01000	Reclassifications	00100	Code	D	
01000	Reclassifications	00700	Line Number	53.	
01000	Reclassifications	00900	Other	5,704.	
01100	MEDICAL SUPPLIES CHARGES	00000	Description		
01100	Reclassifications	00100	Code	D	
01100	Reclassifications	00700	Line Number	54.	
01100	Reclassifications	00900	Other	17,739.	
01200	MEDICAL SUPPLIES CHARGES	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01200	Reclassifications	00100	Code	D	
01200	Reclassifications	00700	Line Number	57.	
01200	Reclassifications	00900	Other	76.	
01300	MEDICAL SUPPLIES CHARGES	00000	Description		
01300	Reclassifications	00100	Code	D	
01300	Reclassifications	00700	Line Number	58.	
01300	Reclassifications	00900	Other	14.	
01400	MEDICAL SUPPLIES CHARGES	00000	Description		
01400	Reclassifications	00100	Code	D	
01400	Reclassifications	00700	Line Number	59.	
01400	Reclassifications	00900	Other	19,535.	
01500	MEDICAL SUPPLIES CHARGES	00000	Description		
01500	Reclassifications	00100	Code	D	
01500	Reclassifications	00700	Line Number	65.	
01500	Reclassifications	00900	Other	797,353.	
01600	MEDICAL SUPPLIES CHARGES	00000	Description		
01600	Reclassifications	00100	Code	D	
01600	Reclassifications	00700	Line Number	72.	
01600	Reclassifications	00900	Other	1,033,458.	
01700	MEDICAL SUPPLIES CHARGES	00000	Description		
01700	Reclassifications	00100	Code	D	
01700	Reclassifications	00700	Line Number	91.	
01700	Reclassifications	00900	Other	59,663.	
50000	Reclassifications	00500	Other	2,691,287.	
50000	Reclassifications	00900	Other	2,691,287.	
00E	**Adjustment Reference**				
00100	DRUGS SUPPLIES CHARGED	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	2,415,475.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	31,258.	
00200	DRUGS SUPPLIES CHARGED	00000	Description		
00200	Reclassifications	00100	Code	E	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	2,914.	
00300	DRUGS SUPPLIES CHARGED	00000	Description		
00300	Reclassifications	00100	Code	E	
00300	Reclassifications	00700	Line Number	10.	
00300	Reclassifications	00900	Other	1,482.	
00400	DRUGS SUPPLIES CHARGED	00000	Description		
00400	Reclassifications	00100	Code	E	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00900	Other	27,115.	
00500	DRUGS SUPPLIES CHARGED	00000	Description		
00500	Reclassifications	00100	Code	E	
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	31,884.	
00600	DRUGS SUPPLIES CHARGED	00000	Description		
00600	Reclassifications	00100	Code	E	
00600	Reclassifications	00700	Line Number	40.	
00600	Reclassifications	00900	Other	224.	
00700	DRUGS SUPPLIES CHARGED	00000	Description		
00700	Reclassifications	00100	Code	E	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	65,847.	
00800	DRUGS SUPPLIES CHARGED	00000	Description		
00800	Reclassifications	00100	Code	E	
00800	Reclassifications	00700	Line Number	50.01	
00800	Reclassifications	00900	Other	232.	
00900	DRUGS SUPPLIES CHARGED	00000	Description		
00900	Reclassifications	00100	Code	E	
00900	Reclassifications	00700	Line Number	51.	
00900	Reclassifications	00900	Other	677.	
01000	DRUGS SUPPLIES CHARGED	00000	Description		
01000	Reclassifications	00100	Code	E	
01000	Reclassifications	00700	Line Number	52.	
01000	Reclassifications	00900	Other	34.	

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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				
A60	**Wkst A-6 Reclassifications**				
01100	DRUGS SUPPLIES CHARGED	00000	Description		
01100	Reclassifications	00100	Code	E	
01100	Reclassifications	00700	Line Number	53.	
01100	Reclassifications	00900	Other	186,397.	
01200	DRUGS SUPPLIES CHARGED	00000	Description		
01200	Reclassifications	00100	Code	E	
01200	Reclassifications	00700	Line Number	54.	
01200	Reclassifications	00900	Other	70,762.	
01300	DRUGS SUPPLIES CHARGED	00000	Description		
01300	Reclassifications	00100	Code	E	
01300	Reclassifications	00700	Line Number	55.	
01300	Reclassifications	00900	Other	906.	
01400	DRUGS SUPPLIES CHARGED	00000	Description		
01400	Reclassifications	00100	Code	E	
01400	Reclassifications	00700	Line Number	56.	
01400	Reclassifications	00900	Other	1,232,840.	
01500	DRUGS SUPPLIES CHARGED	00000	Description		
01500	Reclassifications	00100	Code	E	
01500	Reclassifications	00700	Line Number	57.	
01500	Reclassifications	00900	Other	177,315.	
01600	DRUGS SUPPLIES CHARGED	00000	Description		
01600	Reclassifications	00100	Code	E	
01600	Reclassifications	00700	Line Number	58.	
01600	Reclassifications	00900	Other	49,673.	
01700	DRUGS SUPPLIES CHARGED	00000	Description		
01700	Reclassifications	00100	Code	E	
01700	Reclassifications	00700	Line Number	59.	
01700	Reclassifications	00900	Other	75,724.	
01800	DRUGS SUPPLIES CHARGED	00000	Description		
01800	Reclassifications	00100	Code	E	
01800	Reclassifications	00700	Line Number	69.	
01800	Reclassifications	00900	Other	150,770.	
01900	DRUGS SUPPLIES CHARGED	00000	Description		
01900	Reclassifications	00100	Code	E	

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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				
A60	**Wkst A-6 Reclassifications**				
01900	Reclassifications	00700	Line Number	71.	
01900	Reclassifications	00900	Other	163,040.	
02000	DRUGS SUPPLIES CHARGED	00000	Description		
02000	Reclassifications	00100	Code	E	
02000	Reclassifications	00700	Line Number	72.	
02000	Reclassifications	00900	Other	1,387.	
02100	DRUGS SUPPLIES CHARGED	00000	Description		
02100	Reclassifications	00100	Code	E	
02100	Reclassifications	00700	Line Number	76.02	
02100	Reclassifications	00900	Other	506.	
02200	DRUGS SUPPLIES CHARGED	00000	Description		
02200	Reclassifications	00100	Code	E	
02200	Reclassifications	00700	Line Number	76.03	
02200	Reclassifications	00900	Other	1,822.	
02300	DRUGS SUPPLIES CHARGED	00000	Description		
02300	Reclassifications	00100	Code	E	
02300	Reclassifications	00700	Line Number	76.04	
02300	Reclassifications	00900	Other	1,267.	
02400	DRUGS SUPPLIES CHARGED	00000	Description		
02400	Reclassifications	00100	Code	E	
02400	Reclassifications	00700	Line Number	91.	
02400	Reclassifications	00900	Other	140,965.	
02500	DRUGS SUPPLIES CHARGED	00000	Description		
02500	Reclassifications	00100	Code	E	
02500	Reclassifications	00700	Line Number	91.01	
02500	Reclassifications	00900	Other	434.	
50000	Reclassifications	00500	Other	2,415,475.	
50000	Reclassifications	00900	Other	2,415,475.	
00F	**Adjustment Reference**				
00100	IMPLANTS CHARGED	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	1,431,980.	
00100	Reclassifications	00700	Line Number	30.	

Line	Line Description	Col	Column Desc	Line Value	Type

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A60	Wkst A-6 Reclassifications				
00100	Reclassifications	00900	Other	246.	
00200	IMPLANTS CHARGED	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	47.	
00200	Reclassifications	00700	Line Number	31.	
00200	Reclassifications	00900	Other	204.	
00300	IMPLANTS CHARGED	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00300	Line Number	50.01	
00300	Reclassifications	00500	Other	4,995.	
00300	Reclassifications	00700	Line Number	40.	
00300	Reclassifications	00900	Other	69.	
00400	IMPLANTS CHARGED	00000	Description		
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	50.	
00400	Reclassifications	00900	Other	112,907.	
00500	IMPLANTS CHARGED	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	53.	
00500	Reclassifications	00900	Other	964.	
00600	IMPLANTS CHARGED	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	54.	
00600	Reclassifications	00900	Other	9,344.	
00700	IMPLANTS CHARGED	00000	Description		
00700	Reclassifications	00100	Code	F	
00700	Reclassifications	00700	Line Number	55.	
00700	Reclassifications	00900	Other	567.	
00800	IMPLANTS CHARGED	00000	Description		
00800	Reclassifications	00100	Code	F	
00800	Reclassifications	00700	Line Number	65.	
00800	Reclassifications	00900	Other	14.	
00900	IMPLANTS CHARGED	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00900	Reclassifications	00100	Code	F	
00900	Reclassifications	00700	Line Number	71.	
00900	Reclassifications	00900	Other	1,312,586.	
01000	IMPLANTS CHARGED	00000	Description		
01000	Reclassifications	00100	Code	F	
01000	Reclassifications	00700	Line Number	91.	
01000	Reclassifications	00900	Other	121.	
50000	Reclassifications	00500	Other	1,437,022.	
50000	Reclassifications	00900	Other	1,437,022.	
00G	**Adjustment Reference**				
00100	ED HOLD	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	31.	
00100	Reclassifications	00400	Salary	349.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	349.	
50000	Reclassifications	00400	Salary	349.	
50000	Reclassifications	00800	Salary	349.	
00H	**Adjustment Reference**				
00100	PTO ACCRUAL	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	32,615.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00800	Salary	32,615.	
50000	Reclassifications	00500	Other	32,615.	
50000	Reclassifications	00800	Salary	32,615.	
00I	**Adjustment Reference**				
00100	HCA HR SERVICES FEES	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	2,095,685.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	2,095,685.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	2,095,685.	
50000	Reclassifications	00900	Other	2,095,685.	
00J	**Adjustment Reference**				
00100	SSC DEPRECIATION	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	63,937.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	63,937.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	63,937.	
50000	Reclassifications	00900	Other	63,937.	
00K	**Adjustment Reference**				
00100	PAYROLL SERVICE DEPRECIATION	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	938.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	938.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	938.	
50000	Reclassifications	00900	Other	938.	
00L	**Adjustment Reference**				
00100	SUPPLY CHAIN DEPRECIATION	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	28,163.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	28,163.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	28,163.	
50000	Reclassifications	00900	Other	28,163.	
00P	**Adjustment Reference**				
00100	OTHER SHARED SERVICES DEPRECIATION	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00100	Code	P	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	41.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	13,968.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	OTHER SHARED SERVICES DEPRECIATION	00000	Description		
00200	Reclassifications	00100	Code	P	
00200	Reclassifications	00300	Line Number	16.	
00200	Reclassifications	00500	Other	13,927.	
50000	Reclassifications	00500	Other	13,968.	
50000	Reclassifications	00900	Other	13,968.	
00R	**Adjustment Reference**				
00100	PHARMACY SALARY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	R	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00400	Salary	6,118,195.	
00100	Reclassifications	00700	Line Number	73.	
00100	Reclassifications	00800	Salary	6,118,195.	
50000	Reclassifications	00400	Salary	6,118,195.	
50000	Reclassifications	00800	Salary	6,118,195.	
00S	**Adjustment Reference**				
00100	SUPPLY CHAIN PHARMACY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	S	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	1,730,708.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	1,730,708.	
50000	Reclassifications	00500	Other	1,730,708.	
50000	Reclassifications	00900	Other	1,730,708.	
00T	**Adjustment Reference**				
00100	HIM COST ALLOCATIONS	00000	Description		
00100	Reclassifications	00100	Code	T	
00100	Reclassifications	00300	Line Number	16.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	3,963,451.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	3,963,451.	
50000	Reclassifications	00500	Other	3,963,451.	
50000	Reclassifications	00900	Other	3,963,451.	
00U	**Adjustment Reference**				
00100	PHYSICIANS RECRUITMENT	00000	Description		
00100	Reclassifications	00100	Code	U	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	177,002.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	177,002.	
50000	Reclassifications	00500	Other	177,002.	
50000	Reclassifications	00800	Salary	177,002.	
00V	**Adjustment Reference**				
00100	MEDICAL STAFF FOOD	00000	Description		
00100	Reclassifications	00100	Code	V	
00100	Reclassifications	00300	Line Number	10.	
00100	Reclassifications	00500	Other	1,399,851.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	1,399,851.	
50000	Reclassifications	00500	Other	1,399,851.	
50000	Reclassifications	00900	Other	1,399,851.	
0AA	**Adjustment Reference**				
00100	FSED PBG 741	00000	Description		
00100	Reclassifications	00100	Code	AA	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	316,514.	
00100	Reclassifications	00500	Other	23,611.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	316,514.	
00100	Reclassifications	00900	Other	23,611.	
50000	Reclassifications	00400	Salary	316,514.	
50000	Reclassifications	00500	Other	23,611.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00800	Salary	316,514.	
50000	Reclassifications	00900	Other	23,611.	
0BB	**Adjustment Reference**				
00100	FSED BB 721	00000	Description		
00100	Reclassifications	00100	Code	BB	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	248,587.	
00100	Reclassifications	00500	Other	18,599.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	248,587.	
00100	Reclassifications	00900	Other	18,599.	
50000	Reclassifications	00400	Salary	248,587.	
50000	Reclassifications	00500	Other	18,599.	
50000	Reclassifications	00800	Salary	248,587.	
50000	Reclassifications	00900	Other	18,599.	
0CC	**Adjustment Reference**				
00100	UTILITIES RECLASS	00000	Description		
00100	Reclassifications	00100	Code	CC	
00100	Reclassifications	00300	Line Number	7.	
00100	Reclassifications	00500	Other	301,550.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	2,898.	
00200	UTILITIES RECLASS	00000	Description		
00200	Reclassifications	00100	Code	CC	
00200	Reclassifications	00700	Line Number	40.	
00200	Reclassifications	00900	Other	140,756.	
00300	UTILITIES RECLASS	00000	Description		
00300	Reclassifications	00100	Code	CC	
00300	Reclassifications	00700	Line Number	76.04	
00300	Reclassifications	00900	Other	13,124.	
00400	UTILITIES RECLASS	00000	Description		
00400	Reclassifications	00100	Code	CC	
00400	Reclassifications	00700	Line Number	91.	
00400	Reclassifications	00900	Other	144,772.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	301,550.	
50000	Reclassifications	00900	Other	301,550.	
0EE	**Adjustment Reference**				
00100	GME COID RECLASS SALARIES	00000	Description		
00100	Reclassifications	00100	Code	EE	
00100	Reclassifications	00300	Line Number	21.	
00100	Reclassifications	00400	Salary	411,523.	
00100	Reclassifications	00700	Line Number	21.	
00100	Reclassifications	00900	Other	411,523.	
00200	GME COID RECLASS SALARIES	00000	Description		
00200	Reclassifications	00100	Code	EE	
00200	Reclassifications	00300	Line Number	22.	
00200	Reclassifications	00400	Salary	253,620.	
00200	Reclassifications	00700	Line Number	22.	
00200	Reclassifications	00900	Other	253,620.	
50000	Reclassifications	00400	Salary	665,143.	
50000	Reclassifications	00900	Other	665,143.	
0HH	**Adjustment Reference**				
00100	NURSING ADMIN ORIENTATION -GRANT SPE	00000	Description		
00100	Reclassifications	00100	Code	HH	
00100	Reclassifications	00300	Line Number	13.	
00100	Reclassifications	00400	Salary	1,915.	
00100	Reclassifications	00700	Line Number	194.08	
00100	Reclassifications	00800	Salary	1,915.	
50000	Reclassifications	00400	Salary	1,915.	
50000	Reclassifications	00800	Salary	1,915.	
0JJ	**Adjustment Reference**				
00100	FSED- BB 785	00000	Description		
00100	Reclassifications	00100	Code	JJ	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00400	Salary	128,398.	
00100	Reclassifications	00500	Other	10,932.	
00100	Reclassifications	00700	Line Number	91.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00800	Salary	442,213.	
00100	Reclassifications	00900	Other	37,649.	
00200	FSED- BB 785	00000	Description		
00200	Reclassifications	00100	Code	JJ	
00200	Reclassifications	00300	Line Number	60.	
00200	Reclassifications	00400	Salary	313,815.	
00200	Reclassifications	00500	Other	26,717.	
50000	Reclassifications	00400	Salary	442,213.	
50000	Reclassifications	00500	Other	37,649.	
50000	Reclassifications	00800	Salary	442,213.	
50000	Reclassifications	00900	Other	37,649.	
0KK	**Adjustment Reference**				
00100	FSED-PBG 781	00000	Description		
00100	Reclassifications	00100	Code	KK	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00400	Salary	63,085.	
00100	Reclassifications	00500	Other	4,771.	
00100	Reclassifications	00700	Line Number	91.	
00100	Reclassifications	00800	Salary	419,257.	
00100	Reclassifications	00900	Other	31,713.	
00200	FSED-PBG 781	00000	Description		
00200	Reclassifications	00100	Code	KK	
00200	Reclassifications	00300	Line Number	60.	
00200	Reclassifications	00400	Salary	356,172.	
00200	Reclassifications	00500	Other	26,942.	
50000	Reclassifications	00400	Salary	419,257.	
50000	Reclassifications	00500	Other	31,713.	
50000	Reclassifications	00800	Salary	419,257.	
50000	Reclassifications	00900	Other	31,713.	
0LL	**Adjustment Reference**				
00100	ED HOLD ER RECLASS	00000	Description		
00100	Reclassifications	00100	Code	LL	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	121,750.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	9,076.	
00100	Reclassifications	00700	Line Number	91.	
00100	Reclassifications	00800	Salary	149,556.	
00100	Reclassifications	00900	Other	11,149.	
00200	ED HOLD ER RECLASS	00000	Description		
00200	Reclassifications	00100	Code	LL	
00200	Reclassifications	00300	Line Number	31.	
00200	Reclassifications	00400	Salary	27,806.	
00200	Reclassifications	00500	Other	2,073.	
50000	Reclassifications	00400	Salary	149,556.	
50000	Reclassifications	00500	Other	11,149.	
50000	Reclassifications	00800	Salary	149,556.	
50000	Reclassifications	00900	Other	11,149.	
0MM	**Adjustment Reference**				
00100	GME RECLASS	00000	Description		
00100	Reclassifications	00100	Code	MM	
00100	Reclassifications	00300	Line Number	22.	
00100	Reclassifications	00500	Other	95,589.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	95,589.	
50000	Reclassifications	00500	Other	95,589.	
50000	Reclassifications	00900	Other	95,589.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	13,556,738.	
00100	Land	00600	Ending Balance	13,556,738.	
00200	Land Improvements	00100	Beginning Balances	12,129,884.	
00200	Land Improvements	00600	Ending Balance	12,129,884.	
00300	Buildings and Fixtures	00100	Beginning Balances	143,432,302.	
00300	Buildings and Fixtures	00200	Purchases	18,207,367.	
00300	Buildings and Fixtures	00400	Total	18,207,367.	
00300	Buildings and Fixtures	00600	Ending Balance	161,639,669.	
00400	Building Improvements	00100	Beginning Balances	29,878,027.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00400	Building Improvements	00200	Purchases	1,250,352.	
00400	Building Improvements	00400	Total	1,250,352.	
00400	Building Improvements	00600	Ending Balance	31,128,379.	
00500	Fixed Equipment	00100	Beginning Balances	100,343,761.	
00500	Fixed Equipment	00200	Purchases	7,579,522.	
00500	Fixed Equipment	00400	Total	7,579,522.	
00500	Fixed Equipment	00600	Ending Balance	107,923,283.	
00600	Movable Equipment	00100	Beginning Balances	213,850,893.	
00600	Movable Equipment	00200	Purchases	20,274,588.	
00600	Movable Equipment	00400	Total	20,274,588.	
00600	Movable Equipment	00600	Ending Balance	234,125,481.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	513,191,605.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	47,311,829.	
00800	Sub Total (Lines 01 To 07)	00400	Total	47,311,829.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	560,503,434.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	513,191,605.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	47,311,829.	
01000	Worksheet A-7 Part 1 Total	00400	Total	47,311,829.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	560,503,434.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	11,358,457.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	11,358,457.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	11,766,623.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	11,766,623.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	23,125,080.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	23,125,080.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	312,821,215.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	312,821,215.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.571941	Ratio

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00500	Insurance	565,636.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	1,915,224.	
00100	Capital Related Cost - Land and Buildings	00800	Total	2,480,860.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	11,358,457.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	-71,554.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	565,636.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	1,915,224.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	13,767,763.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	234,125,481.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	234,125,481.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.428059	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	423,341.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	1,433,415.	
00200	Capital Related Cost - Movable Equipment	00800	Total	1,856,756.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	11,659,617.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	6,380,765.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	423,341.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	1,433,415.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	19,897,138.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	546,946,696.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	546,946,696.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	988,977.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	3,348,639.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	4,337,616.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	23,018,074.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	6,309,211.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	988,977.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	3,348,639.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	33,664,901.	
A80	**Wkst A-8 Adjustment to Expenses**				
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-9,154,632.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-39,242,032.	
03300	BADGE REPLACEMENT REV	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-690.	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	
03300	CAFETERIA	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,065,628.	03301
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03301
03300	CATERING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,954.	03302
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03302
03300	COFFEE SHOP	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	42,941.	03303
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03303
03300	CELL TOWERREVENUE	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-113,394.	03304
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03304
03300	PODIATRY RESIDENCY FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-75.	03306
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03306
03300	MEDICAL RECORD TRANSCRIPTS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,658.	03307
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03307
03300	PERSONEL CHANGE CHARGE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-330.	03308
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03308
03300	OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-29,114.	03309
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	MISC. INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-23,800.	03310
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03310
03300	RADIOLOGY INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-7,450.	03311
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03311

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	GME COID ALLOWABLE EXPENSES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	2.	03312
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03312
03300	Adjustments	00500	Wkst A-8 Reference	10.	03312
03300	GME COID ALLOWABLE EXPENSES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	88,042.	03313
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03313
03300	GME COID ALLOWABLE EXPENSES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	14,266.	03314
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03314
03300	GME COID ALLOWABLE EXPENSES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	411,523.	03315
03300	I&R SERVICES-SALARY & FRINGES APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	21.	03315
03300	GME COID ALLOWABLE EXPENSES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	7,818,332.	03316
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	03316
03300	PAID PROFESSIONAL LIABLILTY CLAIMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	22,999,973.	03317
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03317
03300	Adjustments	00100	Basis/Code	A	
03300	WORKMANS COMPENSATION PAID CLAIMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	736,267.	03319
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03319
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,697.	03320
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03320
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-596,430.	03400
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03400
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-50,182.	03500
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03500
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-83,123.	03600
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03600
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-157,622.	03700
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03700
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-43,121.	03800
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03800
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,160.	03900
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03900
03300	HOSPICE REVUNUE OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-232,792.	04000
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	04000
03300	PATIENT TELEPHONE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-115,747.	04200
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04200
03300	PATIENT TELEPHONE SALARIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-72,084.	04300
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04300
03300	PATIENT TELEPHONE BENEFITS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-14,813.	04501
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	04501
03300	PATIENT TELEPHONE LEASE EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-283.	04502
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	04502
03300	Adjustments	00500	Wkst A-8 Reference	10.	04502
03300	PATIENT TELEVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-95,038.	04503
03300	OPERATION OF PLANT	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	7.	04503
03300	EMPLOYEE BENEFITS NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,565.	04504
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	04504
03300	ADMINISTRATION NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,249,185.	04505
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04505
03300	LAUNDRY NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,834.	04506
03300	LAUNDRY & LINEN SERVICE	00300	Cost Center		
03300	Adjustments	00400	Line Number	8.	04506
03300	OPERATION OF PLANT NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-326.	04507
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	04507
03300	DIETARY NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-40,519.	04508
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	04508
03300	NURSING ADM NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-9,577.	04509
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	04509
03300	MEDICAL RECORDS NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-253,953.	04510

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	04510
03300	ROUTINE NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-268,336.	04511
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	04511
03300	Adjustments	00100	Basis/Code	A	
03300	PSYCH NON ALLOWABLES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-66,816.	04513
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	04513
03300	OPERATING ROOM NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-26,707.	04514
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	04514
03300	RECOVERY ROOM NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,395.	04515
03300	RECOVERY ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	51.	04515
03300	LABOR & DELIVERY ROOM NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-12,711.	04516
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	04516
03300	RADIOLOGY DIAGNOSTIC. NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-106.	04517
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	04517

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	CARDIAC CATH NON ALLOWABLES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,948.	04520
03300	CARDIAC CATHETERIZATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	59.	04520
03300	IT&S BUILDING RENT	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-71,554.	04522
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	04522
03300	Adjustments	00500	Wkst A-8 Reference	10.	04522
03300	EMERGENCY ROOM NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,960,309.	04523
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	04523
03300	DIAGNOSTIC CENTER	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-10,419.	04524
03300	DIAGNOSTIC CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.01	04524
03300	LEGAL FEES EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-6,641.	04525
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04525
03300	OTHER EDUCATION-PHARMACY	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,672.	04526
03300	DRUGS CHARGED TO PATIENTS	00300	Cost Center		
03300	Adjustments	00400	Line Number	73.	04526
03300	I&R NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-106,743.	04527

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	04527
03300	PENSION RESTORATION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	25,675.	04600
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	04600
03300	LABORATORY NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-29,326.	04601
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	04601
03300	DIALYSIS NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,044.	04602
03300	DIALYSIS	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.03	04602
03300	DIVISION GENERAL & SPECIFIC EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,619.	04603
03300	MARKETING	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.01	04603
03300	MED SUPPLIES CHARGES TO PATIENTS NON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4.	04604
03300	MEDICAL SUPPLIES CHARGED TO PATIENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	71.	04604
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-26,108,137.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	IT & S	00300	Expense Items		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	MANAGEMENT FEES	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	HEALTH TRUST PURCHASING GROUP	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	RSC COST & DEPRC. ALLOCATIONS	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00301
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00302
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	SC COST & DEPRC. ALLOCATIONS	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00302
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00302
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00302
00300	Costs Incurred and Adjustments Required	00100	Line No		00303
00300	DRUGS CHARGED TO PATIENTS	00200	Cost Center		
00300	SUPPLY CHAIN PHARMACY	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00303
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00303
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00303
00300	Costs Incurred and Adjustments Required	00100	Line No		00304

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00304
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00304
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00304
00300	Costs Incurred and Adjustments Required	00100	Line No		00305
00300	NURSING ADMINISTRATION	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00305
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00305
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00305
00300	Costs Incurred and Adjustments Required	00100	Line No		00306
00300	ADULTS & PEDIATRICS	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00306
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00306
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00306
00300	Costs Incurred and Adjustments Required	00100	Line No		00307
00300	INTENSIVE CARE UNIT	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00307
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00307
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00307
00300	Costs Incurred and Adjustments Required	00100	Line No		00308
00300	SUBPROVIDER - IPF	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00308
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00308
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00308
00300	Costs Incurred and Adjustments Required	00100	Line No		00309
00300	OPERATING ROOM	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00309
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00309

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00309
00300	Costs Incurred and Adjustments Required	00100	Line No		00310
00300	CARDIAC SURGERY	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00310
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00310
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00310
00300	Costs Incurred and Adjustments Required	00100	Line No		00311
00300	RECOVERY ROOM	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00311
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00311
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00311
00300	Costs Incurred and Adjustments Required	00100	Line No		00312
00300	DELIVERY ROOM & LABOR ROOM	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00312
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00312
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00312
00300	Costs Incurred and Adjustments Required	00100	Line No		00313
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00313
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00313
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00313
00300	Costs Incurred and Adjustments Required	00100	Line No		00314
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00314
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00314
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00314
00300	Costs Incurred and Adjustments Required	00100	Line No		00315
00300	CT SCAN	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00315
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00315
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00315
00300	Costs Incurred and Adjustments Required	00100	Line No		00316
00300	MRI	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00316
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00316
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00316
00300	Costs Incurred and Adjustments Required	00100	Line No		00317
00300	CARDIAC CATHETERIZATION	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00317
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00317
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00317
00300	Costs Incurred and Adjustments Required	00100	Line No		00318
00300	PHYSICAL THERAPY	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00318
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00318
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00318
00300	Costs Incurred and Adjustments Required	00100	Line No		00319
00300	ELECTROCARDIOLOGY	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00319
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00319
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00319
00300	Costs Incurred and Adjustments Required	00100	Line No		00320
00300	EMERGENCY	00200	Cost Center		
00300	ALL ABOUT STAFFING	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00320
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00320
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00320
00400	Costs Incurred and Adjustments Required	00100	Line No		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	DIAGNOSTIC CENTER	00200	Cost Center		
00400	ALL ABOUT STAFFING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PARALLON MARKUP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PAYROLL SERVICE CENTER	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00402
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00402
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	LABORATORY	00200	Cost Center		
00400	IRL MISC CONTRACT SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00403
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00403
00400	Costs Incurred and Adjustments Required	00100	Line No		00404
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	IRL MISC CONTRACT SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00404
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00404
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00404
00400	Costs Incurred and Adjustments Required	00100	Line No		00405
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CANCER REGISTRY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00405
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00405
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00405

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00100	Line No		00406
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	MALPRACTICE INSURANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00406
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00406
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00406
00400	Costs Incurred and Adjustments Required	00100	Line No		00407
00400	I&R SERVICES-OTHER PRGM COSTS APPRV	00200	Cost Center		
00400	MALPRACTICE INSURANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00407
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00407
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00407
00400	Costs Incurred and Adjustments Required	00100	Line No		00408
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	SELF FUNDED GENERAL INSURANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00408
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00408
00400	Costs Incurred and Adjustments Required	00100	Line No		00409
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CREDENTIALING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00409
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00409
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00409
00400	Costs Incurred and Adjustments Required	00100	Line No		00410
00400	MEDICAL RECORDS & LIBRARY	00200	Cost Center		
00400	HIM ALLOCATIONS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00410
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00410
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00410
00400	Costs Incurred and Adjustments Required	00100	Line No		00411
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CONSULT A NURSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00411
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00411

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00100	Line No		00412
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	REVENUE INTEGRITY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00412
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00412
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00412
00400	Costs Incurred and Adjustments Required	00100	Line No		00413
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	EF IT&S	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00413
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00413
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00413
00400	Costs Incurred and Adjustments Required	00100	Line No		00414
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	EF DIVISION SHARED SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00414
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00414
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00414
00400	Costs Incurred and Adjustments Required	00100	Line No		00415
00400	NURSING ADMINISTRATION	00200	Cost Center		
00400	EF DIVISION SHARED SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00415
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00415
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00415
00400	Costs Incurred and Adjustments Required	00100	Line No		00416
00400	MEDICAL RECORDS & LIBRARY	00200	Cost Center		
00400	EF DIVISION SHARED SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00416
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00416
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00416
00400	Costs Incurred and Adjustments Required	00100	Line No		00417
00400	CARDIAC CATHETERIZATION	00200	Cost Center		
00400	EF DIVISION SHARED SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00417

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00417
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00417
00400	Costs Incurred and Adjustments Required	00100	Line No		00418
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	SELF INSURANCE POOLING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00418
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00418
00400	Costs Incurred and Adjustments Required	00100	Line No		00419
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	TRANSFER CENTER	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00419
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00419
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00419
00400	Costs Incurred and Adjustments Required	00100	Line No		00420
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PRINT SHOP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00420
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00420
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00420
00400	Costs Incurred and Adjustments Required	00100	Line No		00421
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CLINICAL EDUCATION ALL	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00421
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00421
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00421
00400	Costs Incurred and Adjustments Required	00100	Line No		00422
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PRE BILL DENIAL ALLOC	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00422
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00422
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00422
00400	Costs Incurred and Adjustments Required	00100	Line No		00423
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	BEHAVIORAL HEALTH ALLOCA.	00300	Expense Items		

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00423
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00423
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00423
00400	Costs Incurred and Adjustments Required	00100	Line No		00424
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	IT & S PARALLON	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00424
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00424
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00424
00400	Costs Incurred and Adjustments Required	00100	Line No		00425
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	HCA HR SERVICES FEES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00425
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00425
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00425
00400	Costs Incurred and Adjustments Required	00100	Line No		00426
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	TRAUMA REGISTRY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00426
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00426
00400	Costs Incurred and Adjustments Required	00100	Line No		00427
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	HWS PLACEMENT COSTS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00427
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00427
00400	Costs Incurred and Adjustments Required	00100	Line No		00428
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCO INTEREST EXPENSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00428
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00428
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	78,575,161.	

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	117,817,193.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-39,242,032.	
00600	B	00100	Line No		Symbol
00600	HCA	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	INTEREST ALLOCA	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	HCA IT & S	00400	Allowable Cost		
00700	Interrelationship to Related Organization	00500	Amount Wkst A		
00700	INFO SERVICES	00600	Net Adjustments		
00800	B	00100	Line No		
00800	HCA	00400	Allowable Cost		
00800	Interrelationship to Related Organization	00500	Amount Wkst A		
00800	HOSP MGMT SVC	00600	Net Adjustments		
00900	B	00100	Line No		
00900	HCI	00400	Allowable Cost		
00900	Interrelationship to Related Organization	00500	Amount Wkst A		
00900	INSURANCE CO	00600	Net Adjustments		
01000	B	00100	Line No		
01000	EF IT & S	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		
01000	INFOR SERVICES	00600	Net Adjustments		
01000	B	00100	Line No		
01000	PARALLON	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01001
01000	STAFFING SERVIC	00600	Net Adjustments		
01000	B	00100	Line No		
01000	EF REVENUE INTE	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01002
01000	DIVISION REVENU	00600	Net Adjustments		
01000	B	00100	Line No		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
01000	EF CREDENTIALIN	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01003
01000	DIV. CREDENTIAL	00600	Net Adjustments		
01000	B	00100	Line No		
01000	EF HIM	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01004
01000	DIV. MEDICAL RE	00600	Net Adjustments		
01000	B	00100	Line No		
01000	HCA TRANSFER	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01005
01000	HCA HOSPITAL	00600	Net Adjustments		
01000	B	00100	Line No		
01000	B	00100	Line No		
01000	IRL	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01007
01000	INTERGRATED REG	00600	Net Adjustments		
01000	B	00100	Line No		
01000	HPG	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01008
01000	HPG	00600	Net Adjustments		
01000	B	00100	Line No		
01000	MEDICARE SERVICE CENTER	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01009
01000	MEDICARE PROCESSING	00600	Net Adjustments		
01000	B	00100	Line No		
01000	PAYROLL SERVICE CENTER	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01010
01000	CENTRALIZED PAYROLL	00600	Net Adjustments		
01000	B	00100	Line No		
01000	ONE SOURCE EPO	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01011
01000	HEALTH INSURANCE	00600	Net Adjustments		
01000	B	00100	Line No		
01000	SOUTH FLORIDA MIS	00400	Allowable Cost		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01012
01000	INFORMATION SERVICES	00600	Net Adjustments		
01000	B	00100	Line No		
01000	CONSULT A NURSE	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01013
01000	NURSING PHONE SERVICES	00600	Net Adjustments		
01000	B	00100	Line No		
01000	HCA PHYSICIANS SERVICES	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01014
01000	PHYSICIANS RECRUITMENT	00600	Net Adjustments		
01000	B	00100	Line No		
01000	EAST FLORIDA DIVISION	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01015
01000	DIVISION SERVICES	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	5.	
00100	AGGREGATE-ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	-1,313,082.	
00100	Adjustment	00400	Professional Amount	-1,330,138.	
00100	Adjustment	00500	Provider Amount	17,056.	
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	00700	Physician Hours	152.	Hours
00100	Adjustment	00800	Unadj RCE Limit	15,456.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	773.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	15,456.	
00100	Adjustment	01700	Limit Disallowance	1,600.	
00100	Adjustment	01800	Adjustment	-1,328,538.	
00200	Adjustment	00100	Wkst A Line No.	13.	
00200	AGGREGATE-NURSING ADMINISTRATION	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	80,780.	
00200	Adjustment	00400	Professional Amount	29,480.	
00200	Adjustment	00500	Provider Amount	51,300.	
00200	Adjustment	00600	RCE Amount	211,500.	

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00200	Adjustment	00700	Physician Hours	342.	Hours
00200	Adjustment	00800	Unadj RCE Limit	34,775.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	1,739.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	34,775.	
00200	Adjustment	01700	Limit Disallowance	16,525.	
00200	Adjustment	01800	Adjustment	46,005.	
00300	Adjustment	00100	Wkst A Line No.	30.	
00300	AGGREGATE-ADULTS & PEDIATRICS	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	5,047,123.	
00300	Adjustment	00400	Professional Amount	5,040,448.	
00300	Adjustment	00500	Provider Amount	6,675.	
00300	Adjustment	00600	RCE Amount	211,500.	
00300	Adjustment	00700	Physician Hours	47.	Hours
00300	Adjustment	00800	Unadj RCE Limit	4,779.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	239.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	4,779.	
00300	Adjustment	01700	Limit Disallowance	1,896.	
00300	Adjustment	01800	Adjustment	5,042,344.	
00400	Adjustment	00100	Wkst A Line No.	31.	
00400	AGGREGATE-INTENSIVE CARE UNIT	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	472,346.	
00400	Adjustment	00400	Professional Amount	472,346.	
00400	Adjustment	01800	Adjustment	472,346.	
00500	Adjustment	00100	Wkst A Line No.	40.	
00500	AGGREGATE-SUBPROVIDER - IPF	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	256,375.	
00500	Adjustment	00400	Professional Amount	198,544.	
00500	Adjustment	00500	Provider Amount	57,831.	
00500	Adjustment	00600	RCE Amount	181,300.	
00500	Adjustment	00700	Physician Hours	466.	Hours
00500	Adjustment	00800	Unadj RCE Limit	40,618.	Limit
00500	Adjustment	00900	5% Unadj RCE Limit	2,031.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	40,618.	
00500	Adjustment	01700	Limit Disallowance	17,213.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00500	Adjustment	01800	Adjustment	215,757.	
00600	Adjustment	00100	Wkst A Line No.	50.	
00600	AGGREGATE-OPERATING ROOM	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	217,632.	
00600	Adjustment	00400	Professional Amount	208,069.	
00600	Adjustment	00500	Provider Amount	9,563.	
00600	Adjustment	00600	RCE Amount	246,400.	
00600	Adjustment	00700	Physician Hours	18.	Hours
00600	Adjustment	00800	Unadj RCE Limit	2,132.	Limit
00600	Adjustment	00900	5% Unadj RCE Limit	107.	Limit
00600	Adjustment	01600	Adjusted RCE Limit	2,132.	
00600	Adjustment	01700	Limit Disallowance	7,431.	
00600	Adjustment	01800	Adjustment	215,500.	
00700	Adjustment	00100	Wkst A Line No.	50.01	
00700	AGGREGATE-CARDIAC SURGERY	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	124,862.	
00700	Adjustment	00400	Professional Amount	12,250.	
00700	Adjustment	00500	Provider Amount	112,612.	
00700	Adjustment	00600	RCE Amount	246,400.	
00700	Adjustment	00700	Physician Hours	322.	Hours
00700	Adjustment	00800	Unadj RCE Limit	38,145.	Limit
00700	Adjustment	00900	5% Unadj RCE Limit	1,907.	Limit
00700	Adjustment	01600	Adjusted RCE Limit	38,145.	
00700	Adjustment	01700	Limit Disallowance	74,467.	
00700	Adjustment	01800	Adjustment	86,717.	
00800	Adjustment	00100	Wkst A Line No.	55.	
00800	AGGREGATE-RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	16,037.	
00800	Adjustment	00400	Professional Amount	-95,787.	
00800	Adjustment	00500	Provider Amount	111,824.	
00800	Adjustment	00600	RCE Amount	271,900.	
00800	Adjustment	00700	Physician Hours	482.	Hours
00800	Adjustment	00800	Unadj RCE Limit	63,008.	Limit
00800	Adjustment	00900	5% Unadj RCE Limit	3,150.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00800	Adjustment	01600	Adjusted RCE Limit	63,008.	
00800	Adjustment	01700	Limit Disallowance	48,816.	
00800	Adjustment	01800	Adjustment	-46,971.	
00900	Adjustment	00100	Wkst A Line No.	59.	
00900	AGGREGATE-CARDIAC CATHETERIZATION	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	12,669.	
00900	Adjustment	00400	Professional Amount	-22,375.	
00900	Adjustment	00500	Provider Amount	35,044.	
00900	Adjustment	00600	RCE Amount	211,500.	
00900	Adjustment	00700	Physician Hours	156.	Hours
00900	Adjustment	00800	Unadj RCE Limit	15,863.	Limit
00900	Adjustment	00900	5% Unadj RCE Limit	793.	Limit
00900	Adjustment	01600	Adjusted RCE Limit	15,863.	
00900	Adjustment	01700	Limit Disallowance	19,181.	
00900	Adjustment	01800	Adjustment	-3,194.	
01000	Adjustment	00100	Wkst A Line No.	66.	
01000	AGGREGATE-PHYSICAL THERAPY	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	15,694.	
01000	Adjustment	00500	Provider Amount	15,694.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	00700	Physician Hours	15.	Hours
01000	Adjustment	00800	Unadj RCE Limit	1,525.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	76.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	1,525.	
01000	Adjustment	01700	Limit Disallowance	14,169.	
01000	Adjustment	01800	Adjustment	14,169.	
01100	Adjustment	00100	Wkst A Line No.	69.	
01100	AGGREGATE-ELECTROCARDIOLOGY	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	38,700.	
01100	Adjustment	00400	Professional Amount	-4,500.	
01100	Adjustment	00500	Provider Amount	43,200.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	00700	Physician Hours	288.	Hours
01100	Adjustment	00800	Unadj RCE Limit	29,285.	Limit

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01100	Adjustment	00900	5% Unadj RCE Limit	1,464.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	29,285.	
01100	Adjustment	01700	Limit Disallowance	13,915.	
01100	Adjustment	01800	Adjustment	9,415.	
01200	Adjustment	00100	Wkst A Line No.	70.	
01200	AGGREGATE-ELECTROENCEPHALOGRAPHY	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	15,225.	
01200	Adjustment	00400	Professional Amount	15,225.	
01200	Adjustment	01800	Adjustment	15,225.	
01300	Adjustment	00100	Wkst A Line No.	76.02	
01300	AGGREGATE-WOUND CARE	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	38,500.	
01300	Adjustment	00400	Professional Amount	10,500.	
01300	Adjustment	00500	Provider Amount	28,000.	
01300	Adjustment	00600	RCE Amount	211,500.	
01300	Adjustment	00700	Physician Hours	160.	Hours
01300	Adjustment	00800	Unadj RCE Limit	16,269.	Limit
01300	Adjustment	00900	5% Unadj RCE Limit	813.	Limit
01300	Adjustment	01600	Adjusted RCE Limit	16,269.	
01300	Adjustment	01700	Limit Disallowance	11,731.	
01300	Adjustment	01800	Adjustment	22,231.	
01400	Adjustment	00100	Wkst A Line No.	76.04	
01400	AGGREGATE-CARDIAC REHABILITATION	00200	Cost Center		
01400	Adjustment	00300	Total Remuneration	25,600.	
01400	Adjustment	00400	Professional Amount	4,000.	
01400	Adjustment	00500	Provider Amount	21,600.	
01400	Adjustment	00600	RCE Amount	211,500.	
01400	Adjustment	00700	Physician Hours	96.	Hours
01400	Adjustment	00800	Unadj RCE Limit	9,762.	Limit
01400	Adjustment	00900	5% Unadj RCE Limit	488.	Limit
01400	Adjustment	01600	Adjusted RCE Limit	9,762.	
01400	Adjustment	01700	Limit Disallowance	11,838.	
01400	Adjustment	01800	Adjustment	15,838.	
01500	Adjustment	00100	Wkst A Line No.	91.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01500	AGGREGATE-EMERGENCY	00200	Cost Center		
01500	Adjustment	00300	Total Remuneration	4,406,070.	
01500	Adjustment	00400	Professional Amount	4,353,270.	
01500	Adjustment	00500	Provider Amount	52,800.	
01500	Adjustment	00600	RCE Amount	211,500.	
01500	Adjustment	00700	Physician Hours	440.	Hours
01500	Adjustment	00800	Unadj RCE Limit	44,740.	Limit
01500	Adjustment	00900	5% Unadj RCE Limit	2,237.	Limit
01500	Adjustment	01600	Adjusted RCE Limit	44,740.	
01500	Adjustment	01700	Limit Disallowance	8,060.	
01500	Adjustment	01800	Adjustment	4,361,330.	
01600	Adjustment	00100	Wkst A Line No.	91.01	
01600	AGGREGATE-DIAGNOSTIC CENTER	00200	Cost Center		
01600	Adjustment	00300	Total Remuneration	69,400.	
01600	Adjustment	00400	Professional Amount	-3,500.	
01600	Adjustment	00500	Provider Amount	72,900.	
01600	Adjustment	00600	RCE Amount	271,900.	
01600	Adjustment	00700	Physician Hours	405.	Hours
01600	Adjustment	00800	Unadj RCE Limit	52,942.	Limit
01600	Adjustment	00900	5% Unadj RCE Limit	2,647.	Limit
01600	Adjustment	01600	Adjusted RCE Limit	52,942.	
01600	Adjustment	01700	Limit Disallowance	19,958.	
01600	Adjustment	01800	Adjustment	16,458.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	9,523,931.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	8,887,832.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	636,099.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	3,389.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	369,299.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	18,464.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	369,299.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	266,800.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	9,154,632.	
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	3,368,861.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	3,368,861.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	154,113.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	3,522,974.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-63,803.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	3,459,171.	
00500	Administrative and General	00100	Salaries	1,776,690.	
00500	Administrative and General	00200	Other Cost	7,129,046.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	8,905,736.	
00500	Administrative and General	00500	Reclassified T/B	8,905,736.	
00500	Administrative and General	00600	Adjustments	-275,262.	
00500	Administrative and General	00700	Net Expense for Alloc	8,630,474.	
00700	Plant Operation	00100	Salaries	413,698.	
00700	Plant Operation	00200	Other Cost	2,967,029.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	3,380,727.	
00700	Plant Operation	00400	Reclassifications	-154,113.	
00700	Plant Operation	00500	Reclassified T/B	3,226,614.	
00700	Plant Operation	00700	Net Expense for Alloc	3,226,614.	
00800	Laundry and Linen Service	00400	Reclassifications	155,477.	
00800	Laundry and Linen Service	00500	Reclassified T/B	155,477.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	155,477.	
00900	Housekeeping	00100	Salaries	651,147.	
00900	Housekeeping	00200	Other Cost	542,680.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,193,827.	
00900	Housekeeping	00400	Reclassifications	-155,477.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00900	Housekeeping	00500	Reclassified T/B	1,038,350.	
00900	Housekeeping	00700	Net Expense for Alloc	1,038,350.	
01000	Dietary	00200	Other Cost	942,725.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	942,725.	
01000	Dietary	00500	Reclassified T/B	942,725.	
01000	Dietary	00700	Net Expense for Alloc	942,725.	
01300	Nursing Administration	00100	Salaries	1,272,485.	
01300	Nursing Administration	00200	Other Cost	458,354.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	1,730,839.	
01300	Nursing Administration	00500	Reclassified T/B	1,730,839.	
01300	Nursing Administration	00700	Net Expense for Alloc	1,730,839.	
01600	Medical Records and Library	00100	Salaries	412,774.	
01600	Medical Records and Library	00200	Other Cost	220,391.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	633,165.	
01600	Medical Records and Library	00500	Reclassified T/B	633,165.	
01600	Medical Records and Library	00600	Adjustments	-11,481.	
01600	Medical Records and Library	00700	Net Expense for Alloc	621,684.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00100	Salaries	782,598.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00300	Total Cost (Col 01 & 02)	782,598.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00500	Reclassified T/B	782,598.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	782,598.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	392,564.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	392,564.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	392,564.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	392,564.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	4,639,548.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	11,537,541.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	16,177,089.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-649,310.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	15,527,779.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-10,096,990.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	5,430,789.	
03100	Intensive Care Unit	00100	Salaries	1,050,851.	
03100	Intensive Care Unit	00200	Other Cost	259,627.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	1,310,478.	
03100	Intensive Care Unit	00500	Reclassified T/B	1,310,478.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	1,310,478.	
04300	Nursery	00400	Reclassifications	418,544.	
04300	Nursery	00500	Reclassified T/B	418,544.	
04300	Nursery	00700	Net Expense for Alloc	418,544.	
05000	Operating Room	00100	Salaries	865,816.	
05000	Operating Room	00200	Other Cost	531,308.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	1,397,124.	
05000	Operating Room	00500	Reclassified T/B	1,397,124.	
05000	Operating Room	00700	Net Expense for Alloc	1,397,124.	
05200	Delivery Room and Labor Room	00400	Reclassifications	230,766.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	230,766.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	230,766.	
05400	Radiology - Diagnositc	00100	Salaries	1,228,299.	
05400	Radiology - Diagnositc	00200	Other Cost	1,250,220.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	2,478,519.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	2,478,519.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	2,478,519.	
06000	Laboratory	00100	Salaries	1,181,863.	
06000	Laboratory	00200	Other Cost	1,269,760.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	2,451,623.	
06000	Laboratory	00500	Reclassified T/B	2,451,623.	
06000	Laboratory	00600	Adjustments	-8,342.	
06000	Laboratory	00700	Net Expense for Alloc	2,443,281.	
06500	Respiratory Therapy	00100	Salaries	941,504.	
06500	Respiratory Therapy	00200	Other Cost	354,102.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	1,295,606.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06500	Respiratory Therapy	00500	Reclassified T/B	1,295,606.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	1,295,606.	
06600	Physical Therapy	00100	Salaries	43,291.	
06600	Physical Therapy	00200	Other Cost	109,714.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	153,005.	
06600	Physical Therapy	00500	Reclassified T/B	153,005.	
06600	Physical Therapy	00700	Net Expense for Alloc	153,005.	
07100	Medical Supplies Charged to Patients	00100	Salaries	214,211.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	1,229,179.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	1,443,390.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	1,443,390.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	1,443,390.	
07300	Drugs Charged to Patients	00100	Salaries	844,602.	
07300	Drugs Charged to Patients	00200	Other Cost	1,321,589.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	2,166,191.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	2,166,191.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	2,166,191.	
07400	Renal Dialysis	00100	Salaries	214,034.	
07400	Renal Dialysis	00200	Other Cost	126,464.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	340,498.	
07400	Renal Dialysis	00500	Reclassified T/B	340,498.	
07400	Renal Dialysis	00700	Net Expense for Alloc	340,498.	
09100	Emergency	00100	Salaries	2,361,399.	
09100	Emergency	00200	Other Cost	514,862.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	2,876,261.	
09100	Emergency	00500	Reclassified T/B	2,876,261.	
09100	Emergency	00700	Net Expense for Alloc	2,876,261.	
11800	Sub Total (Lines 01-117)	00100	Salaries	18,894,810.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	34,526,016.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	53,420,826.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	53,420,826.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-10,455,878.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	42,964,948.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	15,250.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	2,827.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	18,077.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	18,077.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	18,077.	
19200	Physicians Private Offices	00100	Salaries	13,045.	
19200	Physicians Private Offices	00200	Other Cost	2,090.	
19200	Physicians Private Offices	00300	Total Cost (Col 01 & 02)	15,135.	
19200	Physicians Private Offices	00500	Reclassified T/B	15,135.	
19200	Physicians Private Offices	00700	Net Expense for Alloc	15,135.	
20000	Worksheet A Total (Line 118-199)	00100	Salaries	18,923,105.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	34,530,933.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	53,454,038.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	53,454,038.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-10,455,878.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	42,998,160.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	LABOR & DELIVERY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	320,906.	
00100	Reclassifications	00500	Other	97,638.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	497,839.	
00100	Reclassifications	00900	Other	151,471.	
00200	LABOR & DELIVERY RECLASS	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	52.	
00200	Reclassifications	00400	Salary	176,933.	
00200	Reclassifications	00500	Other	53,833.	
50000	Reclassifications	00400	Salary	497,839.	
50000	Reclassifications	00500	Other	151,471.	
50000	Reclassifications	00800	Salary	497,839.	
50000	Reclassifications	00900	Other	151,471.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A60	**Wkst A-6 Reclassifications**				
00B	**Adjustment Reference**				
00100	INSURANCE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	154,113.	
00100	Reclassifications	00700	Line Number	7.	
00100	Reclassifications	00900	Other	154,113.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	154,113.	
50000	Reclassifications	00900	Other	154,113.	
00C	**Adjustment Reference**				
00100	LAUNDRY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	8.	
00100	Reclassifications	00500	Other	155,477.	
00100	Reclassifications	00700	Line Number	9.	
00100	Reclassifications	00900	Other	155,477.	
50000	Reclassifications	00500	Other	155,477.	
50000	Reclassifications	00900	Other	155,477.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00300	Buildings and Fixtures	00100	Beginning Balances	61,369,143.	
00300	Buildings and Fixtures	00200	Purchases	275,553.	
00300	Buildings and Fixtures	00400	Total	275,553.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	34,811.	
00300	Buildings and Fixtures	00600	Ending Balance	61,609,885.	
00500	Fixed Equipment	00100	Beginning Balances	1,671,974.	
00500	Fixed Equipment	00200	Purchases	57,575.	
00500	Fixed Equipment	00400	Total	57,575.	
00500	Fixed Equipment	00500	Disposals/Retirements	2,000.	
00500	Fixed Equipment	00600	Ending Balance	1,727,549.	
00600	Movable Equipment	00100	Beginning Balances	8,685,511.	
00600	Movable Equipment	00200	Purchases	1,517,413.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00600	Movable Equipment	00400	Total	1,517,413.	
00600	Movable Equipment	00500	Disposals/Retirements	1,160,644.	
00600	Movable Equipment	00600	Ending Balance	9,042,280.	
00700	HIT-designated Assets	00100	Beginning Balances	570,983.	
00700	HIT-designated Assets	00600	Ending Balance	570,983.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	72,297,611.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	1,850,541.	
00800	Sub Total (Lines 01 To 07)	00400	Total	1,850,541.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	1,197,455.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	72,950,697.	
00900	Reconciling Items	00100	Beginning Balances	-52,126.	
00900	Reconciling Items	00200	Purchases	108,975.	
00900	Reconciling Items	00400	Total	108,975.	
00900	Reconciling Items	00600	Ending Balance	56,849.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	72,349,737.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	1,741,566.	
01000	Worksheet A-7 Part 1 Total	00400	Total	1,741,566.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	1,197,455.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	72,893,848.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,368,861.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	3,368,861.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	3,368,861.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	3,368,861.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	72,893,848.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	72,893,848.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	1.000000	Ratio
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,459,171.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	3,459,171.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	72,893,848.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	72,893,848.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	3,459,171.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	3,459,171.	
A80	**Wkst A-8 Adjustment to Expenses**				
00100	Investment Income - Building & Fixtures (Chapter 2)	00100	Basis/Code	B	
00100	Investment Income - Building & Fixtures (Chapter 2)	00200	Amount	-63,803.	
00100	Investment Income - Building & Fixtures (Chapter 2)	00500	Wkst A-8 Reference	9.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-275,262.	
00500	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	5.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-10,105,332.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-11,481.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
03300	ADVERTISING	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	
03300	GIFTS TO PHYSICIANS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03301

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Line	Line Description	Col	Column Desc	Line Value	Type
100130	**LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430**				
	Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ASSOCIATION DUES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03302
03300	ASSOCIATION DUES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	PHYSICIANS PRIVATE OFFICES	00300	Cost Center		
03300	Adjustments	00400	Line Number	192.	03303
03300	ASSOCIATION DUES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	03304
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-10,455,878.	
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	21.	
00100	I&R SERVICES-SALARY & FRINGES APPRV	00200	Cost Center		
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	00700	Physician Hours	1,760.	Hours
00100	Adjustment	00800	Unadj RCE Limit	178,962.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	8,948.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	178,962.	
00200	Adjustment	00100	Wkst A Line No.	30.	
00200	ADULTS & PEDIATRICS	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	10,096,990.	
00200	Adjustment	00400	Professional Amount	10,096,990.	
00200	Adjustment	00600	RCE Amount	211,500.	
00200	Adjustment	01800	Adjustment	10,096,990.	
00300	Adjustment	00100	Wkst A Line No.	60.	
00300	LABORATORY	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	21,983.	
00300	Adjustment	00500	Provider Amount	21,983.	

Line	Line Description	Col	Column Desc	Line Value	Type

100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
00300	Adjustment	00600	RCE Amount	260,300.	
00300	Adjustment	00700	Physician Hours	109.	Hours
00300	Adjustment	00800	Unadj RCE Limit	13,641.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	682.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	13,641.	
00300	Adjustment	01700	Limit Disallowance	8,342.	
00300	Adjustment	01800	Adjustment	8,342.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	10,118,973.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	10,096,990.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	21,983.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	1,869.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	192,603.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	9,630.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	192,603.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	8,342.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	10,105,332.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	7,679,341.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	7,679,341.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	296,973.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	7,976,314.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	2,922,879.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	10,899,193.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	16,545,697.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	16,545,697.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	753,893.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	17,299,590.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-211,723.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	17,087,867.	
00300	Other Capital Related Cost	00200	Other Cost	863,001.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	863,001.	
00300	Other Capital Related Cost	00400	Reclassifications	-863,001.	
00400	Employee Benefits	00100	Salaries	1,137,234.	
00400	Employee Benefits	00200	Other Cost	32,527,579.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	33,664,813.	
00400	Employee Benefits	00400	Reclassifications	3,675.	
00400	Employee Benefits	00500	Reclassified T/B	33,668,488.	
00400	Employee Benefits	00600	Adjustments	-4,131.	
00400	Employee Benefits	00700	Net Expense for Alloc	33,664,357.	
00500	Administrative and General	00100	Salaries	29,006,583.	
00500	Administrative and General	00200	Other Cost	45,421,467.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	74,428,050.	
00500	Administrative and General	00400	Reclassifications	295,241.	
00500	Administrative and General	00500	Reclassified T/B	74,723,291.	
00500	Administrative and General	00600	Adjustments	-8,767,993.	
00500	Administrative and General	00700	Net Expense for Alloc	65,955,298.	
00600	Maintenance and Repairs	00100	Salaries	1,881,571.	
00600	Maintenance and Repairs	00200	Other Cost	5,729,363.	
00600	Maintenance and Repairs	00300	Total Cost (Col 01 & 02)	7,610,934.	
00600	Maintenance and Repairs	00500	Reclassified T/B	7,610,934.	
00600	Maintenance and Repairs	00600	Adjustments	-3.	
00600	Maintenance and Repairs	00700	Net Expense for Alloc	7,610,931.	
00700	Plant Operation	00100	Salaries	567,633.	
00700	Plant Operation	00200	Other Cost	6,751,526.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	7,319,159.	
00700	Plant Operation	00500	Reclassified T/B	7,319,159.	
00700	Plant Operation	00700	Net Expense for Alloc	7,319,159.	
00800	Laundry and Linen Service	00100	Salaries	55,564.	
00800	Laundry and Linen Service	00200	Other Cost	1,560,755.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	1,616,319.	
00800	Laundry and Linen Service	00500	Reclassified T/B	1,616,319.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	1,616,319.	
00900	Housekeeping	00100	Salaries	2,607,088.	
00900	Housekeeping	00200	Other Cost	1,512,939.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	4,120,027.	
00900	Housekeeping	00500	Reclassified T/B	4,120,027.	
00900	Housekeeping	00700	Net Expense for Alloc	4,120,027.	
01000	Dietary	00100	Salaries	2,856,095.	
01000	Dietary	00200	Other Cost	3,487,114.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	6,343,209.	
01000	Dietary	00500	Reclassified T/B	6,343,209.	
01000	Dietary	00600	Adjustments	-2,083,638.	
01000	Dietary	00700	Net Expense for Alloc	4,259,571.	
01300	Nursing Administration	00100	Salaries	4,800,922.	
01300	Nursing Administration	00200	Other Cost	688,594.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	5,489,516.	
01300	Nursing Administration	00400	Reclassifications	-499,484.	
01300	Nursing Administration	00500	Reclassified T/B	4,990,032.	
01300	Nursing Administration	00700	Net Expense for Alloc	4,990,032.	
01400	Central Service and Supply	00100	Salaries	870,552.	
01400	Central Service and Supply	00200	Other Cost	2,028,317.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	2,898,869.	
01400	Central Service and Supply	00500	Reclassified T/B	2,898,869.	
01400	Central Service and Supply	00600	Adjustments	-204.	
01400	Central Service and Supply	00700	Net Expense for Alloc	2,898,665.	
01500	Pharmacy	00100	Salaries	4,522,219.	
01500	Pharmacy	00200	Other Cost	18,744,744.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	23,266,963.	
01500	Pharmacy	00400	Reclassifications	-299,776.	
01500	Pharmacy	00500	Reclassified T/B	22,967,187.	
01500	Pharmacy	00700	Net Expense for Alloc	22,967,187.	
01600	Medical Records and Library	00100	Salaries	2,300,888.	
01600	Medical Records and Library	00200	Other Cost	1,715,082.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	4,015,970.	
01600	Medical Records and Library	00500	Reclassified T/B	4,015,970.	
01600	Medical Records and Library	00600	Adjustments	-3,066.	
01600	Medical Records and Library	00700	Net Expense for Alloc	4,012,904.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	8,594,690.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	8,594,690.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	8,594,690.	
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	-9,755.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	8,584,935.	
02300	Paramedical Education Program	00100	Salaries	268,993.	
02300	Paramedical Education Program	00200	Other Cost	32,857.	
02300	Paramedical Education Program	00300	Total Cost (Col 01 & 02)	301,850.	
02300	Paramedical Education Program	00400	Reclassifications	299,776.	
02300	Paramedical Education Program	00500	Reclassified T/B	601,626.	
02300	Paramedical Education Program	00700	Net Expense for Alloc	601,626.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	32,895,607.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	3,068,705.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	35,964,312.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	398,722.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	36,363,034.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	36,363,034.	
03100	Intensive Care Unit	00100	Salaries	7,159,929.	
03100	Intensive Care Unit	00200	Other Cost	2,065,946.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	9,225,875.	
03100	Intensive Care Unit	00400	Reclassifications	42,316.	
03100	Intensive Care Unit	00500	Reclassified T/B	9,268,191.	
03100	Intensive Care Unit	00600	Adjustments	-1,200,000.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	8,068,191.	
03100	Intensive Care Unit	00100	Salaries	1,193,968.	03101
03100	Intensive Care Unit	00200	Other Cost	7,067.	03101
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	1,201,035.	03101

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03100	Intensive Care Unit	00500	Reclassified T/B	1,201,035.	03101
03100	Intensive Care Unit	00700	Net Expense for Alloc	1,201,035.	03101
03400	Surgical Intensive Care Unit	00100	Salaries	2,106,249.	
03400	Surgical Intensive Care Unit	00200	Other Cost	315,062.	
03400	Surgical Intensive Care Unit	00300	Total Cost (Col 01 & 02)	2,421,311.	
03400	Surgical Intensive Care Unit	00400	Reclassifications	13,152.	
03400	Surgical Intensive Care Unit	00500	Reclassified T/B	2,434,463.	
03400	Surgical Intensive Care Unit	00700	Net Expense for Alloc	2,434,463.	
04300	Nursery	00200	Other Cost	79,251.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	79,251.	
04300	Nursery	00400	Reclassifications	329,765.	
04300	Nursery	00500	Reclassified T/B	409,016.	
04300	Nursery	00700	Net Expense for Alloc	409,016.	
05000	Operating Room	00100	Salaries	10,457,553.	
05000	Operating Room	00200	Other Cost	12,728,995.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	23,186,548.	
05000	Operating Room	00400	Reclassifications	-985,919.	
05000	Operating Room	00500	Reclassified T/B	22,200,629.	
05000	Operating Room	00600	Adjustments	-1,463,092.	
05000	Operating Room	00700	Net Expense for Alloc	20,737,537.	
05000	Operating Room	00100	Salaries	1,686,413.	05001
05000	Operating Room	00200	Other Cost	845,011.	05001
05000	Operating Room	00300	Total Cost (Col 01 & 02)	2,531,424.	05001
05000	Operating Room	00500	Reclassified T/B	2,531,424.	05001
05000	Operating Room	00700	Net Expense for Alloc	2,531,424.	05001
05100	Recovery Room	00100	Salaries	3,339,716.	
05100	Recovery Room	00200	Other Cost	366,769.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	3,706,485.	
05100	Recovery Room	00400	Reclassifications	9,231.	
05100	Recovery Room	00500	Reclassified T/B	3,715,716.	
05100	Recovery Room	00700	Net Expense for Alloc	3,715,716.	
05200	Delivery Room and Labor Room	00100	Salaries	6,306,704.	
05200	Delivery Room and Labor Room	00200	Other Cost	760,628.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	7,067,332.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05200	Delivery Room and Labor Room	00400	Reclassifications	-290,700.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	6,776,632.	
05200	Delivery Room and Labor Room	00600	Adjustments	-29,595.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	6,747,037.	
05300	Anesthesiology	00100	Salaries	147,836.	
05300	Anesthesiology	00200	Other Cost	841,888.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	989,724.	
05300	Anesthesiology	00400	Reclassifications	66,765.	
05300	Anesthesiology	00500	Reclassified T/B	1,056,489.	
05300	Anesthesiology	00700	Net Expense for Alloc	1,056,489.	
05400	Radiology - Diagnositc	00100	Salaries	7,640,999.	
05400	Radiology - Diagnositc	00200	Other Cost	2,512,688.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	10,153,687.	
05400	Radiology - Diagnositc	00400	Reclassifications	-3,094,486.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	7,059,201.	
05400	Radiology - Diagnositc	00600	Adjustments	107,592.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	7,166,793.	
05500	Radiology - Therapeutic	00100	Salaries	9,468,185.	
05500	Radiology - Therapeutic	00200	Other Cost	20,822,629.	
05500	Radiology - Therapeutic	00300	Total Cost (Col 01 & 02)	30,290,814.	
05500	Radiology - Therapeutic	00400	Reclassifications	2,201.	
05500	Radiology - Therapeutic	00500	Reclassified T/B	30,293,015.	
05500	Radiology - Therapeutic	00600	Adjustments	-15,279,826.	
05500	Radiology - Therapeutic	00700	Net Expense for Alloc	15,013,189.	
05600	Radioisotope	00100	Salaries	361,159.	
05600	Radioisotope	00200	Other Cost	1,924,740.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	2,285,899.	
05600	Radioisotope	00400	Reclassifications	634,108.	
05600	Radioisotope	00500	Reclassified T/B	2,920,007.	
05600	Radioisotope	00700	Net Expense for Alloc	2,920,007.	
05700	Computer Tomography (CT) Scan	00100	Salaries	804,353.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	222,523.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	1,026,876.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	1,637,720.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	2,664,596.	
05700	Computer Tomography (CT) Scan	00600	Adjustments	58,465.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	2,723,061.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	869,523.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	187,828.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	1,057,351.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	1,692,439.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	2,749,790.	
05800	Magnetic Resonance Imaging (MRI)	00600	Adjustments	90,124.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	2,839,914.	
05900	Cardiac Catheterization	00100	Salaries	2,721,602.	
05900	Cardiac Catheterization	00200	Other Cost	1,250,091.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	3,971,693.	
05900	Cardiac Catheterization	00500	Reclassified T/B	3,971,693.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	3,971,693.	
06000	Laboratory	00100	Salaries	5,743,401.	
06000	Laboratory	00200	Other Cost	7,808,416.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	13,551,817.	
06000	Laboratory	00500	Reclassified T/B	13,551,817.	
06000	Laboratory	00600	Adjustments	-242,525.	
06000	Laboratory	00700	Net Expense for Alloc	13,309,292.	
06300	Blood Storing, Processing and Transportation	00100	Salaries	520,208.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	3,956,842.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	4,477,050.	
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	4,477,050.	
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	4,477,050.	
06400	Intravenous Therapy	00100	Salaries	788,349.	
06400	Intravenous Therapy	00200	Other Cost	115,036.	
06400	Intravenous Therapy	00300	Total Cost (Col 01 & 02)	903,385.	
06400	Intravenous Therapy	00500	Reclassified T/B	903,385.	
06400	Intravenous Therapy	00600	Adjustments	-10,250.	
06400	Intravenous Therapy	00700	Net Expense for Alloc	893,135.	
06500	Respiratory Therapy	00100	Salaries	2,621,106.	
06500	Respiratory Therapy	00200	Other Cost	543,108.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	3,164,214.	
06500	Respiratory Therapy	00400	Reclassifications	134,590.	
06500	Respiratory Therapy	00500	Reclassified T/B	3,298,804.	
06500	Respiratory Therapy	00600	Adjustments	-56,657.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	3,242,147.	
06600	Physical Therapy	00100	Salaries	5,916,158.	
06600	Physical Therapy	00200	Other Cost	1,111,880.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	7,028,038.	
06600	Physical Therapy	00400	Reclassifications	-1,640,162.	
06600	Physical Therapy	00500	Reclassified T/B	5,387,876.	
06600	Physical Therapy	00600	Adjustments	-573,412.	
06600	Physical Therapy	00700	Net Expense for Alloc	4,814,464.	
06700	Occupational Therapy	00400	Reclassifications	539,151.	
06700	Occupational Therapy	00500	Reclassified T/B	539,151.	
06700	Occupational Therapy	00700	Net Expense for Alloc	539,151.	
06800	Speech Pathology	00400	Reclassifications	863,669.	
06800	Speech Pathology	00500	Reclassified T/B	863,669.	
06800	Speech Pathology	00700	Net Expense for Alloc	863,669.	
06900	Electrocardiology	00100	Salaries	553,474.	
06900	Electrocardiology	00200	Other Cost	57,409.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	610,883.	
06900	Electrocardiology	00500	Reclassified T/B	610,883.	
06900	Electrocardiology	00600	Adjustments	-1,100.	
06900	Electrocardiology	00700	Net Expense for Alloc	609,783.	
07000	Electroencephalography	00100	Salaries	188,822.	
07000	Electroencephalography	00200	Other Cost	9,485.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	198,307.	
07000	Electroencephalography	00500	Reclassified T/B	198,307.	
07000	Electroencephalography	00700	Net Expense for Alloc	198,307.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	41,256,115.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	41,256,115.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	-23,364,849.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	17,891,266.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	17,891,266.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07200	Implantable Devices Charged to Patients	00200	Other Cost	19,690,760.	
07200	Implantable Devices Charged to Patients	00300	Total Cost (Col 01 & 02)	19,690,760.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	23,415,351.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	43,106,111.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	43,106,111.	
07300	Drugs Charged to Patients	00200	Other Cost	69,359,003.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	69,359,003.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	69,359,003.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	69,359,003.	
07400	Renal Dialysis	00200	Other Cost	1,157,164.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	1,157,164.	
07400	Renal Dialysis	00500	Reclassified T/B	1,157,164.	
07400	Renal Dialysis	00700	Net Expense for Alloc	1,157,164.	
07600	Other Ancillary Cost	00100	Salaries	697,097.	07698
07600	Other Ancillary Cost	00200	Other Cost	164,446.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	861,543.	07698
07600	Other Ancillary Cost	00400	Reclassifications	80,951.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	942,494.	07698
07600	Other Ancillary Cost	00600	Adjustments	-388.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	942,106.	07698
09000	Clinic	00100	Salaries	168,141.	
09000	Clinic	00200	Other Cost	475,494.	
09000	Clinic	00300	Total Cost (Col 01 & 02)	643,635.	
09000	Clinic	00500	Reclassified T/B	643,635.	
09000	Clinic	00600	Adjustments	-456,853.	
09000	Clinic	00700	Net Expense for Alloc	186,782.	
09000	Clinic	00100	Salaries	386,622.	09002
09000	Clinic	00200	Other Cost	142,643.	09002
09000	Clinic	00300	Total Cost (Col 01 & 02)	529,265.	09002
09000	Clinic	00400	Reclassifications	21,801.	09002
09000	Clinic	00500	Reclassified T/B	551,066.	09002
09000	Clinic	00600	Adjustments	-148,237.	09002
09000	Clinic	00700	Net Expense for Alloc	402,829.	09002
09100	Emergency	00100	Salaries	6,059,316.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09100	Emergency	00200	Other Cost	2,903,348.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	8,962,664.	
09100	Emergency	00400	Reclassifications	5,954.	
09100	Emergency	00500	Reclassified T/B	8,968,618.	
09100	Emergency	00600	Adjustments	-1,984,000.	
09100	Emergency	00700	Net Expense for Alloc	6,984,618.	
10100	Home Health Agency	00100	Salaries	1,775,061.	
10100	Home Health Agency	00200	Other Cost	391,423.	
10100	Home Health Agency	00300	Total Cost (Col 01 & 02)	2,166,484.	
10100	Home Health Agency	00500	Reclassified T/B	2,166,484.	
10100	Home Health Agency	00700	Net Expense for Alloc	2,166,484.	
11300	Interest Expense	00200	Other Cost	499,067.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	499,067.	
11300	Interest Expense	00400	Reclassifications	-499,067.	
11800	Sub Total (Lines 01-117)	00100	Salaries	163,452,893.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	351,524,526.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	514,977,419.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	514,977,419.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-29,347,388.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	485,630,031.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	139,303.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	42,834.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	182,137.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	182,137.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	182,137.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	314,943.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	574,977.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	889,920.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	889,920.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	889,920.	19002
19100	Research	00100	Salaries	1,145,314.	
19100	Research	00200	Other Cost	670,374.	
19100	Research	00300	Total Cost (Col 01 & 02)	1,815,688.	
19100	Research	00500	Reclassified T/B	1,815,688.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19100	Research	00700	Net Expense for Alloc	1,815,688.	
19300	Nonpaid Workers	00100	Salaries	237,732.	
19300	Nonpaid Workers	00200	Other Cost	145,814.	
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	383,546.	
19300	Nonpaid Workers	00500	Reclassified T/B	383,546.	
19300	Nonpaid Workers	00700	Net Expense for Alloc	383,546.	
20000	Worksheet A Total (Line 118-199)	00100	Salaries	165,290,185.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	352,958,525.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	518,248,710.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	518,248,710.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-29,347,388.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	488,901,322.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	INTEREST EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	26,797.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	499,067.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
00200	INTEREST EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	2.	
00200	Reclassifications	00500	Other	472,270.	
00200	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	499,067.	
50000	Reclassifications	00900	Other	499,067.	
00B	**Adjustment Reference**				
00100	INSURANCE	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	84,437.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	395,639.	
00100	Reclassifications	01000	Wkst A-6 Reference	12.	
00200	INSURANCE	00000	Description		
00200	Reclassifications	00100	Code	B	
00200	Reclassifications	00300	Line Number	4.	
00200	Reclassifications	00500	Other	3,675.	
00300	INSURANCE	00000	Description		
00300	Reclassifications	00100	Code	B	
00300	Reclassifications	00300	Line Number	5.	
00300	Reclassifications	00500	Other	295,241.	
00400	INSURANCE	00000	Description		
00400	Reclassifications	00100	Code	B	
00400	Reclassifications	00300	Line Number	54.	
00400	Reclassifications	00500	Other	10,085.	
00500	INSURANCE	00000	Description		
00500	Reclassifications	00100	Code	B	
00500	Reclassifications	00300	Line Number	55.	
00500	Reclassifications	00500	Other	2,201.	
50000	Reclassifications	00500	Other	395,639.	
50000	Reclassifications	00900	Other	395,639.	
00C	**Adjustment Reference**				
00100	NURSERY SALARIES	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	329,765.	
00100	Reclassifications	00700	Line Number	52.	
00100	Reclassifications	00800	Salary	329,765.	
50000	Reclassifications	00400	Salary	329,765.	
50000	Reclassifications	00800	Salary	329,765.	
00D	**Adjustment Reference**				
00100	BOCA CLINIC ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	56.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00400	Salary	309.	
00100	Reclassifications	00500	Other	392.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	439,112.	
00100	Reclassifications	00900	Other	556,910.	
00200	BOCA CLINIC ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00300	Line Number	57.	
00200	Reclassifications	00400	Salary	198,326.	
00200	Reclassifications	00500	Other	251,529.	
00300	BOCA CLINIC ADMIN EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	D	
00300	Reclassifications	00300	Line Number	58.	
00300	Reclassifications	00400	Salary	240,477.	
00300	Reclassifications	00500	Other	304,989.	
50000	Reclassifications	00400	Salary	439,112.	
50000	Reclassifications	00500	Other	556,910.	
50000	Reclassifications	00800	Salary	439,112.	
50000	Reclassifications	00900	Other	556,910.	
00E	**Adjustment Reference**				
00100	DEERFIELD ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	136,017.	
00100	Reclassifications	00500	Other	33,542.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	348,461.	
00100	Reclassifications	00900	Other	85,931.	
00200	DEERFIELD ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	212,444.	
00200	Reclassifications	00500	Other	52,389.	
50000	Reclassifications	00400	Salary	348,461.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	85,931.	
50000	Reclassifications	00800	Salary	348,461.	
50000	Reclassifications	00900	Other	85,931.	
00F	**Adjustment Reference**				
00100	CLINT MOORE ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	203,037.	
00100	Reclassifications	00500	Other	180,561.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	376,703.	
00100	Reclassifications	00900	Other	335,002.	
00200	CLINT MOORE ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	173,666.	
00200	Reclassifications	00500	Other	154,441.	
50000	Reclassifications	00400	Salary	376,703.	
50000	Reclassifications	00500	Other	335,002.	
50000	Reclassifications	00800	Salary	376,703.	
50000	Reclassifications	00900	Other	335,002.	
00G	**Adjustment Reference**				
00100	WOMENS CENTER ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	56.	
00100	Reclassifications	00400	Salary	57,087.	
00100	Reclassifications	00500	Other	21,488.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	57,339.	
00100	Reclassifications	00900	Other	21,583.	
00200	WOMENS CENTER ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	G	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	252.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00500	Other	95.	
50000	Reclassifications	00400	Salary	57,339.	
50000	Reclassifications	00500	Other	21,583.	
50000	Reclassifications	00800	Salary	57,339.	
50000	Reclassifications	00900	Other	21,583.	
00H	**Adjustment Reference**				
00100	PHARMACY RESIDENCY	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	23.	
00100	Reclassifications	00400	Salary	197,148.	
00100	Reclassifications	00500	Other	102,628.	
00100	Reclassifications	00700	Line Number	15.	
00100	Reclassifications	00800	Salary	197,148.	
00100	Reclassifications	00900	Other	102,628.	
50000	Reclassifications	00400	Salary	197,148.	
50000	Reclassifications	00500	Other	102,628.	
50000	Reclassifications	00800	Salary	197,148.	
50000	Reclassifications	00900	Other	102,628.	
00I	**Adjustment Reference**				
00100	MNI IMAGING	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	3,569.	
00100	Reclassifications	00500	Other	1,094.	
00100	Reclassifications	00700	Line Number	58.	
00100	Reclassifications	00800	Salary	3,917.	
00100	Reclassifications	00900	Other	1,201.	
00200	MNI IMAGING	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	348.	
00200	Reclassifications	00500	Other	107.	
50000	Reclassifications	00400	Salary	3,917.	
50000	Reclassifications	00500	Other	1,201.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00800	Salary	3,917.	
50000	Reclassifications	00900	Other	1,201.	
00J	**Adjustment Reference**				
00100	IMPLANTABLE DEVICES EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	23,415,351.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	50,502.	
00200	IMPLANTABLE DEVICES EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	J	
00200	Reclassifications	00700	Line Number	71.	
00200	Reclassifications	00900	Other	23,364,849.	
50000	Reclassifications	00500	Other	23,415,351.	
50000	Reclassifications	00900	Other	23,415,351.	
00K	**Adjustment Reference**				
00100	WOMENS IMAGING	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	58.	
00100	Reclassifications	00400	Salary	221,090.	
00100	Reclassifications	00500	Other	87,048.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	221,090.	
00100	Reclassifications	00900	Other	87,048.	
50000	Reclassifications	00400	Salary	221,090.	
50000	Reclassifications	00500	Other	87,048.	
50000	Reclassifications	00800	Salary	221,090.	
50000	Reclassifications	00900	Other	87,048.	
00L	**Adjustment Reference**				
00100	BRRH IP REHAB	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	67.	
00100	Reclassifications	00400	Salary	380,128.	
00100	Reclassifications	00500	Other	1,172.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	995,018.	
00100	Reclassifications	00900	Other	3,068.	
00200	BRRH IP REHAB	00000	Description		
00200	Reclassifications	00100	Code	L	
00200	Reclassifications	00300	Line Number	68.	
00200	Reclassifications	00400	Salary	614,890.	
00200	Reclassifications	00500	Other	1,896.	
50000	Reclassifications	00400	Salary	995,018.	
50000	Reclassifications	00500	Other	3,068.	
50000	Reclassifications	00800	Salary	995,018.	
50000	Reclassifications	00900	Other	3,068.	
00M	**Adjustment Reference**				
00100	BRRH OP REHAB	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	67.	
00100	Reclassifications	00400	Salary	150,760.	
00100	Reclassifications	00500	Other	7,091.	
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	386,553.	
00100	Reclassifications	00900	Other	18,181.	
00200	BRRH OP REHAB	00000	Description		
00200	Reclassifications	00100	Code	M	
00200	Reclassifications	00300	Line Number	68.	
00200	Reclassifications	00400	Salary	235,793.	
00200	Reclassifications	00500	Other	11,090.	
50000	Reclassifications	00400	Salary	386,553.	
50000	Reclassifications	00500	Other	18,181.	
50000	Reclassifications	00800	Salary	386,553.	
50000	Reclassifications	00900	Other	18,181.	
00N	**Adjustment Reference**				
00100	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	N	
00100	Reclassifications	00300	Line Number	65.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00400	Salary	112,810.	
00100	Reclassifications	00500	Other	21,780.	
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	198,934.	
00100	Reclassifications	00900	Other	38,408.	
00200	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	N	
00200	Reclassifications	00300	Line Number	76.98	
00200	Reclassifications	00400	Salary	67,851.	
00200	Reclassifications	00500	Other	13,100.	
00300	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	N	
00300	Reclassifications	00300	Line Number	90.02	
00300	Reclassifications	00400	Salary	18,273.	
00300	Reclassifications	00500	Other	3,528.	
50000	Reclassifications	00400	Salary	198,934.	
50000	Reclassifications	00500	Other	38,408.	
50000	Reclassifications	00800	Salary	198,934.	
50000	Reclassifications	00900	Other	38,408.	
00O	**Adjustment Reference**				
00100	OP IMAGING ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	O	
00100	Reclassifications	00300	Line Number	56.	
00100	Reclassifications	00400	Salary	468,287.	
00100	Reclassifications	00500	Other	86,545.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	946,593.	
00100	Reclassifications	00900	Other	174,942.	
00200	OP IMAGING ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	O	
00200	Reclassifications	00300	Line Number	57.	
00200	Reclassifications	00400	Salary	266,740.	
00200	Reclassifications	00500	Other	49,297.	
00300	OP IMAGING ADMIN EXPENSE	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00300	Reclassifications	00100	Code	O	
00300	Reclassifications	00300	Line Number	58.	
00300	Reclassifications	00400	Salary	211,566.	
00300	Reclassifications	00500	Other	39,100.	
50000	Reclassifications	00400	Salary	946,593.	
50000	Reclassifications	00500	Other	174,942.	
50000	Reclassifications	00800	Salary	946,593.	
50000	Reclassifications	00900	Other	174,942.	
00P	**Adjustment Reference**				
00100	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	P	
00100	Reclassifications	00300	Line Number	51.	
00100	Reclassifications	00400	Salary	4,358.	
00100	Reclassifications	00500	Other	4,598.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00800	Salary	455,195.	
00100	Reclassifications	00900	Other	480,222.	
00200	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	P	
00200	Reclassifications	00300	Line Number	53.	
00200	Reclassifications	00400	Salary	32,490.	
00200	Reclassifications	00500	Other	34,275.	
00300	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	P	
00300	Reclassifications	00300	Line Number	54.	
00300	Reclassifications	00400	Salary	265,544.	
00300	Reclassifications	00500	Other	280,144.	
00400	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	P	
00400	Reclassifications	00300	Line Number	57.	
00400	Reclassifications	00400	Salary	152,803.	
00400	Reclassifications	00500	Other	161,205.	
50000	Reclassifications	00400	Salary	455,195.	
50000	Reclassifications	00500	Other	480,222.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00800	Salary	455,195.	
50000	Reclassifications	00900	Other	480,222.	
00Q	**Adjustment Reference**				
00100	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	Q	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	396,309.	
00100	Reclassifications	00500	Other	2,413.	
00100	Reclassifications	00700	Line Number	13.	
00100	Reclassifications	00800	Salary	496,460.	
00100	Reclassifications	00900	Other	3,024.	
00200	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	Q	
00200	Reclassifications	00300	Line Number	31.	
00200	Reclassifications	00400	Salary	42,060.	
00200	Reclassifications	00500	Other	256.	
00300	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	Q	
00300	Reclassifications	00300	Line Number	34.	
00300	Reclassifications	00400	Salary	13,072.	
00300	Reclassifications	00500	Other	80.	
00400	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	Q	
00400	Reclassifications	00300	Line Number	51.	
00400	Reclassifications	00400	Salary	273.	
00400	Reclassifications	00500	Other	2.	
00500	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00500	Reclassifications	00100	Code	Q	
00500	Reclassifications	00300	Line Number	52.	
00500	Reclassifications	00400	Salary	38,828.	
00500	Reclassifications	00500	Other	237.	
00600	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00600	Reclassifications	00100	Code	Q	
00600	Reclassifications	00300	Line Number	91.	

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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				
A60	**Wkst A-6 Reclassifications**				
00600	Reclassifications	00400	Salary	5,918.	
00600	Reclassifications	00500	Other	36.	
50000	Reclassifications	00400	Salary	496,460.	
50000	Reclassifications	00500	Other	3,024.	
50000	Reclassifications	00800	Salary	496,460.	
50000	Reclassifications	00900	Other	3,024.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	15,176,314.	
00100	Land	00600	Ending Balance	15,176,314.	
00200	Land Improvements	00100	Beginning Balances	1,346,013.	
00200	Land Improvements	00600	Ending Balance	1,346,013.	
00200	Land Improvements	00700	Fully Depreciated Assets	348,667.	
00300	Buildings and Fixtures	00100	Beginning Balances	208,155,317.	
00300	Buildings and Fixtures	00200	Purchases	8,181,149.	
00300	Buildings and Fixtures	00400	Total	8,181,149.	
00300	Buildings and Fixtures	00600	Ending Balance	216,336,466.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	2,587,564.	
00500	Fixed Equipment	00100	Beginning Balances	80,498,675.	
00500	Fixed Equipment	00200	Purchases	2,292,905.	
00500	Fixed Equipment	00400	Total	2,292,905.	
00500	Fixed Equipment	00600	Ending Balance	82,791,580.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	7,047,337.	
00600	Movable Equipment	00100	Beginning Balances	213,714,220.	
00600	Movable Equipment	00200	Purchases	16,660,881.	
00600	Movable Equipment	00400	Total	16,660,881.	
00600	Movable Equipment	00600	Ending Balance	230,375,101.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	518,890,539.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	27,134,935.	
00800	Sub Total (Lines 01 To 07)	00400	Total	27,134,935.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	546,025,474.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	9,983,568.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	518,890,539.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	27,134,935.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
01000	Worksheet A-7 Part 1 Total	00400	Total	27,134,935.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	546,025,474.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	9,983,568.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	7,679,341.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	7,679,341.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	16,545,697.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	16,545,697.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	24,225,038.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	24,225,038.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	315,650,373.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	315,650,373.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.578087	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	270,176.	
00100	Capital Related Cost - Land and Buildings	00800	Total	270,176.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	7,937,618.	
00100	Capital Related Cost - Land and Buildings	01100	Interest	2,602,426.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	270,176.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	88,973.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	10,899,193.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	230,375,101.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	230,375,101.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.421913	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	197,186.	
00200	Capital Related Cost - Movable Equipment	00800	Total	197,186.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	16,545,697.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	260,547.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01200	Insurance	281,623.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	17,087,867.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	546,025,474.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	546,025,474.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	467,362.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	467,362.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	24,483,315.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	2,862,973.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	551,799.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	88,973.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	27,987,060.	
A80	**Wkst A-8 Adjustment to Expenses**				
00100	Investment Income - Building & Fixtures (Chapter 2)	00100	Basis/Code	B	
00100	Investment Income - Building & Fixtures (Chapter 2)	00200	Amount	-12,013.	
00100	Investment Income - Building & Fixtures (Chapter 2)	00500	Wkst A-8 Reference	11.	
00200	Investment Income - Movable Equipment (Chapter 2)	00100	Basis/Code	B	
00200	Investment Income - Movable Equipment (Chapter 2)	00200	Amount	-211,723.	
00200	Investment Income - Movable Equipment (Chapter 2)	00500	Wkst A-8 Reference	11.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-204.	
00500	CENTRAL SERVICES & SUPPLY	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	14.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-31,420.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-109,762.	
00800	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	5.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-19,934,280.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	3,258,048.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-2,083,638.	
01400	DIETARY	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	10.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-3,066.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
02100	Income from Imposition of Interest, Finance or Penalty Charges	00100	Basis/Code	B	
02100	Income from Imposition of Interest, Finance or Penalty Charges	00200	Amount	-80,235.	
02100	ADMINISTRATIVE & GENERAL	00300	Cost Center		
02100	Income from Imposition of Interest, Finance or Penalty Charges	00400	Line Number	5.	
02900	Physicians Assistant	00100	Basis/Code	A	
02900	Physicians Assistant	00200	Amount	-1,463,092.	
02900	OPERATING ROOM	00300	Cost Center		

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				
A80	**Wkst A-8 Adjustment to Expenses**				
02900	Physicians Assistant	00400	Line Number	50.	
03300	MISC OPERATING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,691.	
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	
03300	ADMIN & GENERAL OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-215,077.	03400
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03400
03300	LABOR AND DELIVERY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-29,595.	03401
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03401
03300	EMPLOYEE FITNESS PRO	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,006.	03402
03300	RESPIRATORY THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	65.	03402
03300	RADIOLOGY - THERAPEUTIC OTHER REVENU	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,917.	03403
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03403
03300	RESPIRATORY THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-22,712.	03404
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03404
03300	PHYSICAL THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-190,687.	03405

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03405
03300	IV THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-10,250.	03406
03300	INTRAVENOUS THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	64.	03406
03300	ACCRUAL FOR POTENTIAL PENALTY	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	279,142.	03500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03500
03300	RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,904.	03600
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03600
03300	RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-389.	03601
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03601
03300	RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-91,287.	03602
03300	PAIN CENTER/DIABITIES	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03602
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,272,224.	03700
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03700
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-19,980.	03701
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03701
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-38,614.	03702
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03702
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-259,351.	03703
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03703
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-388.	03704
03300	HYPERBARIC OXYGEN THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.98	03704
03300	INCOME TAX	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-105,337.	03800
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03800
03300	PHYSICIAN BILLING EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-298,204.	03900
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03900
03300	MALPRACTICE INSURANCE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-756,142.	04000
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04000
03300	INDIGENT CARE ASSESSMENT	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,704,746.	04100
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04100
03300	INDIGENT CARE ASSESSMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-810,132.	04101
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04101
03300	PENALTIES & LATE FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,585.	04200
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04200
03300	PENALTIES & LATE FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3.	04201
03300	MAINTENANCE & REPAIRS	00300	Cost Center		
03300	Adjustments	00400	Line Number	6.	04201
03300	PENALTIES & LATE FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-38.	04202
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04202
03300	ENTERTAINMENT MEALS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-103.	04300
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04300
03300	ENTERTAINMENT MEALS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-9,755.	04301
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	04301

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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ENTERTAINMENT MEALS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-8.	04302
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04302
03300	EMPLOYEE ACTIVITIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,131.	04400
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	04400
03300	COMMUNITY SUPPORT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-75,139.	04500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04500
03300	COMMUNITY SUPPORT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-28,750.	04501
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04501
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-29,347,388.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	PAIN CENTER/DIABITIES	00200	Cost Center		
00100	PAIN CENTER - RENT	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	PHYSICAL THERAPY	00200	Cost Center		
00200	BRRH OP REHAB-DEERFIELD	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	LYNN CANCER CENTER - RENT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00303
00300	CT SCAN	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00303
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00303
00300	Costs Incurred and Adjustments Required	00100	Line No		00305
00300	MRI	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00305
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00305
00300	Costs Incurred and Adjustments Required	00100	Line No		00306
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00306
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00306
00300	Costs Incurred and Adjustments Required	00100	Line No		00307
00300	CT SCAN	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00307
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00307
00300	Costs Incurred and Adjustments Required	00100	Line No		00308
00300	MRI	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00308
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00308

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	Costs Incurred and Adjustments Required	00100	Line No		00309
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	LYNN CANCER CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00309
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00309
00300	Costs Incurred and Adjustments Required	00100	Line No		00311
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	DEPRECIATION EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00311
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00311
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00311
00300	Costs Incurred and Adjustments Required	00100	Line No		00312
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	INTEREST EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00312
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00312
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00312
00300	Costs Incurred and Adjustments Required	00100	Line No		00313
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	BOND EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00313
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00313
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00313
00300	Costs Incurred and Adjustments Required	00100	Line No		00314
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	MISCELLANEOUS EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00314
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00314
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	3,317,417.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	59,369.	

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	3,258,048.	
00600	B	00100	Line No		Symbol
00600	BRRH CORP	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	MEDICAL	00600	Net Adjustments		Symbol
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	5.	
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	1,696,669.	
00100	Adjustment	00400	Professional Amount	1,696,669.	
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	01800	Adjustment	1,696,669.	
00200	Adjustment	00100	Wkst A Line No.	31.	
00200	INTENSIVE CARE UNIT	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	1,200,000.	
00200	Adjustment	00400	Professional Amount	1,200,000.	
00200	Adjustment	00600	RCE Amount	197,500.	
00200	Adjustment	01800	Adjustment	1,200,000.	
00300	Adjustment	00100	Wkst A Line No.	55.	
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	992,099.	
00300	Adjustment	00400	Professional Amount	197,199.	
00300	Adjustment	00500	Provider Amount	794,900.	
00300	Adjustment	00600	RCE Amount	271,900.	
00300	Adjustment	00700	Physician Hours	1,664.	Hours
00300	Adjustment	00800	Unadj RCE Limit	217,520.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	10,876.	Limit
00300	Adjustment	01200	Membership Cost/Education	6,396.	
00300	Adjustment	01300	Provider Share of Col 12	5,125.	
00300	Adjustment	01600	Adjusted RCE Limit	222,645.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00300	Adjustment	01700	Limit Disallowance	572,255.	
00300	Adjustment	01800	Adjustment	769,454.	
00400	Adjustment	00100	Wkst A Line No.	55.	
00400	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	13,409,245.	
00400	Adjustment	00400	Professional Amount	13,409,245.	
00400	Adjustment	00600	RCE Amount	271,900.	
00400	Adjustment	01800	Adjustment	13,409,245.	
00500	Adjustment	00100	Wkst A Line No.	60.	
00500	LABORATORY	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	240,834.	
00500	Adjustment	00400	Professional Amount	240,834.	
00500	Adjustment	00600	RCE Amount	260,300.	
00500	Adjustment	01800	Adjustment	240,834.	
00600	Adjustment	00100	Wkst A Line No.	65.	
00600	RESPIRATORY THERAPY	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	53,651.	
00600	Adjustment	00400	Professional Amount	53,651.	
00600	Adjustment	00600	RCE Amount	211,500.	
00600	Adjustment	01800	Adjustment	53,651.	
00700	Adjustment	00100	Wkst A Line No.	66.	
00700	PHYSICAL THERAPY	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	122,474.	
00700	Adjustment	00400	Professional Amount	122,474.	
00700	Adjustment	00600	RCE Amount	211,500.	
00700	Adjustment	01800	Adjustment	122,474.	
00800	Adjustment	00100	Wkst A Line No.	69.	
00800	ELECTROCARDIOLOGY	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	1,100.	
00800	Adjustment	00400	Professional Amount	1,100.	
00800	Adjustment	00600	RCE Amount	271,900.	
00800	Adjustment	01800	Adjustment	1,100.	
00900	Adjustment	00100	Wkst A Line No.	90.	
00900	CLINIC	00200	Cost Center		

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

A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00900	Adjustment	00300	Total Remuneration	456,853.	
00900	Adjustment	00400	Professional Amount	456,853.	
00900	Adjustment	00600	RCE Amount	211,500.	
00900	Adjustment	01800	Adjustment	456,853.	
01000	Adjustment	00100	Wkst A Line No.	91.	
01000	EMERGENCY	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	1,984,000.	
01000	Adjustment	00400	Professional Amount	1,984,000.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	01800	Adjustment	1,984,000.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	20,156,925.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	19,362,025.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	794,900.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	1,664.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	217,520.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	10,876.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01200	Membership Cost/Education	6,396.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01300	Provider Share of Col 12	5,125.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	222,645.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	572,255.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	19,934,280.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	1,962,762.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	1,962,762.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	93,638.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	2,056,400.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	3,506,776.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	5,563,176.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	4,324,010.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	4,324,010.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	193,800.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	4,517,810.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-110,149.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	4,407,661.	
00300	Other Capital Related Cost	00200	Other Cost	239,929.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	239,929.	
00300	Other Capital Related Cost	00400	Reclassifications	-239,929.	
00400	Employee Benefits	00100	Salaries	323,312.	
00400	Employee Benefits	00200	Other Cost	10,516,092.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	10,839,404.	
00400	Employee Benefits	00500	Reclassified T/B	10,839,404.	
00400	Employee Benefits	00600	Adjustments	-3,210.	
00400	Employee Benefits	00700	Net Expense for Alloc	10,836,194.	
00500	Administrative and General	00100	Salaries	6,771,335.	
00500	Administrative and General	00200	Other Cost	11,131,496.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	17,902,831.	
00500	Administrative and General	00400	Reclassifications	67,499.	
00500	Administrative and General	00500	Reclassified T/B	17,970,330.	
00500	Administrative and General	00600	Adjustments	-2,404,788.	
00500	Administrative and General	00700	Net Expense for Alloc	15,565,542.	
00600	Maintenance and Repairs	00100	Salaries	463,342.	
00600	Maintenance and Repairs	00200	Other Cost	1,414,573.	
00600	Maintenance and Repairs	00300	Total Cost (Col 01 & 02)	1,877,915.	
00600	Maintenance and Repairs	00500	Reclassified T/B	1,877,915.	
00600	Maintenance and Repairs	00700	Net Expense for Alloc	1,877,915.	
00700	Plant Operation	00100	Salaries	152,371.	
00700	Plant Operation	00200	Other Cost	1,799,317.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	1,951,688.	
00700	Plant Operation	00500	Reclassified T/B	1,951,688.	
00700	Plant Operation	00700	Net Expense for Alloc	1,951,688.	
00800	Laundry and Linen Service	00100	Salaries	12,185.	
00800	Laundry and Linen Service	00200	Other Cost	340,854.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	353,039.	
00800	Laundry and Linen Service	00500	Reclassified T/B	353,039.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	353,039.	
00900	Housekeeping	00100	Salaries	692,986.	
00900	Housekeeping	00200	Other Cost	352,525.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,045,511.	
00900	Housekeeping	00500	Reclassified T/B	1,045,511.	
00900	Housekeeping	00700	Net Expense for Alloc	1,045,511.	
01000	Dietary	00100	Salaries	739,611.	
01000	Dietary	00200	Other Cost	922,814.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	1,662,425.	
01000	Dietary	00500	Reclassified T/B	1,662,425.	
01000	Dietary	00600	Adjustments	-508,096.	
01000	Dietary	00700	Net Expense for Alloc	1,154,329.	
01300	Nursing Administration	00100	Salaries	1,297,242.	
01300	Nursing Administration	00200	Other Cost	99,755.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	1,396,997.	
01300	Nursing Administration	00400	Reclassifications	-126,554.	
01300	Nursing Administration	00500	Reclassified T/B	1,270,443.	
01300	Nursing Administration	00700	Net Expense for Alloc	1,270,443.	
01400	Central Service and Supply	00100	Salaries	234,127.	
01400	Central Service and Supply	00200	Other Cost	588,944.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	823,071.	
01400	Central Service and Supply	00500	Reclassified T/B	823,071.	
01400	Central Service and Supply	00600	Adjustments	-79.	
01400	Central Service and Supply	00700	Net Expense for Alloc	822,992.	
01500	Pharmacy	00100	Salaries	1,187,553.	
01500	Pharmacy	00200	Other Cost	4,754,985.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	5,942,538.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01500	Pharmacy	00400	Reclassifications	-53,285.	
01500	Pharmacy	00500	Reclassified T/B	5,889,253.	
01500	Pharmacy	00700	Net Expense for Alloc	5,889,253.	
01600	Medical Records and Library	00100	Salaries	652,023.	
01600	Medical Records and Library	00200	Other Cost	285,706.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	937,729.	
01600	Medical Records and Library	00500	Reclassified T/B	937,729.	
01600	Medical Records and Library	00700	Net Expense for Alloc	937,729.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	2,554,928.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	2,554,928.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	2,554,928.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	2,554,928.	
02300	Paramedical Education Program	00100	Salaries	72,478.	
02300	Paramedical Education Program	00200	Other Cost	6,663.	
02300	Paramedical Education Program	00300	Total Cost (Col 01 & 02)	79,141.	
02300	Paramedical Education Program	00400	Reclassifications	53,958.	
02300	Paramedical Education Program	00500	Reclassified T/B	133,099.	
02300	Paramedical Education Program	00700	Net Expense for Alloc	133,099.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	8,118,035.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	837,384.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	8,955,419.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	101,037.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	9,056,456.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	9,056,456.	
03100	Intensive Care Unit	00100	Salaries	1,801,118.	
03100	Intensive Care Unit	00200	Other Cost	534,578.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	2,335,696.	
03100	Intensive Care Unit	00400	Reclassifications	10,683.	
03100	Intensive Care Unit	00500	Reclassified T/B	2,346,379.	
03100	Intensive Care Unit	00600	Adjustments	-300,000.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	2,046,379.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03100	Intensive Care Unit	00100	Salaries	326,425.	03101
03100	Intensive Care Unit	00200	Other Cost	4,401.	03101
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	330,826.	03101
03100	Intensive Care Unit	00500	Reclassified T/B	330,826.	03101
03100	Intensive Care Unit	00700	Net Expense for Alloc	330,826.	03101
03400	Surgical Intensive Care Unit	00100	Salaries	458,181.	
03400	Surgical Intensive Care Unit	00200	Other Cost	59,610.	
03400	Surgical Intensive Care Unit	00300	Total Cost (Col 01 & 02)	517,791.	
03400	Surgical Intensive Care Unit	00400	Reclassifications	2,814.	
03400	Surgical Intensive Care Unit	00500	Reclassified T/B	520,605.	
03400	Surgical Intensive Care Unit	00700	Net Expense for Alloc	520,605.	
04300	Nursery	00200	Other Cost	18,353.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	18,353.	
04300	Nursery	00400	Reclassifications	76,517.	
04300	Nursery	00500	Reclassified T/B	94,870.	
04300	Nursery	00700	Net Expense for Alloc	94,870.	
05000	Operating Room	00100	Salaries	2,741,790.	
05000	Operating Room	00200	Other Cost	2,838,212.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	5,580,002.	
05000	Operating Room	00400	Reclassifications	-304,304.	
05000	Operating Room	00500	Reclassified T/B	5,275,698.	
05000	Operating Room	00600	Adjustments	-371,904.	
05000	Operating Room	00700	Net Expense for Alloc	4,903,794.	
05000	Operating Room	00100	Salaries	411,146.	05001
05000	Operating Room	00200	Other Cost	137,673.	05001
05000	Operating Room	00300	Total Cost (Col 01 & 02)	548,819.	05001
05000	Operating Room	00500	Reclassified T/B	548,819.	05001
05000	Operating Room	00700	Net Expense for Alloc	548,819.	05001
05100	Recovery Room	00100	Salaries	840,825.	
05100	Recovery Room	00200	Other Cost	88,738.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	929,563.	
05100	Recovery Room	00400	Reclassifications	2,529.	
05100	Recovery Room	00500	Reclassified T/B	932,092.	
05100	Recovery Room	00700	Net Expense for Alloc	932,092.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05200	Delivery Room and Labor Room	00100	Salaries	1,525,087.	
05200	Delivery Room and Labor Room	00200	Other Cost	198,343.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	1,723,430.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-65,936.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	1,657,494.	
05200	Delivery Room and Labor Room	00600	Adjustments	-7,915.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	1,649,579.	
05300	Anesthesiology	00100	Salaries	38,859.	
05300	Anesthesiology	00200	Other Cost	176,891.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	215,750.	
05300	Anesthesiology	00400	Reclassifications	22,994.	
05300	Anesthesiology	00500	Reclassified T/B	238,744.	
05300	Anesthesiology	00700	Net Expense for Alloc	238,744.	
05400	Radiology - Diagnositc	00100	Salaries	1,907,481.	
05400	Radiology - Diagnositc	00200	Other Cost	596,997.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	2,504,478.	
05400	Radiology - Diagnositc	00400	Reclassifications	-719,348.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	1,785,130.	
05400	Radiology - Diagnositc	00600	Adjustments	4,107.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	1,789,237.	
05500	Radiology - Therapeutic	00100	Salaries	2,379,017.	
05500	Radiology - Therapeutic	00200	Other Cost	5,187,141.	
05500	Radiology - Therapeutic	00300	Total Cost (Col 01 & 02)	7,566,158.	
05500	Radiology - Therapeutic	00400	Reclassifications	-489.	
05500	Radiology - Therapeutic	00500	Reclassified T/B	7,565,669.	
05500	Radiology - Therapeutic	00600	Adjustments	-3,748,394.	
05500	Radiology - Therapeutic	00700	Net Expense for Alloc	3,817,275.	
05600	Radioisotope	00100	Salaries	90,627.	
05600	Radioisotope	00200	Other Cost	533,814.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	624,441.	
05600	Radioisotope	00400	Reclassifications	158,415.	
05600	Radioisotope	00500	Reclassified T/B	782,856.	
05600	Radioisotope	00600	Adjustments	-287.	
05600	Radioisotope	00700	Net Expense for Alloc	782,569.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05700	Computer Tomography (CT) Scan	00100	Salaries	194,698.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	74,720.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	269,418.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	413,102.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	682,520.	
05700	Computer Tomography (CT) Scan	00600	Adjustments	11,814.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	694,334.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	218,893.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	55,688.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	274,581.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	409,507.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	684,088.	
05800	Magnetic Resonance Imaging (MRI)	00600	Adjustments	22,974.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	707,062.	
05900	Cardiac Catheterization	00100	Salaries	656,455.	
05900	Cardiac Catheterization	00200	Other Cost	456,632.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	1,113,087.	
05900	Cardiac Catheterization	00500	Reclassified T/B	1,113,087.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	1,113,087.	
06000	Laboratory	00100	Salaries	1,477,773.	
06000	Laboratory	00200	Other Cost	1,731,730.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	3,209,503.	
06000	Laboratory	00500	Reclassified T/B	3,209,503.	
06000	Laboratory	00600	Adjustments	-112,500.	
06000	Laboratory	00700	Net Expense for Alloc	3,097,003.	
06300	Blood Storing, Processing and Transportation	00100	Salaries	141,567.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	987,448.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	1,129,015.	
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	1,129,015.	
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	1,129,015.	
06400	Intravenous Therapy	00100	Salaries	214,011.	
06400	Intravenous Therapy	00200	Other Cost	31,396.	
06400	Intravenous Therapy	00300	Total Cost (Col 01 & 02)	245,407.	
06400	Intravenous Therapy	00500	Reclassified T/B	245,407.	

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06400	Intravenous Therapy	00600	Adjustments	-3,000.	
06400	Intravenous Therapy	00700	Net Expense for Alloc	242,407.	
06500	Respiratory Therapy	00100	Salaries	622,846.	
06500	Respiratory Therapy	00200	Other Cost	116,315.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	739,161.	
06500	Respiratory Therapy	00400	Reclassifications	33,163.	
06500	Respiratory Therapy	00500	Reclassified T/B	772,324.	
06500	Respiratory Therapy	00600	Adjustments	-10,786.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	761,538.	
06600	Physical Therapy	00100	Salaries	1,539,265.	
06600	Physical Therapy	00200	Other Cost	275,498.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,814,763.	
06600	Physical Therapy	00400	Reclassifications	-443,311.	
06600	Physical Therapy	00500	Reclassified T/B	1,371,452.	
06600	Physical Therapy	00600	Adjustments	-133,230.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,238,222.	
06700	Occupational Therapy	00400	Reclassifications	146,992.	
06700	Occupational Therapy	00500	Reclassified T/B	146,992.	
06700	Occupational Therapy	00700	Net Expense for Alloc	146,992.	
06800	Speech Pathology	00400	Reclassifications	240,172.	
06800	Speech Pathology	00500	Reclassified T/B	240,172.	
06800	Speech Pathology	00700	Net Expense for Alloc	240,172.	
06900	Electrocardiology	00100	Salaries	150,726.	
06900	Electrocardiology	00200	Other Cost	14,745.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	165,471.	
06900	Electrocardiology	00500	Reclassified T/B	165,471.	
06900	Electrocardiology	00600	Adjustments	-1,000.	
06900	Electrocardiology	00700	Net Expense for Alloc	164,471.	
07000	Electroencephalography	00100	Salaries	35,601.	
07000	Electroencephalography	00200	Other Cost	2,284.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	37,885.	
07000	Electroencephalography	00500	Reclassified T/B	37,885.	
07000	Electroencephalography	00700	Net Expense for Alloc	37,885.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	9,229,955.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	9,229,955.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	-5,868,720.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	3,361,235.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	3,361,235.	
07200	Implantable Devices Charged to Patients	00200	Other Cost	3,804,558.	
07200	Implantable Devices Charged to Patients	00300	Total Cost (Col 01 & 02)	3,804,558.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	5,888,491.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	9,693,049.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	9,693,049.	
07300	Drugs Charged to Patients	00200	Other Cost	15,719,456.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	15,719,456.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	15,719,456.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	15,719,456.	
07400	Renal Dialysis	00200	Other Cost	252,562.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	252,562.	
07400	Renal Dialysis	00500	Reclassified T/B	252,562.	
07400	Renal Dialysis	00700	Net Expense for Alloc	252,562.	
07600	Other Ancillary Cost	00100	Salaries	159,356.	07698
07600	Other Ancillary Cost	00200	Other Cost	36,653.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	196,009.	07698
07600	Other Ancillary Cost	00400	Reclassifications	17,947.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	213,956.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	213,956.	07698
09000	Clinic	00100	Salaries	49,902.	
09000	Clinic	00200	Other Cost	106,934.	
09000	Clinic	00300	Total Cost (Col 01 & 02)	156,836.	
09000	Clinic	00500	Reclassified T/B	156,836.	
09000	Clinic	00600	Adjustments	-102,558.	
09000	Clinic	00700	Net Expense for Alloc	54,278.	
09000	Clinic	00100	Salaries	98,619.	09002
09000	Clinic	00200	Other Cost	43,745.	09002
09000	Clinic	00300	Total Cost (Col 01 & 02)	142,364.	09002
09000	Clinic	00400	Reclassifications	5,037.	09002
09000	Clinic	00500	Reclassified T/B	147,401.	09002

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09000	Clinic	00600	Adjustments	-37,744.	09002
09000	Clinic	00700	Net Expense for Alloc	109,657.	09002
09100	Emergency	00100	Salaries	1,461,611.	
09100	Emergency	00200	Other Cost	776,874.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	2,238,485.	
09100	Emergency	00400	Reclassifications	1,407.	
09100	Emergency	00500	Reclassified T/B	2,239,892.	
09100	Emergency	00600	Adjustments	-575,247.	
09100	Emergency	00700	Net Expense for Alloc	1,664,645.	
10100	Home Health Agency	00100	Salaries	390,892.	
10100	Home Health Agency	00200	Other Cost	118,606.	
10100	Home Health Agency	00300	Total Cost (Col 01 & 02)	509,498.	
10100	Home Health Agency	00500	Reclassified T/B	509,498.	
10100	Home Health Agency	00700	Net Expense for Alloc	509,498.	
11300	Interest Expense	00200	Other Cost	117,826.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	117,826.	
11300	Interest Expense	00400	Reclassifications	-117,826.	
11800	Sub Total (Lines 01-117)	00100	Salaries	40,649,371.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	86,461,113.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	127,110,484.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	127,110,484.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-4,885,216.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	122,225,268.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	30,833.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	15,497.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	46,330.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	46,330.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	46,330.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	89,896.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	283,202.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	373,098.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	373,098.	19002
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	373,098.	19002
19100	Research	00100	Salaries	285,019.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19100	Research	00200	Other Cost	181,893.	
19100	Research	00300	Total Cost (Col 01 & 02)	466,912.	
19100	Research	00500	Reclassified T/B	466,912.	
19100	Research	00700	Net Expense for Alloc	466,912.	
19300	Nonpaid Workers	00100	Salaries	56,386.	
19300	Nonpaid Workers	00200	Other Cost	26,154.	
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	82,540.	
19300	Nonpaid Workers	00500	Reclassified T/B	82,540.	
19300	Nonpaid Workers	00700	Net Expense for Alloc	82,540.	
20000	Worksheet A Total (Line 118-199)	00100	Salaries	41,111,505.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	86,967,859.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	128,079,364.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	128,079,364.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-4,885,216.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	123,194,148.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	INTEREST EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	7,677.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	117,826.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
00200	INTEREST EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	2.	
00200	Reclassifications	00500	Other	110,149.	
00200	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	117,826.	
50000	Reclassifications	00900	Other	117,826.	
00B	**Adjustment Reference**				
00100	INSURANCE	00000	Description		

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	22,970.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	93,287.	
00100	Reclassifications	01000	Wkst A-6 Reference	12.	
00200	INSURANCE	00000	Description		
00200	Reclassifications	00100	Code	B	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	67,499.	
00300	INSURANCE	00000	Description		
00300	Reclassifications	00100	Code	B	
00300	Reclassifications	00300	Line Number	54.	
00300	Reclassifications	00500	Other	2,634.	
00400	INSURANCE	00000	Description		
00400	Reclassifications	00100	Code	B	
00400	Reclassifications	00300	Line Number	55.	
00400	Reclassifications	00500	Other	184.	
50000	Reclassifications	00500	Other	93,287.	
50000	Reclassifications	00900	Other	93,287.	
00C	**Adjustment Reference**				
00100	NURSERY SALARIES	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	76,517.	
00100	Reclassifications	00700	Line Number	52.	
00100	Reclassifications	00800	Salary	76,517.	
50000	Reclassifications	00400	Salary	76,517.	
50000	Reclassifications	00800	Salary	76,517.	
00D	**Adjustment Reference**				
00100	BOCA CLINIC ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	53,968.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	54,096.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	116,715.	
00100	Reclassifications	00900	Other	116,990.	
00200	BOCA CLINIC ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	62,747.	
00200	Reclassifications	00500	Other	62,894.	
50000	Reclassifications	00400	Salary	116,715.	
50000	Reclassifications	00500	Other	116,990.	
50000	Reclassifications	00800	Salary	116,715.	
50000	Reclassifications	00900	Other	116,990.	
00E	**Adjustment Reference**				
00100	DEERFIELD ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	27,501.	
00100	Reclassifications	00500	Other	8,009.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	82,574.	
00100	Reclassifications	00900	Other	24,046.	
00200	DEERFIELD ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	55,073.	
00200	Reclassifications	00500	Other	16,037.	
50000	Reclassifications	00400	Salary	82,574.	
50000	Reclassifications	00500	Other	24,046.	
50000	Reclassifications	00800	Salary	82,574.	
50000	Reclassifications	00900	Other	24,046.	
00F	**Adjustment Reference**				
00100	CLINT MOORE ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	F	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	42,065.	
00100	Reclassifications	00500	Other	40,675.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	85,698.	
00100	Reclassifications	00900	Other	82,868.	
00200	CLINT MOORE ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	58.	
00200	Reclassifications	00400	Salary	43,633.	
00200	Reclassifications	00500	Other	42,193.	
50000	Reclassifications	00400	Salary	85,698.	
50000	Reclassifications	00500	Other	82,868.	
50000	Reclassifications	00800	Salary	85,698.	
50000	Reclassifications	00900	Other	82,868.	
00G	**Adjustment Reference**				
00100	WOMENS CENTER ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	56.	
00100	Reclassifications	00400	Salary	12,152.	
00100	Reclassifications	00500	Other	3,890.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	12,152.	
00100	Reclassifications	00900	Other	3,890.	
50000	Reclassifications	00400	Salary	12,152.	
50000	Reclassifications	00500	Other	3,890.	
50000	Reclassifications	00800	Salary	12,152.	
50000	Reclassifications	00900	Other	3,890.	
00H	**Adjustment Reference**				
00100	PHARMACY RESIDENCY	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	23.	
00100	Reclassifications	00400	Salary	28,724.	
00100	Reclassifications	00500	Other	25,234.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	15.	
00100	Reclassifications	00800	Salary	28,724.	
00100	Reclassifications	00900	Other	24,561.	
00200	PHARMACY RESIDENCY	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00700	Line Number	55.	
00200	Reclassifications	00900	Other	673.	
50000	Reclassifications	00400	Salary	28,724.	
50000	Reclassifications	00500	Other	25,234.	
50000	Reclassifications	00800	Salary	28,724.	
50000	Reclassifications	00900	Other	25,234.	
00I	**Adjustment Reference**				
00100	MNI IMAGING	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	57.	
00100	Reclassifications	00400	Salary	1,605.	
00100	Reclassifications	00500	Other	699.	
00100	Reclassifications	00700	Line Number	58.	
00100	Reclassifications	00800	Salary	1,856.	
00100	Reclassifications	00900	Other	808.	
00200	MNI IMAGING	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	251.	
00200	Reclassifications	00500	Other	109.	
50000	Reclassifications	00400	Salary	1,856.	
50000	Reclassifications	00500	Other	808.	
50000	Reclassifications	00800	Salary	1,856.	
50000	Reclassifications	00900	Other	808.	
00J	**Adjustment Reference**				
00100	IMPLANTABLE DEVICES EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	5,888,491.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	19,771.	
00200	IMPLANTABLE DEVICES EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	J	
00200	Reclassifications	00700	Line Number	71.	
00200	Reclassifications	00900	Other	5,868,720.	
50000	Reclassifications	00500	Other	5,888,491.	
50000	Reclassifications	00900	Other	5,888,491.	
00K	**Adjustment Reference**				
00100	WOMENS IMAGING	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	58.	
00100	Reclassifications	00400	Salary	52,716.	
00100	Reclassifications	00500	Other	15,208.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	52,716.	
00100	Reclassifications	00900	Other	15,208.	
50000	Reclassifications	00400	Salary	52,716.	
50000	Reclassifications	00500	Other	15,208.	
50000	Reclassifications	00800	Salary	52,716.	
50000	Reclassifications	00900	Other	15,208.	
00L	**Adjustment Reference**				
00100	BRRH IP REHAB	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	67.	
00100	Reclassifications	00400	Salary	99,791.	
00100	Reclassifications	00500	Other	303.	
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	268,290.	
00100	Reclassifications	00900	Other	814.	
00200	BRRH IP REHAB	00000	Description		
00200	Reclassifications	00100	Code	L	
00200	Reclassifications	00300	Line Number	68.	
00200	Reclassifications	00400	Salary	168,499.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00500	Other	511.	
50000	Reclassifications	00400	Salary	268,290.	
50000	Reclassifications	00500	Other	814.	
50000	Reclassifications	00800	Salary	268,290.	
50000	Reclassifications	00900	Other	814.	
00M	**Adjustment Reference**				
00100	BRRH OP REHAB	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	67.	
00100	Reclassifications	00400	Salary	44,851.	
00100	Reclassifications	00500	Other	2,047.	
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	112,907.	
00100	Reclassifications	00900	Other	5,153.	
00200	BRRH OP REHAB	00000	Description		
00200	Reclassifications	00100	Code	M	
00200	Reclassifications	00300	Line Number	68.	
00200	Reclassifications	00400	Salary	68,056.	
00200	Reclassifications	00500	Other	3,106.	
50000	Reclassifications	00400	Salary	112,907.	
50000	Reclassifications	00500	Other	5,153.	
50000	Reclassifications	00800	Salary	112,907.	
50000	Reclassifications	00900	Other	5,153.	
00N	**Adjustment Reference**				
00100	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	N	
00100	Reclassifications	00300	Line Number	65.	
00100	Reclassifications	00400	Salary	29,729.	
00100	Reclassifications	00500	Other	3,434.	
00100	Reclassifications	00700	Line Number	66.	
00100	Reclassifications	00800	Salary	50,332.	
00100	Reclassifications	00900	Other	5,815.	
00200	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	N	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00300	Line Number	76.98	
00200	Reclassifications	00400	Salary	16,088.	
00200	Reclassifications	00500	Other	1,859.	
00300	DRUMMOND REHAB ADMIN EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	N	
00300	Reclassifications	00300	Line Number	90.02	
00300	Reclassifications	00400	Salary	4,515.	
00300	Reclassifications	00500	Other	522.	
50000	Reclassifications	00400	Salary	50,332.	
50000	Reclassifications	00500	Other	5,815.	
50000	Reclassifications	00800	Salary	50,332.	
50000	Reclassifications	00900	Other	5,815.	
00O	**Adjustment Reference**				
00100	OP IMAGING ADMIN EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	O	
00100	Reclassifications	00300	Line Number	56.	
00100	Reclassifications	00400	Salary	114,926.	
00100	Reclassifications	00500	Other	27,447.	
00100	Reclassifications	00700	Line Number	54.	
00100	Reclassifications	00800	Salary	240,934.	
00100	Reclassifications	00900	Other	57,541.	
00200	OP IMAGING ADMIN EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	O	
00200	Reclassifications	00300	Line Number	57.	
00200	Reclassifications	00400	Salary	76,227.	
00200	Reclassifications	00500	Other	18,205.	
00300	OP IMAGING ADMIN EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	O	
00300	Reclassifications	00300	Line Number	58.	
00300	Reclassifications	00400	Salary	49,781.	
00300	Reclassifications	00500	Other	11,889.	
50000	Reclassifications	00400	Salary	240,934.	
50000	Reclassifications	00500	Other	57,541.	
50000	Reclassifications	00800	Salary	240,934.	

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	57,541.	
00P	**Adjustment Reference**				
00100	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	P	
00100	Reclassifications	00300	Line Number	51.	
00100	Reclassifications	00400	Salary	1,086.	
00100	Reclassifications	00500	Other	1,411.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00800	Salary	123,741.	
00100	Reclassifications	00900	Other	160,792.	
00200	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	P	
00200	Reclassifications	00300	Line Number	53.	
00200	Reclassifications	00400	Salary	10,000.	
00200	Reclassifications	00500	Other	12,994.	
00300	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	P	
00300	Reclassifications	00300	Line Number	54.	
00300	Reclassifications	00400	Salary	73,492.	
00300	Reclassifications	00500	Other	95,498.	
00400	INTERVENTIONAL RADIOLOGY EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	P	
00400	Reclassifications	00300	Line Number	57.	
00400	Reclassifications	00400	Salary	39,163.	
00400	Reclassifications	00500	Other	50,889.	
50000	Reclassifications	00400	Salary	123,741.	
50000	Reclassifications	00500	Other	160,792.	
50000	Reclassifications	00800	Salary	123,741.	
50000	Reclassifications	00900	Other	160,792.	
00Q	**Adjustment Reference**				
00100	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	Q	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	101,033.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	4.	
00100	Reclassifications	00700	Line Number	13.	
00100	Reclassifications	00800	Salary	126,549.	
00100	Reclassifications	00900	Other	5.	
00200	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	Q	
00200	Reclassifications	00300	Line Number	31.	
00200	Reclassifications	00400	Salary	10,682.	
00200	Reclassifications	00500	Other	1.	
00300	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	Q	
00300	Reclassifications	00300	Line Number	34.	
00300	Reclassifications	00400	Salary	2,814.	
00400	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	Q	
00400	Reclassifications	00300	Line Number	51.	
00400	Reclassifications	00400	Salary	32.	
00500	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00500	Reclassifications	00100	Code	Q	
00500	Reclassifications	00300	Line Number	52.	
00500	Reclassifications	00400	Salary	10,581.	
00600	INPATIENT TRANSPORTATION EXPENSE	00000	Description		
00600	Reclassifications	00100	Code	Q	
00600	Reclassifications	00300	Line Number	91.	
00600	Reclassifications	00400	Salary	1,407.	
50000	Reclassifications	00400	Salary	126,549.	
50000	Reclassifications	00500	Other	5.	
50000	Reclassifications	00800	Salary	126,549.	
50000	Reclassifications	00900	Other	5.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	15,176,314.	
00100	Land	00600	Ending Balance	15,176,314.	
00200	Land Improvements	00100	Beginning Balances	1,346,013.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00200	Land Improvements	00600	Ending Balance	1,346,013.	
00200	Land Improvements	00700	Fully Depreciated Assets	348,667.	
00300	Buildings and Fixtures	00100	Beginning Balances	216,336,466.	
00300	Buildings and Fixtures	00200	Purchases	10,791,952.	
00300	Buildings and Fixtures	00400	Total	10,791,952.	
00300	Buildings and Fixtures	00600	Ending Balance	227,128,418.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	2,587,564.	
00500	Fixed Equipment	00100	Beginning Balances	82,791,580.	
00500	Fixed Equipment	00200	Purchases	692,689.	
00500	Fixed Equipment	00400	Total	692,689.	
00500	Fixed Equipment	00600	Ending Balance	83,484,269.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	7,047,337.	
00600	Movable Equipment	00100	Beginning Balances	230,375,101.	
00600	Movable Equipment	00200	Purchases	557,286.	
00600	Movable Equipment	00400	Total	557,286.	
00600	Movable Equipment	00600	Ending Balance	230,932,387.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	546,025,474.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	12,041,927.	
00800	Sub Total (Lines 01 To 07)	00400	Total	12,041,927.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	558,067,401.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	9,983,568.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	546,025,474.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	12,041,927.	
01000	Worksheet A-7 Part 1 Total	00400	Total	12,041,927.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	558,067,401.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	9,983,568.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	1,962,762.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	1,962,762.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,324,010.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	4,324,010.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	6,286,772.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	6,286,772.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	327,135,014.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	327,135,014.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.586193	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	85,961.	
00100	Capital Related Cost - Land and Buildings	00800	Total	85,961.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	2,032,276.	
00100	Capital Related Cost - Land and Buildings	01100	Interest	407,819.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	85,961.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	3,037,120.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	5,563,176.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	230,932,387.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	230,932,387.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.413807	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	60,681.	
00200	Capital Related Cost - Movable Equipment	00800	Total	60,681.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,324,010.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	83,651.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	4,407,661.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	558,067,401.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	558,067,401.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	146,642.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	146,642.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	6,356,286.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	407,819.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	169,612.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	3,037,120.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	9,970,837.	
A80	**Wkst A-8 Adjustment to Expenses**				
00100	Investment Income - Building & Fixtures (Chapter 2)	00100	Basis/Code	B	
00100	Investment Income - Building & Fixtures (Chapter 2)	00200	Amount	-7,678.	
00100	Investment Income - Building & Fixtures (Chapter 2)	00500	Wkst A-8 Reference	11.	
00200	Investment Income - Movable Equipment (Chapter 2)	00100	Basis/Code	B	
00200	Investment Income - Movable Equipment (Chapter 2)	00200	Amount	-110,149.	
00200	Investment Income - Movable Equipment (Chapter 2)	00500	Wkst A-8 Reference	11.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-79.	
00500	CENTRAL SERVICES & SUPPLY	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	14.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-10,760.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-28,368.	

Line	Line Description	Col	Column Desc	Line Value	Type

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

A80	**Wkst A-8 Adjustment to Expenses**				
00800	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	5.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-4,973,694.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	3,583,796.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-508,096.	
01400	DIETARY	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	10.	
02100	Income from Imposition of Interest, Finance or Penalty Charges	00100	Basis/Code	B	
02100	Income from Imposition of Interest, Finance or Penalty Charges	00200	Amount	-12,626.	
02100	ADMINISTRATIVE & GENERAL	00300	Cost Center		
02100	Income from Imposition of Interest, Finance or Penalty Charges	00400	Line Number	5.	
02900	Physicians Assistant	00100	Basis/Code	A	
02900	Physicians Assistant	00200	Amount	-371,904.	
02900	OPERATING ROOM	00300	Cost Center		
02900	Physicians Assistant	00400	Line Number	50.	
03300	MISC OPERATING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-24.	
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	
03300	MISC OPERATING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-52.	03301
03300	CT SCAN	00300	Cost Center		
03300	Adjustments	00400	Line Number	57.	03301
03300	MISC OPERATING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-54.	03302
03300	MRI	00300	Cost Center		
03300	Adjustments	00400	Line Number	58.	03302

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMIN & GENERAL OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-207,584.	03400
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03400
03300	LABOR AND DELIVERY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-7,915.	03401
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03401
03300	EMPLOYEE FITNESS PRO	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-709.	03402
03300	RESPIRATORY THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	65.	03402
03300	RADIOLOGY - THERAPEUTIC OTHER REVENU	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,000.	03403
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03403
03300	RESPIRATORY THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-6,671.	03404
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03404
03300	PHYSICAL THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-46,727.	03405
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03405
03300	IV THERAPY OTHER REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,000.	03406
03300	INTRAVENOUS THERAPY	00300	Cost Center		

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	64.	03406
03300	WOMENS CENTER OTHER OPERATING REVEN	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-11,113.	03500
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03500
03300	WOMENS CENTER OTHER OPERATING REVEN	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-287.	03501
03300	RADIOISOTOPE	00300	Cost Center		
03300	Adjustments	00400	Line Number	56.	03501
03300	RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-975.	03600
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03600
03300	RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-23,507.	03601
03300	PAIN CENTER/DIABITIES	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03601
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-436,877.	03700
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03700
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-12,439.	03701
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03701
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-44.	03702
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03702
03300	MARKETING EXPENSE NON-ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-64,542.	03703
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03703
03300	INCOME TAX	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-6,250.	03800
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03800
03300	PHYSICIAN BILLING EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-63,478.	03900
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	03900
03300	MALPRACTICE INSURANCE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-190,068.	04000
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04000
03300	INDIGENT CARE ASSESSMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,148,398.	04100
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04100
03300	INDIGENT CARE ASSESSMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-195,726.	04101
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04101
03300	PENALTIES & LATE FEES	00000	Description		

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-98.	04200
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04200
03300	ENTERTAINMENT MEALS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-35.	04300
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04300
03300	EMPLOYEE ACTIVITIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,210.	04400
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	04400
03300	EMPLOYEE ACTIVITIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-808.	04401
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04401
03300	COMMUNITY SUPPORT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-12,067.	04500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04500
03300	COMMUNITY SUPPORT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,000.	04501
03300	RADIOLOGY-THERAPEUTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.	04501
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-4,885,216.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	PAIN CENTER/DIABITIES	00200	Cost Center		

Line	Line Description	Col	Column Desc	Line Value	Type

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted

A81	Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs				
00100	PAIN CENTER - RENT	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	PHYSICAL THERAPY	00200	Cost Center		
00200	BRRH OP REHAB-DEERFIELD	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	LYNN CANCER CENTER - RENT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00303
00300	CT SCAN	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00303
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00303
00300	Costs Incurred and Adjustments Required	00100	Line No		00305
00300	MRI	00200	Cost Center		
00300	CLINT MOORE MGMT	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00305
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00305
00300	Costs Incurred and Adjustments Required	00100	Line No		00306
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00306
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00306
00300	Costs Incurred and Adjustments Required	00100	Line No		00307

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	CT SCAN	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00307
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00307
00300	Costs Incurred and Adjustments Required	00100	Line No		00308
00300	MRI	00200	Cost Center		
00300	DEERFIELD IMAGING EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00308
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00308
00300	Costs Incurred and Adjustments Required	00100	Line No		00309
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	LYNN CANCER CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00309
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00309
00300	Costs Incurred and Adjustments Required	00100	Line No		00311
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	DEPRECIATION EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00311
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00311
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00311
00300	Costs Incurred and Adjustments Required	00100	Line No		00312
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	INTEREST EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00312
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00312
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00312
00300	Costs Incurred and Adjustments Required	00100	Line No		00313
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	BOND EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00313
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00313
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00313
00300	Costs Incurred and Adjustments Required	00100	Line No		00314
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		

Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	MISCELLANEOUS EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00314
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		00314
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	3,598,764.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	14,968.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	3,583,796.	
00600	B	00100	Line No		Symbol
00600	BRRH CORP	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	MEDICAL	00600	Net Adjustments		Symbol
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	5.	
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	350,902.	
00100	Adjustment	00400	Professional Amount	350,902.	
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	01800	Adjustment	350,902.	
00200	Adjustment	00100	Wkst A Line No.	31.	
00200	INTENSIVE CARE UNIT	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	300,000.	
00200	Adjustment	00400	Professional Amount	300,000.	
00200	Adjustment	00600	RCE Amount	197,500.	
00200	Adjustment	01800	Adjustment	300,000.	
00300	Adjustment	00100	Wkst A Line No.	55.	
00300	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	209,131.	
00300	Adjustment	00400	Professional Amount	41,479.	
00300	Adjustment	00500	Provider Amount	167,652.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00300	Adjustment	00600	RCE Amount	271,900.	
00300	Adjustment	00700	Physician Hours	448.	Hours
00300	Adjustment	00800	Unadj RCE Limit	58,563.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	2,928.	Limit
00300	Adjustment	01200	Membership Cost/Education	1,433.	
00300	Adjustment	01300	Provider Share of Col 12	1,149.	
00300	Adjustment	01600	Adjusted RCE Limit	59,712.	
00300	Adjustment	01700	Limit Disallowance	107,940.	
00300	Adjustment	01800	Adjustment	149,419.	
00400	Adjustment	00100	Wkst A Line No.	55.	
00400	RADIOLOGY-THERAPEUTIC	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	3,350,158.	
00400	Adjustment	00400	Professional Amount	3,350,158.	
00400	Adjustment	00600	RCE Amount	271,900.	
00400	Adjustment	01800	Adjustment	3,350,158.	
00500	Adjustment	00100	Wkst A Line No.	60.	
00500	LABORATORY	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	112,500.	
00500	Adjustment	00400	Professional Amount	112,500.	
00500	Adjustment	00600	RCE Amount	260,300.	
00500	Adjustment	01800	Adjustment	112,500.	
00600	Adjustment	00100	Wkst A Line No.	65.	
00600	RESPIRATORY THERAPY	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	10,077.	
00600	Adjustment	00400	Professional Amount	10,077.	
00600	Adjustment	00600	RCE Amount	211,500.	
00600	Adjustment	01800	Adjustment	10,077.	
00700	Adjustment	00100	Wkst A Line No.	66.	
00700	PHYSICAL THERAPY	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	21,833.	
00700	Adjustment	00400	Professional Amount	21,833.	
00700	Adjustment	00600	RCE Amount	211,500.	
00700	Adjustment	01800	Adjustment	21,833.	
00800	Adjustment	00100	Wkst A Line No.	69.	

Line	Line Description	Col	Column Desc	Line Value	Type

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

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A82	Wkst A-8-2 Provider-Based Physician Adjustments				
00800	ELECTROCARDIOLOGY	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	1,000.	
00800	Adjustment	00400	Professional Amount	1,000.	
00800	Adjustment	00600	RCE Amount	271,900.	
00800	Adjustment	01800	Adjustment	1,000.	
00900	Adjustment	00100	Wkst A Line No.	90.	
00900	CLINIC	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	102,558.	
00900	Adjustment	00400	Professional Amount	102,558.	
00900	Adjustment	00600	RCE Amount	211,500.	
00900	Adjustment	01800	Adjustment	102,558.	
01000	Adjustment	00100	Wkst A Line No.	91.	
01000	EMERGENCY	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	575,247.	
01000	Adjustment	00400	Professional Amount	575,247.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	01800	Adjustment	575,247.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	5,033,406.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	4,865,754.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	167,652.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	448.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	58,563.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	2,928.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01200	Membership Cost/Education	1,433.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01300	Provider Share of Col 12	1,149.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	59,712.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	107,940.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	**BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486**				
	Worksheet 667398 Period End 09/30/2019 Days 92 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	4,973,694.	
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	3,706,994.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	3,706,994.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	945,342.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	4,652,336.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	278,974.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	4,931,310.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	4,484,079.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	4,484,079.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	1,958,451.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	6,442,530.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	772,243.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	7,214,773.	
00300	Other Capital Related Cost	00200	Other Cost	4,341,815.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	4,341,815.	
00300	Other Capital Related Cost	00400	Reclassifications	-4,341,815.	
00400	Employee Benefits	00100	Salaries	333,841.	
00400	Employee Benefits	00200	Other Cost	8,805,793.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	9,139,634.	
00400	Employee Benefits	00400	Reclassifications	6,739.	
00400	Employee Benefits	00500	Reclassified T/B	9,146,373.	
00400	Employee Benefits	00600	Adjustments	190,873.	
00400	Employee Benefits	00700	Net Expense for Alloc	9,337,246.	
00500	Administrative and General	00100	Salaries	7,161,859.	
00500	Administrative and General	00200	Other Cost	40,749,893.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	47,911,752.	
00500	Administrative and General	00400	Reclassifications	2,187,240.	
00500	Administrative and General	00500	Reclassified T/B	50,098,992.	
00500	Administrative and General	00600	Adjustments	-10,555,707.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00500	Administrative and General	00700	Net Expense for Alloc	39,543,285.	
00700	Plant Operation	00100	Salaries	831,982.	
00700	Plant Operation	00200	Other Cost	4,657,161.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	5,489,143.	
00700	Plant Operation	00400	Reclassifications	-2,239.	
00700	Plant Operation	00500	Reclassified T/B	5,486,904.	
00700	Plant Operation	00600	Adjustments	-38,706.	
00700	Plant Operation	00700	Net Expense for Alloc	5,448,198.	
00800	Laundry and Linen Service	00200	Other Cost	469,273.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	469,273.	
00800	Laundry and Linen Service	00500	Reclassified T/B	469,273.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	469,273.	
00900	Housekeeping	00200	Other Cost	1,679,278.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,679,278.	
00900	Housekeeping	00500	Reclassified T/B	1,679,278.	
00900	Housekeeping	00700	Net Expense for Alloc	1,679,278.	
01000	Dietary	00200	Other Cost	2,496,765.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	2,496,765.	
01000	Dietary	00400	Reclassifications	-1,578,228.	
01000	Dietary	00500	Reclassified T/B	918,537.	
01000	Dietary	00600	Adjustments	-4,990.	
01000	Dietary	00700	Net Expense for Alloc	913,547.	
01100	Cafeteria	00400	Reclassifications	1,166,917.	
01100	Cafeteria	00500	Reclassified T/B	1,166,917.	
01100	Cafeteria	00700	Net Expense for Alloc	1,166,917.	
01300	Nursing Administration	00100	Salaries	2,198,297.	
01300	Nursing Administration	00200	Other Cost	242,085.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	2,440,382.	
01300	Nursing Administration	00500	Reclassified T/B	2,440,382.	
01300	Nursing Administration	00600	Adjustments	-2,287.	
01300	Nursing Administration	00700	Net Expense for Alloc	2,438,095.	
01400	Central Service and Supply	00100	Salaries	1,005,574.	
01400	Central Service and Supply	00200	Other Cost	1,547,085.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	2,552,659.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01400	Central Service and Supply	00400	Reclassifications	-974,424.	
01400	Central Service and Supply	00500	Reclassified T/B	1,578,235.	
01400	Central Service and Supply	00700	Net Expense for Alloc	1,578,235.	
01500	Pharmacy	00100	Salaries	2,643,597.	
01500	Pharmacy	00200	Other Cost	8,348,242.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	10,991,839.	
01500	Pharmacy	00400	Reclassifications	-7,860,264.	
01500	Pharmacy	00500	Reclassified T/B	3,131,575.	
01500	Pharmacy	00600	Adjustments	-3,450.	
01500	Pharmacy	00700	Net Expense for Alloc	3,128,125.	
01600	Medical Records and Library	00100	Salaries	804,430.	
01600	Medical Records and Library	00200	Other Cost	710,321.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	1,514,751.	
01600	Medical Records and Library	00500	Reclassified T/B	1,514,751.	
01600	Medical Records and Library	00600	Adjustments	-40,303.	
01600	Medical Records and Library	00700	Net Expense for Alloc	1,474,448.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	14,759,216.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	2,681,833.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	17,441,049.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-837,359.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	16,603,690.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-62,229.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	16,541,461.	
03100	Intensive Care Unit	00100	Salaries	8,831,070.	
03100	Intensive Care Unit	00200	Other Cost	2,537,662.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	11,368,732.	
03100	Intensive Care Unit	00400	Reclassifications	-1,177,470.	
03100	Intensive Care Unit	00500	Reclassified T/B	10,191,262.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	10,191,262.	
05000	Operating Room	00100	Salaries	6,586,848.	
05000	Operating Room	00200	Other Cost	28,796,684.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	35,383,532.	
05000	Operating Room	00400	Reclassifications	-25,898,383.	
05000	Operating Room	00500	Reclassified T/B	9,485,149.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05000	Operating Room	00700	Net Expense for Alloc	9,485,149.	
05400	Radiology - Diagnositc	00100	Salaries	1,592,245.	
05400	Radiology - Diagnositc	00200	Other Cost	1,256,937.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	2,849,182.	
05400	Radiology - Diagnositc	00400	Reclassifications	-363,904.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	2,485,278.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	2,485,278.	
05400	Radiology - Diagnositc	00100	Salaries	402,478.	05401
05400	Radiology - Diagnositc	00200	Other Cost	53,557.	05401
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	456,035.	05401
05400	Radiology - Diagnositc	00400	Reclassifications	-10,090.	05401
05400	Radiology - Diagnositc	00500	Reclassified T/B	445,945.	05401
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	445,945.	05401
05600	Radioisotope	00100	Salaries	207,690.	
05600	Radioisotope	00200	Other Cost	267,675.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	475,365.	
05600	Radioisotope	00400	Reclassifications	-6,178.	
05600	Radioisotope	00500	Reclassified T/B	469,187.	
05600	Radioisotope	00700	Net Expense for Alloc	469,187.	
05700	Computer Tomography (CT) Scan	00100	Salaries	753,281.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	238,674.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	991,955.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	-27,750.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	964,205.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	964,205.	
05900	Cardiac Catheterization	00100	Salaries	2,542,036.	
05900	Cardiac Catheterization	00200	Other Cost	16,739,549.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	19,281,585.	
05900	Cardiac Catheterization	00400	Reclassifications	-17,008,547.	
05900	Cardiac Catheterization	00500	Reclassified T/B	2,273,038.	
05900	Cardiac Catheterization	00600	Adjustments	-19,037.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	2,254,001.	
06000	Laboratory	00100	Salaries	2,225,130.	
06000	Laboratory	00200	Other Cost	3,627,703.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06000	Laboratory	00300	Total Cost (Col 01 & 02)	5,852,833.	
06000	Laboratory	00400	Reclassifications	-49,391.	
06000	Laboratory	00500	Reclassified T/B	5,803,442.	
06000	Laboratory	00600	Adjustments	-133.	
06000	Laboratory	00700	Net Expense for Alloc	5,803,309.	
06500	Respiratory Therapy	00100	Salaries	1,787,437.	
06500	Respiratory Therapy	00200	Other Cost	402,340.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	2,189,777.	
06500	Respiratory Therapy	00400	Reclassifications	-127,328.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,062,449.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,062,449.	
06600	Physical Therapy	00100	Salaries	1,281,163.	
06600	Physical Therapy	00200	Other Cost	137,400.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,418,563.	
06600	Physical Therapy	00400	Reclassifications	-8,938.	
06600	Physical Therapy	00500	Reclassified T/B	1,409,625.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,409,625.	
06600	Physical Therapy	00100	Salaries	1,500,148.	06602
06600	Physical Therapy	00200	Other Cost	360,795.	06602
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,860,943.	06602
06600	Physical Therapy	00400	Reclassifications	110,647.	06602
06600	Physical Therapy	00500	Reclassified T/B	1,971,590.	06602
06600	Physical Therapy	00700	Net Expense for Alloc	1,971,590.	06602
06800	Speech Pathology	00100	Salaries	155,817.	
06800	Speech Pathology	00200	Other Cost	14,641.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	170,458.	
06800	Speech Pathology	00500	Reclassified T/B	170,458.	
06800	Speech Pathology	00700	Net Expense for Alloc	170,458.	
06900	Electrocardiology	00100	Salaries	456,516.	
06900	Electrocardiology	00200	Other Cost	174,114.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	630,630.	
06900	Electrocardiology	00400	Reclassifications	-1,594.	
06900	Electrocardiology	00500	Reclassified T/B	629,036.	
06900	Electrocardiology	00700	Net Expense for Alloc	629,036.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07000	Electroencephalography	00100	Salaries	100,163.	
07000	Electroencephalography	00200	Other Cost	18,236.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	118,399.	
07000	Electroencephalography	00400	Reclassifications	-5,246.	
07000	Electroencephalography	00500	Reclassified T/B	113,153.	
07000	Electroencephalography	00700	Net Expense for Alloc	113,153.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	15,646,305.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	15,646,305.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	15,646,305.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	30,612,266.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	30,612,266.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	30,612,266.	
07300	Drugs Charged to Patients	00400	Reclassifications	7,866,750.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	7,866,750.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	7,866,750.	
07400	Renal Dialysis	00200	Other Cost	884,317.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	884,317.	
07400	Renal Dialysis	00400	Reclassifications	-7,749.	
07400	Renal Dialysis	00500	Reclassified T/B	876,568.	
07400	Renal Dialysis	00700	Net Expense for Alloc	876,568.	
09100	Emergency	00100	Salaries	2,866,584.	
09100	Emergency	00200	Other Cost	3,169,009.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	6,035,593.	
09100	Emergency	00400	Reclassifications	-503,419.	
09100	Emergency	00500	Reclassified T/B	5,532,174.	
09100	Emergency	00600	Adjustments	-1,627,140.	
09100	Emergency	00700	Net Expense for Alloc	3,905,034.	
11300	Interest Expense	00200	Other Cost	105,825.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	105,825.	
11300	Interest Expense	00400	Reclassifications	-105,825.	
11800	Sub Total (Lines 01-117)	00100	Salaries	61,027,402.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	143,705,735.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	204,733,137.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-395,484.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	204,337,653.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-11,111,892.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	193,225,761.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	352,420.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	352,420.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	352,420.	
19400	Other Nonreimbursable Cost	00200	Other Cost	139.	19412
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	139.	19412
19400	Other Nonreimbursable Cost	00400	Reclassifications	43,064.	19412
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	43,203.	19412
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	43,203.	19412
19400	Other Nonreimbursable Cost	00600	Adjustments	139,925.	19431
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	139,925.	19431
20000	Worksheet A Total (Line 118-199)	00100	Salaries	61,027,402.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	143,705,874.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	204,733,276.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	204,733,276.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-10,971,967.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	193,761,309.	
A60	**Wkst A-6 Reclassifications**				
00C	**Adjustment Reference**				
00100	W/S RECLASS OF BUILDING AND LEASE	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	66.02	
00100	Reclassifications	00500	Other	120,153.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	120,153.	
50000	Reclassifications	00500	Other	120,153.	
50000	Reclassifications	00900	Other	120,153.	
00D	**Adjustment Reference**				
00100	RECLASS OF OTHER COC COSTS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	5.	

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	2,730,378.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	2,730,378.	
50000	Reclassifications	00500	Other	2,730,378.	
50000	Reclassifications	00900	Other	2,730,378.	
00E	**Adjustment Reference**				
00100	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	91,396.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	105,825.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
00200	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	14,429.	
50000	Reclassifications	00500	Other	105,825.	
50000	Reclassifications	00900	Other	105,825.	
00F	**Adjustment Reference**				
00100	IMPLANTABLES DEVICES EQUIPMENT RENTA	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	7,281.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00900	Other	7,281.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	7,281.	
50000	Reclassifications	00900	Other	7,281.	
00H	**Adjustment Reference**				
00100	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00100	Reclassifications	00100	Code	H	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	1,166,917.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	1,562,401.	
00200	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00300	Line Number	194.	
00200	Reclassifications	00500	Other	352,420.	
00300	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00300	Reclassifications	00100	Code	H	
00300	Reclassifications	00300	Line Number	194.12	
00300	Reclassifications	00500	Other	43,064.	
50000	Reclassifications	00500	Other	1,562,401.	
50000	Reclassifications	00900	Other	1,562,401.	
00I	**Adjustment Reference**				
00100	RECLASS OFFEROR/VENDER REBATES	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00500	Other	353,402.	
00100	Reclassifications	00700	Line Number	73.	
00100	Reclassifications	00900	Other	353,402.	
50000	Reclassifications	00500	Other	353,402.	
50000	Reclassifications	00900	Other	353,402.	
00J	**Adjustment Reference**				
00100	RECLASS OF IMPLANTABLE DEVICES	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	30,619,547.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	30,619,547.	
50000	Reclassifications	00500	Other	30,619,547.	
50000	Reclassifications	00900	Other	30,619,547.	
00K	**Adjustment Reference**				
00100	RECLASS OF DIRECTORSHIP FEES	00000	Description		

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00500	Other	21,356.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	45,619.	
00200	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00200	Reclassifications	00100	Code	K	
00200	Reclassifications	00300	Line Number	50.	
00200	Reclassifications	00500	Other	24,263.	
50000	Reclassifications	00500	Other	45,619.	
50000	Reclassifications	00900	Other	45,619.	
00Q	**Adjustment Reference**				
00100	REGIONAL OFFICE EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	Q	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00400	Salary	4,242.	
00100	Reclassifications	00500	Other	2,497.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	84,077.	
00100	Reclassifications	00900	Other	276,642.	
00200	REGIONAL OFFICE EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	Q	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	79,835.	
00200	Reclassifications	00500	Other	274,145.	
50000	Reclassifications	00400	Salary	84,077.	
50000	Reclassifications	00500	Other	276,642.	
50000	Reclassifications	00800	Salary	84,077.	
50000	Reclassifications	00900	Other	276,642.	
00W	**Adjustment Reference**				
00100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00100	Reclassifications	00100	Code	W	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	1,193,679.	

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	30,030.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00200	Reclassifications	00100	Code	W	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	2,213.	
00300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00300	Reclassifications	00100	Code	W	
00300	Reclassifications	00700	Line Number	14.	
00300	Reclassifications	00900	Other	655,773.	
00400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00400	Reclassifications	00100	Code	W	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	350,635.	
00500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00500	Reclassifications	00100	Code	W	
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	87,999.	
00600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00600	Reclassifications	00100	Code	W	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	67,029.	
50000	Reclassifications	00500	Other	1,193,679.	
50000	Reclassifications	00900	Other	1,193,679.	
00X	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	X	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	46,265,852.	
00100	Reclassifications	00700	Line Number	14.	
00100	Reclassifications	00900	Other	285,146.	
00200	CHARGEABLE SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	X	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	339,665.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	X	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	724,236.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	X	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	972,724.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	X	
00500	Reclassifications	00700	Line Number	50.	
00500	Reclassifications	00900	Other	25,664,548.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	X	
00600	Reclassifications	00700	Line Number	54.	
00600	Reclassifications	00900	Other	686,142.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	X	
00700	Reclassifications	00700	Line Number	54.01	
00700	Reclassifications	00900	Other	10,088.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	X	
00800	Reclassifications	00700	Line Number	56.	
00800	Reclassifications	00900	Other	6,178.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	X	
00900	Reclassifications	00700	Line Number	57.	
00900	Reclassifications	00900	Other	23,146.	
01000	CHARGEABLE SUPPLIES	00000	Description		
01000	Reclassifications	00100	Code	X	
01000	Reclassifications	00700	Line Number	59.	
01000	Reclassifications	00900	Other	16,965,647.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	X	
01100	Reclassifications	00700	Line Number	60.	
01100	Reclassifications	00900	Other	49,286.	
01200	CHARGEABLE SUPPLIES	00000	Description		
01200	Reclassifications	00100	Code	X	
01200	Reclassifications	00700	Line Number	65.	
01200	Reclassifications	00900	Other	127,295.	
01300	CHARGEABLE SUPPLIES	00000	Description		
01300	Reclassifications	00100	Code	X	
01300	Reclassifications	00700	Line Number	66.	
01300	Reclassifications	00900	Other	8,938.	
01400	CHARGEABLE SUPPLIES	00000	Description		
01400	Reclassifications	00100	Code	X	
01400	Reclassifications	00700	Line Number	66.02	
01400	Reclassifications	00900	Other	8,683.	
01500	CHARGEABLE SUPPLIES	00000	Description		
01500	Reclassifications	00100	Code	X	
01500	Reclassifications	00700	Line Number	69.	
01500	Reclassifications	00900	Other	1,594.	
01600	CHARGEABLE SUPPLIES	00000	Description		
01600	Reclassifications	00100	Code	X	
01600	Reclassifications	00700	Line Number	70.	
01600	Reclassifications	00900	Other	5,246.	
01700	CHARGEABLE SUPPLIES	00000	Description		
01700	Reclassifications	00100	Code	X	
01700	Reclassifications	00700	Line Number	74.	
01700	Reclassifications	00900	Other	7,555.	
01800	CHARGEABLE SUPPLIES	00000	Description		
01800	Reclassifications	00100	Code	X	
01800	Reclassifications	00700	Line Number	91.	
01800	Reclassifications	00900	Other	379,735.	
50000	Reclassifications	00500	Other	46,265,852.	
50000	Reclassifications	00900	Other	46,265,852.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00Y	**Adjustment Reference**				
00100	CHARGEABLE DRUGS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Y	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	7,320,007.	
00100	Reclassifications	00700	Line Number	7.	
00100	Reclassifications	00900	Other	26.	
00200	CHARGEABLE DRUGS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Y	
00200	Reclassifications	00700	Line Number	14.	
00200	Reclassifications	00900	Other	2,086.	
00300	CHARGEABLE DRUGS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Y	
00300	Reclassifications	00700	Line Number	15.	
00300	Reclassifications	00900	Other	7,293,655.	
00400	CHARGEABLE DRUGS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Y	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00900	Other	1,240.	
00500	CHARGEABLE DRUGS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Y	
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	607.	
00600	CHARGEABLE DRUGS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Y	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	16,303.	
00700	CHARGEABLE DRUGS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Y	
00700	Reclassifications	00700	Line Number	54.	
00700	Reclassifications	00900	Other	1,558.	
00800	CHARGEABLE DRUGS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Y	
00800	Reclassifications	00700	Line Number	57.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00800	Reclassifications	00900	Other	3,779.	
00900	CHARGEABLE DRUGS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Y	
00900	Reclassifications	00700	Line Number	60.	
00900	Reclassifications	00900	Other	12.	
01000	CHARGEABLE DRUGS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Y	
01000	Reclassifications	00700	Line Number	66.02	
01000	Reclassifications	00900	Other	218.	
01100	CHARGEABLE DRUGS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Y	
01100	Reclassifications	00700	Line Number	91.	
01100	Reclassifications	00900	Other	523.	
50000	Reclassifications	00500	Other	7,320,007.	
50000	Reclassifications	00900	Other	7,320,007.	
00Z	**Adjustment Reference**				
00100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Z	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	900,145.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	1,046.	
00200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Z	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	15,827.	
00300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Z	
00300	Reclassifications	00700	Line Number	14.	
00300	Reclassifications	00900	Other	31,419.	
00400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Z	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	229,711.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Z	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	133,239.	
00600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Z	
00600	Reclassifications	00700	Line Number	31.	
00600	Reclassifications	00900	Other	116,140.	
00700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Z	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	174,766.	
00800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Z	
00800	Reclassifications	00700	Line Number	54.	
00800	Reclassifications	00900	Other	30,184.	
00900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Z	
00900	Reclassifications	00700	Line Number	54.01	
00900	Reclassifications	00900	Other	2.	
01000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Z	
01000	Reclassifications	00700	Line Number	57.	
01000	Reclassifications	00900	Other	825.	
01100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Z	
01100	Reclassifications	00700	Line Number	59.	
01100	Reclassifications	00900	Other	42,900.	
01200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Z	
01200	Reclassifications	00700	Line Number	60.	
01200	Reclassifications	00900	Other	93.	
01300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	Z	

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01300	Reclassifications	00700	Line Number	65.	
01300	Reclassifications	00900	Other	33.	
01400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Z	
01400	Reclassifications	00700	Line Number	66.02	
01400	Reclassifications	00900	Other	605.	
01500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Z	
01500	Reclassifications	00700	Line Number	74.	
01500	Reclassifications	00900	Other	194.	
01600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Z	
01600	Reclassifications	00700	Line Number	91.	
01600	Reclassifications	00900	Other	123,161.	
50000	Reclassifications	00500	Other	900,145.	
50000	Reclassifications	00900	Other	900,145.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	9,194,741.	
00100	Land	00600	Ending Balance	9,194,741.	
00200	Land Improvements	00100	Beginning Balances	715,630.	
00200	Land Improvements	00200	Purchases	17,500.	
00200	Land Improvements	00400	Total	17,500.	
00200	Land Improvements	00600	Ending Balance	733,130.	
00200	Land Improvements	00700	Fully Depreciated Assets	70,523.	
00300	Buildings and Fixtures	00100	Beginning Balances	102,713,881.	
00300	Buildings and Fixtures	00200	Purchases	4,764,865.	
00300	Buildings and Fixtures	00400	Total	4,764,865.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	59,249.	
00300	Buildings and Fixtures	00600	Ending Balance	107,419,497.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	18.	
00400	Building Improvements	00100	Beginning Balances	7,894,108.	
00400	Building Improvements	00600	Ending Balance	7,894,108.	
00400	Building Improvements	00700	Fully Depreciated Assets	7,769,191.	

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00500	Fixed Equipment	00100	Beginning Balances	6,265,149.	
00500	Fixed Equipment	00200	Purchases	3,002,508.	
00500	Fixed Equipment	00400	Total	3,002,508.	
00500	Fixed Equipment	00600	Ending Balance	9,267,657.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	186,484.	
00600	Movable Equipment	00100	Beginning Balances	61,031,588.	
00600	Movable Equipment	00200	Purchases	9,012,481.	
00600	Movable Equipment	00400	Total	9,012,481.	
00600	Movable Equipment	00500	Disposals/Retirements	2,089,039.	
00600	Movable Equipment	00600	Ending Balance	67,955,030.	
00600	Movable Equipment	00700	Fully Depreciated Assets	32,704,147.	
00700	HIT-designated Assets	00100	Beginning Balances	10,544,069.	
00700	HIT-designated Assets	00200	Purchases	479,504.	
00700	HIT-designated Assets	00400	Total	479,504.	
00700	HIT-designated Assets	00600	Ending Balance	11,023,573.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	198,359,166.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	17,276,858.	
00800	Sub Total (Lines 01 To 07)	00400	Total	17,276,858.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	2,148,288.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	213,487,736.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	40,730,363.	
00900	Reconciling Items	00100	Beginning Balances	1,769,233.	
00900	Reconciling Items	00200	Purchases	5,480,846.	
00900	Reconciling Items	00400	Total	5,480,846.	
00900	Reconciling Items	00500	Disposals/Retirements	1,829,602.	
00900	Reconciling Items	00600	Ending Balance	5,420,477.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	196,589,933.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	11,796,012.	
01000	Worksheet A-7 Part 1 Total	00400	Total	11,796,012.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	318,686.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	208,067,259.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	40,730,363.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,706,994.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	3,706,994.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,484,079.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	4,484,079.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	8,191,073.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	8,191,073.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	125,241,476.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	125,241,476.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.586645	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	378,471.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	566,871.	
00100	Capital Related Cost - Land and Buildings	00800	Total	945,342.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,985,968.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	378,471.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	566,871.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	4,931,310.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	88,246,260.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	88,246,260.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.413355	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	266,673.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	399,422.	
00200	Capital Related Cost - Movable Equipment	00800	Total	666,095.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	5,370,910.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	1,193,679.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	98,677.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	266,673.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	399,422.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	-114,588.	

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	7,214,773.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	213,487,736.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	213,487,736.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	645,144.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	966,293.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	1,611,437.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	9,356,878.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	1,193,679.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	98,677.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	645,144.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	966,293.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	-114,588.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	12,146,083.	
A80	**Wkst A-8 Adjustment to Expenses**				
00300	Investment Income - Other (Chapter 2)	00100	Basis/Code	B	
00300	Investment Income - Other (Chapter 2)	00200	Amount	-69.	
00300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00300	Investment Income - Other (Chapter 2)	00400	Line Number	5.	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-20,317.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-114,588.	
00500	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	2.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00500	Wkst A-8 Reference	14.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-57,143.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-27,800.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-1,692,752.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-10,607,841.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-4,990.	
02000	DIETARY	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	10.	
02600	Depreciation - Buildings and Fixtures	00100	Basis/Code	A	
02600	Depreciation - Buildings and Fixtures	00200	Amount	64,389.	
02600	Depreciation - Buildings and Fixtures	00500	Wkst A-8 Reference	9.	
02700	Depreciation - Old Movable Equipment	00100	Basis/Code	A	
02700	Depreciation - Old Movable Equipment	00200	Amount	905,692.	
02700	Depreciation - Old Movable Equipment	00500	Wkst A-8 Reference	9.	
03300	8770.XXXX CENSUS DEVELOPMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-86,674.	03309

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	MOB EXP. 8140 8141 8142 8143 81	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-632.	03311
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03311
03300	RESEARCH CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-21,687.	03312
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03312
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-46,302.	03316
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03316
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,450.	03318
03300	PHARMACY	00300	Cost Center		
03300	Adjustments	00400	Line Number	15.	03318
03300	CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-129,766.	03323
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	WORKMENS COMP ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	210,007.	03324
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03324
03300	NON-PATIENT CARE ADMIN. COSTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-48,481.	03326
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03326
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-16,772.	03328
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03328
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-266.	03329
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03329
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-18.	03405
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03405
03300	Adjustments	00500	Wkst A-8 Reference	9.	03405
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,155.	03406
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03406
03300	Adjustments	00500	Wkst A-8 Reference	9.	03406
03300	LEGAL FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-227,543.	03408
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03408
03300	TO SET UP MOB I	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	139,925.	03410
03300	MOB I	00300	Cost Center		

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	194.31	03410
03300	HOSPITAL DEPT IN MOB	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	10,806.	03411
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03411
03300	HOSPITAL DEPT IN MOB	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	23,930.	03413
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03413
03300	COMPLIMENTARY TRANSPORTATION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-58,154.	03416
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03416
03300	AMORITIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	908,268.	03417
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03417
03300	AMORITIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	3,049.	03418
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03418
03300	Adjustments	00500	Wkst A-8 Reference	9.	03418
03300	AMORITIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-17,706.	03419
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03419
03300	Adjustments	00500	Wkst A-8 Reference	9.	03419
03300	ASSOCIATION FEES	00000	Description		

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-90.	03423
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03423
03300	ADMIN COSTS - NON PATIENT CARE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-43,064.	03424
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03424
03300	ASSOCATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-133.	03427
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03427
03300	NON-PATIENT CARE ADMIN. COSTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-10,640.	03428
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03428
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-10,971,967.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE SHARED SRVCS	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	HOME OFFICE - DRCT CAP COST	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		

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Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00302
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00302
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00302
00300	Costs Incurred and Adjustments Required	00100	Line No		00303
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00303
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00303
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCOMPANY JOURNAL ENTRIES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	22,495,674.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	33,103,515.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-10,607,841.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	TENET HEALTHCARE CORPORATION	00400	Allowable Cost		Symbol
00600	PARENT COMPANY	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CONIFER	00400	Allowable Cost		

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00700	CREDIT AND COLLECTION	00600	Net Adjustments		
00800	C	00100	Line No		
00800	Interrelationship to Related Organization	00300	Expense Items		
00800	PBG CARDIAC AND VASCULAR SERVICES	00400	Allowable Cost		
00800	CARDIAC AND VASCULAR SERVICES	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	21,356.	
00100	Adjustment	00500	Provider Amount	21,356.	
00100	Adjustment	00600	RCE Amount	197,500.	
00100	Adjustment	00700	Physician Hours	182.	Hours
00100	Adjustment	00800	Unadj RCE Limit	17,281.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	864.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	17,281.	
00100	Adjustment	01700	Limit Disallowance	4,075.	
00100	Adjustment	01800	Adjustment	4,075.	
00200	Adjustment	00100	Wkst A Line No.	50.	
00200	OPERATING ROOM	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	24,263.	
00200	Adjustment	00500	Provider Amount	24,263.	
00200	Adjustment	00600	RCE Amount	246,400.	
00200	Adjustment	00700	Physician Hours	706.	Hours
00200	Adjustment	00800	Unadj RCE Limit	83,634.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	4,182.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	83,634.	
00300	Adjustment	00100	Wkst A Line No.	59.	
00300	CARDIAC CATHETERIZATION	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	43,155.	
00300	Adjustment	00500	Provider Amount	43,155.	
00300	Adjustment	00600	RCE Amount	197,500.	
00300	Adjustment	00700	Physician Hours	254.	Hours
00300	Adjustment	00800	Unadj RCE Limit	24,118.	Limit

Line	Line Description	Col	Column Desc	Line Value	Type
100176	**PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410**				
	Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00300	Adjustment	00900	5% Unadj RCE Limit	1,206.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	24,118.	
00300	Adjustment	01700	Limit Disallowance	19,037.	
00300	Adjustment	01800	Adjustment	19,037.	
00400	Adjustment	00100	Wkst A Line No.	91.	
00400	EMERGENCY	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	1,627,050.	
00400	Adjustment	00400	Professional Amount	1,627,050.	
00400	Adjustment	01800	Adjustment	1,627,050.	
00500	Adjustment	00100	Wkst A Line No.	5.	
00500	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	167,175.	
00500	Adjustment	00500	Provider Amount	167,175.	
00500	Adjustment	00600	RCE Amount	211,500.	
00500	Adjustment	00700	Physician Hours	3,358.	Hours
00500	Adjustment	00800	Unadj RCE Limit	341,450.	Limit
00500	Adjustment	00900	5% Unadj RCE Limit	17,073.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	341,450.	
00600	Adjustment	00100	Wkst A Line No.	13.	
00600	NURSING ADMINISTRATION	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	4,727.	
00600	Adjustment	00500	Provider Amount	4,727.	
00600	Adjustment	00600	RCE Amount	211,500.	
00600	Adjustment	00700	Physician Hours	24.	Hours
00600	Adjustment	00800	Unadj RCE Limit	2,440.	Limit
00600	Adjustment	00900	5% Unadj RCE Limit	122.	Limit
00600	Adjustment	01600	Adjusted RCE Limit	2,440.	
00600	Adjustment	01700	Limit Disallowance	2,287.	
00600	Adjustment	01800	Adjustment	2,287.	
00700	Adjustment	00100	Wkst A Line No.	16.	
00700	MEDICAL RECORDS & LIBRARY	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	123,581.	
00700	Adjustment	00500	Provider Amount	123,581.	
00700	Adjustment	00600	RCE Amount	211,500.	

Line	Line Description	Col	Column Desc	Line Value	Type

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
00700	Adjustment	00700	Physician Hours	819.	Hours
00700	Adjustment	00800	Unadj RCE Limit	83,278.	Limit
00700	Adjustment	00900	5% Unadj RCE Limit	4,164.	Limit
00700	Adjustment	01600	Adjusted RCE Limit	83,278.	
00700	Adjustment	01700	Limit Disallowance	40,303.	
00700	Adjustment	01800	Adjustment	40,303.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	2,011,307.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	1,627,050.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	384,257.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	5,343.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	552,201.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	27,611.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	552,201.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	65,702.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	1,692,752.	

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	31,578,769.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	31,578,769.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	-19,273,800.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	12,304,969.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-378,318.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	11,926,651.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	11,911,157.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	11,911,157.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	11,911,157.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00400	Employee Benefits	00100	Salaries	1,055,551.	
00400	Employee Benefits	00200	Other Cost	17,197,126.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	18,252,677.	
00400	Employee Benefits	00400	Reclassifications	-13,711.	
00400	Employee Benefits	00500	Reclassified T/B	18,238,966.	
00400	Employee Benefits	00600	Adjustments	-416.	
00400	Employee Benefits	00700	Net Expense for Alloc	18,238,550.	
00500	Administrative and General	00100	Salaries	20,762,422.	
00500	Administrative and General	00200	Other Cost	43,296,938.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	64,059,360.	
00500	Administrative and General	00400	Reclassifications	8,694,752.	
00500	Administrative and General	00500	Reclassified T/B	72,754,112.	
00500	Administrative and General	00600	Adjustments	-23,168,974.	
00500	Administrative and General	00700	Net Expense for Alloc	49,585,138.	
00700	Plant Operation	00100	Salaries	888,900.	
00700	Plant Operation	00200	Other Cost	3,787,464.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	4,676,364.	
00700	Plant Operation	00400	Reclassifications	-12,220.	
00700	Plant Operation	00500	Reclassified T/B	4,664,144.	
00700	Plant Operation	00600	Adjustments	-100.	
00700	Plant Operation	00700	Net Expense for Alloc	4,664,044.	
00900	Housekeeping	00100	Salaries	420,117.	
00900	Housekeeping	00200	Other Cost	2,017,162.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	2,437,279.	
00900	Housekeeping	00400	Reclassifications	-497.	
00900	Housekeeping	00500	Reclassified T/B	2,436,782.	
00900	Housekeeping	00700	Net Expense for Alloc	2,436,782.	
01000	Dietary	00100	Salaries	319,165.	
01000	Dietary	00200	Other Cost	3,753,300.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	4,072,465.	
01000	Dietary	00400	Reclassifications	-2,067,228.	
01000	Dietary	00500	Reclassified T/B	2,005,237.	
01000	Dietary	00700	Net Expense for Alloc	2,005,237.	
01100	Cafeteria	00400	Reclassifications	2,055,591.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01100	Cafeteria	00500	Reclassified T/B	2,055,591.	
01100	Cafeteria	00700	Net Expense for Alloc	2,055,591.	
01300	Nursing Administration	00100	Salaries	3,622,075.	
01300	Nursing Administration	00200	Other Cost	1,153,414.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	4,775,489.	
01300	Nursing Administration	00400	Reclassifications	-12,315.	
01300	Nursing Administration	00500	Reclassified T/B	4,763,174.	
01300	Nursing Administration	00600	Adjustments	-4,269.	
01300	Nursing Administration	00700	Net Expense for Alloc	4,758,905.	
01400	Central Service and Supply	00100	Salaries	1,168,603.	
01400	Central Service and Supply	00200	Other Cost	-694,780.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	473,823.	
01400	Central Service and Supply	00400	Reclassifications	-150,701.	
01400	Central Service and Supply	00500	Reclassified T/B	323,122.	
01400	Central Service and Supply	00700	Net Expense for Alloc	323,122.	
01500	Pharmacy	00100	Salaries	2,448,178.	
01500	Pharmacy	00200	Other Cost	18,472,138.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	20,920,316.	
01500	Pharmacy	00400	Reclassifications	-18,450,539.	
01500	Pharmacy	00500	Reclassified T/B	2,469,777.	
01500	Pharmacy	00700	Net Expense for Alloc	2,469,777.	
01600	Medical Records and Library	00100	Salaries	1,400,374.	
01600	Medical Records and Library	00200	Other Cost	1,080,176.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	2,480,550.	
01600	Medical Records and Library	00400	Reclassifications	-995.	
01600	Medical Records and Library	00500	Reclassified T/B	2,479,555.	
01600	Medical Records and Library	00600	Adjustments	-1,265.	
01600	Medical Records and Library	00700	Net Expense for Alloc	2,478,290.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	15,024,727.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	3,106,132.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	18,130,859.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	750,393.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	18,881,252.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-42,446.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	18,838,806.	
03100	Intensive Care Unit	00100	Salaries	4,027,860.	
03100	Intensive Care Unit	00200	Other Cost	2,063,835.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	6,091,695.	
03100	Intensive Care Unit	00400	Reclassifications	-103,761.	
03100	Intensive Care Unit	00500	Reclassified T/B	5,987,934.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	5,987,934.	
04300	Nursery	00400	Reclassifications	1,177,338.	
04300	Nursery	00500	Reclassified T/B	1,177,338.	
04300	Nursery	00600	Adjustments	-2,206.	
04300	Nursery	00700	Net Expense for Alloc	1,175,132.	
05000	Operating Room	00100	Salaries	7,367,888.	
05000	Operating Room	00200	Other Cost	31,423,032.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	38,790,920.	
05000	Operating Room	00400	Reclassifications	-26,112,603.	
05000	Operating Room	00500	Reclassified T/B	12,678,317.	
05000	Operating Room	00600	Adjustments	-459,328.	
05000	Operating Room	00700	Net Expense for Alloc	12,218,989.	
05100	Recovery Room	00100	Salaries	1,031,246.	
05100	Recovery Room	00200	Other Cost	399,966.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	1,431,212.	
05100	Recovery Room	00400	Reclassifications	-134,546.	
05100	Recovery Room	00500	Reclassified T/B	1,296,666.	
05100	Recovery Room	00700	Net Expense for Alloc	1,296,666.	
05200	Delivery Room and Labor Room	00100	Salaries	4,089,210.	
05200	Delivery Room and Labor Room	00200	Other Cost	1,258,454.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	5,347,664.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-2,625,815.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	2,721,849.	
05200	Delivery Room and Labor Room	00600	Adjustments	-112,500.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	2,609,349.	
05300	Anesthesiology	00100	Salaries	102,183.	
05300	Anesthesiology	00200	Other Cost	852,187.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	954,370.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05300	Anesthesiology	00400	Reclassifications	-309,253.	
05300	Anesthesiology	00500	Reclassified T/B	645,117.	
05300	Anesthesiology	00700	Net Expense for Alloc	645,117.	
05400	Radiology - Diagnositc	00100	Salaries	6,602,220.	
05400	Radiology - Diagnositc	00200	Other Cost	6,727,706.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	13,329,926.	
05400	Radiology - Diagnositc	00400	Reclassifications	-2,000,278.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	11,329,648.	
05400	Radiology - Diagnositc	00600	Adjustments	-19,029.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	11,310,619.	
05500	Radiology - Therapeutic	00100	Salaries	3,050,101.	05501
05500	Radiology - Therapeutic	00200	Other Cost	2,734,865.	05501
05500	Radiology - Therapeutic	00300	Total Cost (Col 01 & 02)	5,784,966.	05501
05500	Radiology - Therapeutic	00400	Reclassifications	-726,257.	05501
05500	Radiology - Therapeutic	00500	Reclassified T/B	5,058,709.	05501
05500	Radiology - Therapeutic	00600	Adjustments	-158,130.	05501
05500	Radiology - Therapeutic	00700	Net Expense for Alloc	4,900,579.	05501
05900	Cardiac Catheterization	00100	Salaries	1,117,458.	
05900	Cardiac Catheterization	00200	Other Cost	5,538,724.	
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	6,656,182.	
05900	Cardiac Catheterization	00400	Reclassifications	-3,036,117.	
05900	Cardiac Catheterization	00500	Reclassified T/B	3,620,065.	
05900	Cardiac Catheterization	00600	Adjustments	-366,050.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	3,254,015.	
06000	Laboratory	00100	Salaries	2,887,766.	
06000	Laboratory	00200	Other Cost	7,746,656.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	10,634,422.	
06000	Laboratory	00400	Reclassifications	-1,647,178.	
06000	Laboratory	00500	Reclassified T/B	8,987,244.	
06000	Laboratory	00600	Adjustments	-1,050.	
06000	Laboratory	00700	Net Expense for Alloc	8,986,194.	
06500	Respiratory Therapy	00100	Salaries	1,832,631.	
06500	Respiratory Therapy	00200	Other Cost	352,423.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	2,185,054.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06500	Respiratory Therapy	00400	Reclassifications	-101,835.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,083,219.	
06500	Respiratory Therapy	00600	Adjustments	-1,471.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,081,748.	
06600	Physical Therapy	00100	Salaries	4,436,966.	
06600	Physical Therapy	00200	Other Cost	860,628.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	5,297,594.	
06600	Physical Therapy	00400	Reclassifications	-416,894.	
06600	Physical Therapy	00500	Reclassified T/B	4,880,700.	
06600	Physical Therapy	00600	Adjustments	-213,690.	
06600	Physical Therapy	00700	Net Expense for Alloc	4,667,010.	
06900	Electrocardiology	00100	Salaries	354,191.	
06900	Electrocardiology	00200	Other Cost	105,082.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	459,273.	
06900	Electrocardiology	00400	Reclassifications	-5,250.	
06900	Electrocardiology	00500	Reclassified T/B	454,023.	
06900	Electrocardiology	00600	Adjustments	-541.	
06900	Electrocardiology	00700	Net Expense for Alloc	453,482.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	13,708,588.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	13,708,588.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	13,708,588.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	19,731,995.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	19,731,995.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	19,731,995.	
07300	Drugs Charged to Patients	00400	Reclassifications	20,250,935.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	20,250,935.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	20,250,935.	
07600	Other Ancillary Cost	00100	Salaries	189,101.	07697
07600	Other Ancillary Cost	00200	Other Cost	13,666.	07697
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	202,767.	07697
07600	Other Ancillary Cost	00400	Reclassifications	-423.	07697
07600	Other Ancillary Cost	00500	Reclassified T/B	202,344.	07697
07600	Other Ancillary Cost	00600	Adjustments	-1,381.	07697
07600	Other Ancillary Cost	00700	Net Expense for Alloc	200,963.	07697

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00100	Salaries	353,611.	07698
07600	Other Ancillary Cost	00200	Other Cost	1,568,907.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	1,922,518.	07698
07600	Other Ancillary Cost	00400	Reclassifications	-764,582.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	1,157,936.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	1,157,936.	07698
09000	Clinic	00100	Salaries	647,051.	
09000	Clinic	00200	Other Cost	93,484.	
09000	Clinic	00300	Total Cost (Col 01 & 02)	740,535.	
09000	Clinic	00400	Reclassifications	-6,132.	
09000	Clinic	00500	Reclassified T/B	734,403.	
09000	Clinic	00600	Adjustments	-1,380.	
09000	Clinic	00700	Net Expense for Alloc	733,023.	
09100	Emergency	00100	Salaries	4,651,330.	
09100	Emergency	00200	Other Cost	1,564,358.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	6,215,688.	
09100	Emergency	00400	Reclassifications	-299,294.	
09100	Emergency	00500	Reclassified T/B	5,916,394.	
09100	Emergency	00600	Adjustments	-2,165,981.	
09100	Emergency	00700	Net Expense for Alloc	3,750,413.	
11800	Sub Total (Lines 01-117)	00100	Salaries	89,850,925.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	188,051,812.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	277,902,737.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	8,525.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	277,911,262.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-27,098,525.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	250,812,737.	
19200	Physicians Private Offices	00200	Other Cost	29,426.	19201
19200	Physicians Private Offices	00300	Total Cost (Col 01 & 02)	29,426.	19201
19200	Physicians Private Offices	00500	Reclassified T/B	29,426.	19201
19200	Physicians Private Offices	00700	Net Expense for Alloc	29,426.	19201
19200	Physicians Private Offices	00100	Salaries	337,683.	19203
19200	Physicians Private Offices	00200	Other Cost	551,594.	19203
19200	Physicians Private Offices	00300	Total Cost (Col 01 & 02)	889,277.	19203

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19200	Physicians Private Offices	00500	Reclassified T/B	889,277.	19203
19200	Physicians Private Offices	00700	Net Expense for Alloc	889,277.	19203
19300	Nonpaid Workers	00200	Other Cost	245,919.	19302
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	245,919.	19302
19300	Nonpaid Workers	00500	Reclassified T/B	245,919.	19302
19300	Nonpaid Workers	00700	Net Expense for Alloc	245,919.	19302
19300	Nonpaid Workers	00200	Other Cost	36,162.	19303
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	36,162.	19303
19300	Nonpaid Workers	00500	Reclassified T/B	36,162.	19303
19300	Nonpaid Workers	00700	Net Expense for Alloc	36,162.	19303
19300	Nonpaid Workers	00200	Other Cost	1,441.	19304
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	1,441.	19304
19300	Nonpaid Workers	00500	Reclassified T/B	1,441.	19304
19300	Nonpaid Workers	00700	Net Expense for Alloc	1,441.	19304
19300	Nonpaid Workers	00200	Other Cost	25,889.	19306
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	25,889.	19306
19300	Nonpaid Workers	00500	Reclassified T/B	25,889.	19306
19300	Nonpaid Workers	00700	Net Expense for Alloc	25,889.	19306
19300	Nonpaid Workers	00200	Other Cost	-9,940.	19307
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	-9,940.	19307
19300	Nonpaid Workers	00500	Reclassified T/B	-9,940.	19307
19300	Nonpaid Workers	00700	Net Expense for Alloc	-9,940.	19307
19300	Nonpaid Workers	00200	Other Cost	268,705.	19308
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	268,705.	19308
19300	Nonpaid Workers	00500	Reclassified T/B	268,705.	19308
19300	Nonpaid Workers	00700	Net Expense for Alloc	268,705.	19308
19300	Nonpaid Workers	00200	Other Cost	64,495.	19309
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	64,495.	19309
19300	Nonpaid Workers	00400	Reclassifications	-1,260.	19309
19300	Nonpaid Workers	00500	Reclassified T/B	63,235.	19309
19300	Nonpaid Workers	00700	Net Expense for Alloc	63,235.	19309
19300	Nonpaid Workers	00200	Other Cost	59,969.	19310
19300	Nonpaid Workers	00300	Total Cost (Col 01 & 02)	59,969.	19310
19300	Nonpaid Workers	00500	Reclassified T/B	59,969.	19310

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19300	Nonpaid Workers	00700	Net Expense for Alloc	59,969.	19310
19400	Other Nonreimbursable Cost	00100	Salaries	604,189.	
19400	Other Nonreimbursable Cost	00200	Other Cost	163,877.	
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	768,066.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	-7,265.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	760,801.	
19400	Other Nonreimbursable Cost	00600	Adjustments	-3,424.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	757,377.	
20000	Worksheet A Total (Line 118-199)	00100	Salaries	90,792,797.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	189,489,349.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	280,282,146.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	280,282,146.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-27,101,949.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	253,180,197.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	DEFAULT	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00400	Salary	161,561.	
00100	Reclassifications	00500	Other	1,894,030.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00800	Salary	161,561.	
00100	Reclassifications	00900	Other	1,894,030.	
50000	Reclassifications	00400	Salary	161,561.	
50000	Reclassifications	00500	Other	1,894,030.	
50000	Reclassifications	00800	Salary	161,561.	
50000	Reclassifications	00900	Other	1,894,030.	
00B	**Adjustment Reference**				
00100	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	13,708,588.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	14.	
00100	Reclassifications	00900	Other	68,854.	
00200	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00200	Reclassifications	00100	Code	B	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	7,788.	
00300	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00300	Reclassifications	00100	Code	B	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	369,092.	
00400	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00400	Reclassifications	00100	Code	B	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	84,203.	
00500	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00500	Reclassifications	00100	Code	B	
00500	Reclassifications	00700	Line Number	50.	
00500	Reclassifications	00900	Other	9,844,169.	
00600	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00600	Reclassifications	00100	Code	B	
00600	Reclassifications	00700	Line Number	51.	
00600	Reclassifications	00900	Other	132,707.	
00700	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00700	Reclassifications	00100	Code	B	
00700	Reclassifications	00700	Line Number	52.	
00700	Reclassifications	00900	Other	237,644.	
00800	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00800	Reclassifications	00100	Code	B	
00800	Reclassifications	00700	Line Number	53.	
00800	Reclassifications	00900	Other	272,379.	
00900	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
00900	Reclassifications	00100	Code	B	
00900	Reclassifications	00700	Line Number	54.	
00900	Reclassifications	00900	Other	1,460,351.	

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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				
A60	**Wkst A-6 Reclassifications**				
01000	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01000	Reclassifications	00100	Code	B	
01000	Reclassifications	00700	Line Number	55.01	
01000	Reclassifications	00900	Other	314,642.	
01100	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01100	Reclassifications	00100	Code	B	
01100	Reclassifications	00700	Line Number	60.	
01100	Reclassifications	00900	Other	1,680.	
01200	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01200	Reclassifications	00100	Code	B	
01200	Reclassifications	00700	Line Number	65.	
01200	Reclassifications	00900	Other	12,465.	
01300	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01300	Reclassifications	00100	Code	B	
01300	Reclassifications	00700	Line Number	66.	
01300	Reclassifications	00900	Other	81.	
01400	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01400	Reclassifications	00100	Code	B	
01400	Reclassifications	00700	Line Number	76.98	
01400	Reclassifications	00900	Other	662,730.	
01500	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01500	Reclassifications	00100	Code	B	
01500	Reclassifications	00700	Line Number	90.	
01500	Reclassifications	00900	Other	3,352.	
01600	MEDICAL SUPPLIES CHARGED TO PATS	00000	Description		
01600	Reclassifications	00100	Code	B	
01600	Reclassifications	00700	Line Number	91.	
01600	Reclassifications	00900	Other	236,451.	
50000	Reclassifications	00500	Other	13,708,588.	
50000	Reclassifications	00900	Other	13,708,588.	
00C	**Adjustment Reference**				
00100	IMPLANTABLE DEVICES CHRGD TO PATS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	72.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	19,731,995.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	16,195,855.	
00200	IMPLANTABLE DEVICES CHRGD TO PATS	00000	Description		
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00700	Line Number	54.	
00200	Reclassifications	00900	Other	511,099.	
00300	IMPLANTABLE DEVICES CHRGD TO PATS	00000	Description		
00300	Reclassifications	00100	Code	C	
00300	Reclassifications	00700	Line Number	59.	
00300	Reclassifications	00900	Other	3,025,041.	
50000	Reclassifications	00500	Other	19,731,995.	
50000	Reclassifications	00900	Other	19,731,995.	
00D	**Adjustment Reference**				
00100	DRUGS CHRGD TO PATS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	20,250,935.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	200,000.	
00200	DRUGS CHRGD TO PATS	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00700	Line Number	14.	
00200	Reclassifications	00900	Other	108.	
00300	DRUGS CHRGD TO PATS	00000	Description		
00300	Reclassifications	00100	Code	D	
00300	Reclassifications	00700	Line Number	15.	
00300	Reclassifications	00900	Other	18,227,088.	
00400	DRUGS CHRGD TO PATS	00000	Description		
00400	Reclassifications	00100	Code	D	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00900	Other	6,660.	
00500	DRUGS CHRGD TO PATS	00000	Description		
00500	Reclassifications	00100	Code	D	

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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				
A60	**Wkst A-6 Reclassifications**				
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	2,450.	
00600	DRUGS CHRGD TO PATS	00000	Description		
00600	Reclassifications	00100	Code	D	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	74,706.	
00700	DRUGS CHRGD TO PATS	00000	Description		
00700	Reclassifications	00100	Code	D	
00700	Reclassifications	00700	Line Number	51.	
00700	Reclassifications	00900	Other	821.	
00800	DRUGS CHRGD TO PATS	00000	Description		
00800	Reclassifications	00100	Code	D	
00800	Reclassifications	00700	Line Number	52.	
00800	Reclassifications	00900	Other	15,540.	
00900	DRUGS CHRGD TO PATS	00000	Description		
00900	Reclassifications	00100	Code	D	
00900	Reclassifications	00700	Line Number	53.	
00900	Reclassifications	00900	Other	36,142.	
01000	DRUGS CHRGD TO PATS	00000	Description		
01000	Reclassifications	00100	Code	D	
01000	Reclassifications	00700	Line Number	54.	
01000	Reclassifications	00900	Other	7,887.	
01100	DRUGS CHRGD TO PATS	00000	Description		
01100	Reclassifications	00100	Code	D	
01100	Reclassifications	00700	Line Number	55.01	
01100	Reclassifications	00900	Other	10.	
01200	DRUGS CHRGD TO PATS	00000	Description		
01200	Reclassifications	00100	Code	D	
01200	Reclassifications	00700	Line Number	60.	
01200	Reclassifications	00900	Other	1,641,971.	
01300	DRUGS CHRGD TO PATS	00000	Description		
01300	Reclassifications	00100	Code	D	
01300	Reclassifications	00700	Line Number	91.	
01300	Reclassifications	00900	Other	37,552.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	20,250,935.	
50000	Reclassifications	00900	Other	20,250,935.	
00E	**Adjustment Reference**				
00100	SPACE RENTAL	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	516,487.	
00100	Reclassifications	00700	Line Number	7.	
00100	Reclassifications	00900	Other	36.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	SPACE RENTAL	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00700	Line Number	55.01	
00200	Reclassifications	00900	Other	3,008.	
00200	Reclassifications	01000	Wkst A-6 Reference	10.	
00300	SPACE RENTAL	00000	Description		
00300	Reclassifications	00100	Code	E	
00300	Reclassifications	00700	Line Number	66.	
00300	Reclassifications	00900	Other	413,641.	
00300	Reclassifications	01000	Wkst A-6 Reference	10.	
00400	SPACE RENTAL	00000	Description		
00400	Reclassifications	00100	Code	E	
00400	Reclassifications	00700	Line Number	76.98	
00400	Reclassifications	00900	Other	99,802.	
50000	Reclassifications	00500	Other	516,487.	
50000	Reclassifications	00900	Other	516,487.	
00F	**Adjustment Reference**				
00100	EQUIPMENT RENTAL EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	1,125,348.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	13,711.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	EQUIPMENT RENTAL EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	50.	
00200	Reclassifications	00500	Other	2,127.	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	109,726.	
00200	Reclassifications	01000	Wkst A-6 Reference	10.	
00300	EQUIPMENT RENTAL EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00700	Line Number	7.	
00300	Reclassifications	00900	Other	12,184.	
00300	Reclassifications	01000	Wkst A-6 Reference	10.	
00400	EQUIPMENT RENTAL EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	9.	
00400	Reclassifications	00900	Other	497.	
00400	Reclassifications	01000	Wkst A-6 Reference	10.	
00500	EQUIPMENT RENTAL EXPENSE	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	10.	
00500	Reclassifications	00900	Other	11,637.	
00500	Reclassifications	01000	Wkst A-6 Reference	10.	
00600	EQUIPMENT RENTAL EXPENSE	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	13.	
00600	Reclassifications	00900	Other	12,315.	
00600	Reclassifications	01000	Wkst A-6 Reference	10.	
00700	EQUIPMENT RENTAL EXPENSE	00000	Description		
00700	Reclassifications	00100	Code	F	
00700	Reclassifications	00700	Line Number	14.	
00700	Reclassifications	00900	Other	81,739.	
00700	Reclassifications	01000	Wkst A-6 Reference	10.	
00800	EQUIPMENT RENTAL EXPENSE	00000	Description		
00800	Reclassifications	00100	Code	F	

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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				
A60	**Wkst A-6 Reclassifications**				
00800	Reclassifications	00700	Line Number	15.	
00800	Reclassifications	00900	Other	215,663.	
00800	Reclassifications	01000	Wkst A-6 Reference	10.	
00900	EQUIPMENT RENTAL EXPENSE	00000	Description		
00900	Reclassifications	00100	Code	F	
00900	Reclassifications	00700	Line Number	16.	
00900	Reclassifications	00900	Other	995.	
00900	Reclassifications	01000	Wkst A-6 Reference	10.	
01000	EQUIPMENT RENTAL EXPENSE	00000	Description		
01000	Reclassifications	00100	Code	F	
01000	Reclassifications	00700	Line Number	30.	
01000	Reclassifications	00900	Other	52,826.	
01000	Reclassifications	01000	Wkst A-6 Reference	10.	
01100	EQUIPMENT RENTAL EXPENSE	00000	Description		
01100	Reclassifications	00100	Code	F	
01100	Reclassifications	00700	Line Number	31.	
01100	Reclassifications	00900	Other	17,108.	
01100	Reclassifications	01000	Wkst A-6 Reference	10.	
01200	EQUIPMENT RENTAL EXPENSE	00000	Description		
01200	Reclassifications	00100	Code	F	
01200	Reclassifications	00700	Line Number	51.	
01200	Reclassifications	00900	Other	1,018.	
01200	Reclassifications	01000	Wkst A-6 Reference	10.	
01300	EQUIPMENT RENTAL EXPENSE	00000	Description		
01300	Reclassifications	00100	Code	F	
01300	Reclassifications	00700	Line Number	52.	
01300	Reclassifications	00900	Other	16,322.	
01300	Reclassifications	01000	Wkst A-6 Reference	10.	
01400	EQUIPMENT RENTAL EXPENSE	00000	Description		
01400	Reclassifications	00100	Code	F	
01400	Reclassifications	00700	Line Number	53.	
01400	Reclassifications	00900	Other	732.	
01400	Reclassifications	01000	Wkst A-6 Reference	10.	
01500	EQUIPMENT RENTAL EXPENSE	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01500	Reclassifications	00100	Code	F	
01500	Reclassifications	00700	Line Number	54.	
01500	Reclassifications	00900	Other	20,941.	
01500	Reclassifications	01000	Wkst A-6 Reference	10.	
01600	EQUIPMENT RENTAL EXPENSE	00000	Description		
01600	Reclassifications	00100	Code	F	
01600	Reclassifications	00700	Line Number	55.01	
01600	Reclassifications	00900	Other	408,597.	
01600	Reclassifications	01000	Wkst A-6 Reference	10.	
01700	EQUIPMENT RENTAL EXPENSE	00000	Description		
01700	Reclassifications	00100	Code	F	
01700	Reclassifications	00700	Line Number	59.	
01700	Reclassifications	00900	Other	11,076.	
01700	Reclassifications	01000	Wkst A-6 Reference	10.	
01800	EQUIPMENT RENTAL EXPENSE	00000	Description		
01800	Reclassifications	00100	Code	F	
01800	Reclassifications	00700	Line Number	60.	
01800	Reclassifications	00900	Other	3,527.	
01800	Reclassifications	01000	Wkst A-6 Reference	10.	
01900	EQUIPMENT RENTAL EXPENSE	00000	Description		
01900	Reclassifications	00100	Code	F	
01900	Reclassifications	00700	Line Number	65.	
01900	Reclassifications	00900	Other	89,370.	
01900	Reclassifications	01000	Wkst A-6 Reference	10.	
02000	EQUIPMENT RENTAL EXPENSE	00000	Description		
02000	Reclassifications	00100	Code	F	
02000	Reclassifications	00700	Line Number	66.	
02000	Reclassifications	00900	Other	3,172.	
02000	Reclassifications	01000	Wkst A-6 Reference	10.	
02100	EQUIPMENT RENTAL EXPENSE	00000	Description		
02100	Reclassifications	00100	Code	F	
02100	Reclassifications	00700	Line Number	69.	
02100	Reclassifications	00900	Other	5,250.	
02100	Reclassifications	01000	Wkst A-6 Reference	10.	

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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				
A60	**Wkst A-6 Reclassifications**				
02200	EQUIPMENT RENTAL EXPENSE	00000	Description		
02200	Reclassifications	00100	Code	F	
02200	Reclassifications	00700	Line Number	76.97	
02200	Reclassifications	00900	Other	423.	
02200	Reclassifications	01000	Wkst A-6 Reference	10.	
02300	EQUIPMENT RENTAL EXPENSE	00000	Description		
02300	Reclassifications	00100	Code	F	
02300	Reclassifications	00700	Line Number	76.98	
02300	Reclassifications	00900	Other	2,050.	
02300	Reclassifications	01000	Wkst A-6 Reference	10.	
02400	EQUIPMENT RENTAL EXPENSE	00000	Description		
02400	Reclassifications	00100	Code	F	
02400	Reclassifications	00700	Line Number	90.	
02400	Reclassifications	00900	Other	2,780.	
02400	Reclassifications	01000	Wkst A-6 Reference	10.	
02500	EQUIPMENT RENTAL EXPENSE	00000	Description		
02500	Reclassifications	00100	Code	F	
02500	Reclassifications	00700	Line Number	91.	
02500	Reclassifications	00900	Other	25,291.	
02500	Reclassifications	01000	Wkst A-6 Reference	10.	
02600	EQUIPMENT RENTAL EXPENSE	00000	Description		
02600	Reclassifications	00100	Code	F	
02600	Reclassifications	00700	Line Number	193.09	
02600	Reclassifications	00900	Other	1,260.	
02600	Reclassifications	01000	Wkst A-6 Reference	10.	
02700	EQUIPMENT RENTAL EXPENSE	00000	Description		
02700	Reclassifications	00100	Code	F	
02700	Reclassifications	00700	Line Number	194.	
02700	Reclassifications	00900	Other	7,265.	
02700	Reclassifications	01000	Wkst A-6 Reference	10.	
02800	EQUIPMENT RENTAL EXPENSE	00000	Description		
02800	Reclassifications	00100	Code	F	
02800	Reclassifications	01000	Wkst A-6 Reference	10.	
50000	Reclassifications	00500	Other	1,127,475.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	1,127,475.	
00G	**Adjustment Reference**				
00100	INSURANCE EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	6,365,498.	
00100	Reclassifications	00700	Line Number	1.	
00100	Reclassifications	00900	Other	6,365,498.	
00100	Reclassifications	01000	Wkst A-6 Reference	12.	
50000	Reclassifications	00500	Other	6,365,498.	
50000	Reclassifications	00900	Other	6,365,498.	
00H	**Adjustment Reference**				
00100	DEPRECIATION EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	10,262,063.	
00100	Reclassifications	00700	Line Number	1.	
00100	Reclassifications	00900	Other	10,262,063.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	10,262,063.	
50000	Reclassifications	00900	Other	10,262,063.	
00I	**Adjustment Reference**				
00100	INDIGENT CARE TAX EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	2,655,256.	
00100	Reclassifications	00700	Line Number	1.	
00100	Reclassifications	00900	Other	2,655,256.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	2,655,256.	
50000	Reclassifications	00900	Other	2,655,256.	
00K	**Adjustment Reference**				
00100	PROPERTY TAX AND INSURANCE EXPENSE	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	3.	
00100	Reclassifications	00500	Other	1,229,708.	
00100	Reclassifications	00700	Line Number	1.	
00100	Reclassifications	00900	Other	352,850.	
00100	Reclassifications	01000	Wkst A-6 Reference	13.	
00200	PROPERTY TAX AND INSURANCE EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	K	
00200	Reclassifications	00700	Line Number	1.	
00200	Reclassifications	00900	Other	876,858.	
00200	Reclassifications	01000	Wkst A-6 Reference	12.	
50000	Reclassifications	00500	Other	1,229,708.	
50000	Reclassifications	00900	Other	1,229,708.	
00M	**Adjustment Reference**				
00100	TRUSTEE FEES EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	16,276.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	16,276.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	16,276.	
50000	Reclassifications	00900	Other	16,276.	
00Q	**Adjustment Reference**				
00100	NURSERY AND POST PARTUM EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	Q	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	930,413.	
00100	Reclassifications	00500	Other	248,558.	
00100	Reclassifications	00700	Line Number	52.	
00100	Reclassifications	00800	Salary	1,858,596.	
00100	Reclassifications	00900	Other	497,713.	
00200	NURSERY AND POST PARTUM EXPENSE	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	Q	
00200	Reclassifications	00300	Line Number	43.	
00200	Reclassifications	00400	Salary	928,183.	
00200	Reclassifications	00500	Other	249,155.	
50000	Reclassifications	00400	Salary	1,858,596.	
50000	Reclassifications	00500	Other	497,713.	
50000	Reclassifications	00800	Salary	1,858,596.	
50000	Reclassifications	00900	Other	497,713.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	13,438,568.	
00100	Land	00500	Disposals/Retirements	25,787.	
00100	Land	00600	Ending Balance	13,412,781.	
00200	Land Improvements	00100	Beginning Balances	4,565,649.	
00200	Land Improvements	00200	Purchases	204,317.	
00200	Land Improvements	00400	Total	204,317.	
00200	Land Improvements	00600	Ending Balance	4,769,966.	
00200	Land Improvements	00700	Fully Depreciated Assets	1,578,007.	
00300	Buildings and Fixtures	00100	Beginning Balances	151,726,988.	
00300	Buildings and Fixtures	00200	Purchases	18,903,198.	
00300	Buildings and Fixtures	00400	Total	18,903,198.	
00300	Buildings and Fixtures	00600	Ending Balance	170,630,186.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	6,105,001.	
00400	Building Improvements	00100	Beginning Balances	4,737,097.	
00400	Building Improvements	00200	Purchases	152,349.	
00400	Building Improvements	00400	Total	152,349.	
00400	Building Improvements	00600	Ending Balance	4,889,446.	
00400	Building Improvements	00700	Fully Depreciated Assets	1,103,927.	
00500	Fixed Equipment	00100	Beginning Balances	24,166,658.	
00500	Fixed Equipment	00200	Purchases	6,601.	
00500	Fixed Equipment	00400	Total	6,601.	
00500	Fixed Equipment	00600	Ending Balance	24,173,259.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	13,896,450.	
00600	Movable Equipment	00100	Beginning Balances	57,646,489.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00600	Movable Equipment	00200	Purchases	15,049,417.	
00600	Movable Equipment	00400	Total	15,049,417.	
00600	Movable Equipment	00500	Disposals/Retirements	1,061,129.	
00600	Movable Equipment	00600	Ending Balance	71,634,777.	
00600	Movable Equipment	00700	Fully Depreciated Assets	40,121,802.	
00700	HIT-designated Assets	00100	Beginning Balances	52,558,517.	
00700	HIT-designated Assets	00200	Purchases	31,576,781.	
00700	HIT-designated Assets	00400	Total	31,576,781.	
00700	HIT-designated Assets	00500	Disposals/Retirements	4,081,350.	
00700	HIT-designated Assets	00600	Ending Balance	80,053,948.	
00700	HIT-designated Assets	00700	Fully Depreciated Assets	17,527,229.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	308,839,966.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	65,892,663.	
00800	Sub Total (Lines 01 To 07)	00400	Total	65,892,663.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	5,168,266.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	369,564,363.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	80,332,416.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	308,839,966.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	65,892,663.	
01000	Worksheet A-7 Part 1 Total	00400	Total	65,892,663.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	5,168,266.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	369,564,363.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	80,332,416.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	17,558,918.	
00100	Capital Related Cost - Land and Buildings	01100	Interest	2,932,266.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	7,242,356.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	3,008,106.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	837,123.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	31,578,769.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	17,558,918.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01100	Interest	2,932,266.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01200	Insurance	7,242,356.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01300	Taxes	3,008,106.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	837,123.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	31,578,769.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	204,462,857.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	204,462,857.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.574089	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	503,395.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	202,567.	
00100	Capital Related Cost - Land and Buildings	00800	Total	705,962.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	4,641,599.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	516,487.	
00100	Capital Related Cost - Land and Buildings	01100	Interest	2,570,224.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	503,395.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	2,857,823.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	837,123.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	11,926,651.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	151,688,725.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	151,688,725.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.425911	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	373,463.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	150,283.	
00200	Capital Related Cost - Movable Equipment	00800	Total	523,746.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	10,262,063.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	1,125,348.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	373,463.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01300	Taxes	150,283.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	11,911,157.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	356,151,582.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	356,151,582.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	876,858.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	352,850.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	1,229,708.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	14,903,662.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	1,641,835.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	2,570,224.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	876,858.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	3,008,106.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	837,123.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	23,837,808.	
A80	**Wkst A-8 Adjustment to Expenses**				
00100	Investment Income - Building & Fixtures (Chapter 2)	00100	Basis/Code	B	
00100	Investment Income - Building & Fixtures (Chapter 2)	00200	Amount	-378,318.	
00100	Investment Income - Building & Fixtures (Chapter 2)	00500	Wkst A-8 Reference	11.	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-3,398,030.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-1,265.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
03300	NONALLOWABLE ALCOHOL EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-690.	03302
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03302
03300	NONALLOWABLE ALCOHOL EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-825.	03303
03300	CANCER CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.01	03303
03300	NONALLOWABLE ALCOHOL EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,424.	03304
03300	MARKET BUS DEVELOPMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.	03304
03300	REMOVE BAD DEBT EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-20,740,402.	03305
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03305
03300	CLINIC NUTR BARIATRIC EDUC REV OFFSE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-8,310.	03306
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03306
03300	COMM ED NURS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-35.	03307
03300	NURSING ADMINISTRATION	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	13.	03307
03300	A&G COPY FEES REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-6,780.	03308
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03308
03300	HR COPY FEES REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-416.	03309
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03309
03300	DIABETES EDUCATION REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,380.	03310
03300	CLINIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.	03310
03300	EMERGENCY ROOM MISC REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-2,825.	03311
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03311
03300	GUEST SERVICES CONCIERGE REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-80,959.	03312
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03312
03300	GUEST SERVICES WELLNESS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,375.	03313
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03313
03300	LAB MISC REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,050.	03314

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03314
03300	RAC MED RECS FEES REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-22,793.	03315
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03315
03300	ONCOLOGY ADMIN MISC REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,315.	03316
03300	CANCER CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.01	03316
03300	ONCOLOGY CLINICAL RESEARCH REV OFFSE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-140,666.	03317
03300	CANCER CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	55.01	03317
03300	PHYSICIAN APPLIC FEES REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-60,500.	03318
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03318
03300	PLANT OP MISC REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-100.	03319
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03319
03300	BABY PORTRAIT REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-2,206.	03320
03300	NURSERY	00300	Cost Center		
03300	Adjustments	00400	Line Number	43.	03320
03300	POST PARTUM BIRTH CLASS REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-27,500.	03321
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03321
03300	RADIOLOGY XRAY FEES REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-12,000.	03322
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03322
03300	REHAB & WELLNESS CTR REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-213,690.	03323
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03323
03300	UNASSIGNED MISC REV OFFSET	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-1,995,095.	03324
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03324
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-27,101,949.	
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	5.	
00100	DR. A	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	37,000.	
00100	Adjustment	00400	Professional Amount	37,000.	
00100	Adjustment	00600	RCE Amount	179,000.	
00100	Adjustment	01800	Adjustment	37,000.	
00200	Adjustment	00100	Wkst A Line No.	5.	
00200	DR. B	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	41,475.	
00200	Adjustment	00500	Provider Amount	41,475.	
00200	Adjustment	00600	RCE Amount	179,000.	
00200	Adjustment	00700	Physician Hours	277.	Hours

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00200	Adjustment	00800	Unadj RCE Limit	23,838.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	1,192.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	23,838.	
00200	Adjustment	01700	Limit Disallowance	17,637.	
00200	Adjustment	01800	Adjustment	17,637.	
00300	Adjustment	00100	Wkst A Line No.	5.	
00300	DR. C	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	30,150.	
00300	Adjustment	00500	Provider Amount	30,150.	
00300	Adjustment	00600	RCE Amount	179,000.	
00300	Adjustment	00700	Physician Hours	201.	Hours
00300	Adjustment	00800	Unadj RCE Limit	17,298.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	865.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	17,298.	
00300	Adjustment	01700	Limit Disallowance	12,852.	
00300	Adjustment	01800	Adjustment	12,852.	
00400	Adjustment	00100	Wkst A Line No.	5.	
00400	DR. D	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	8,850.	
00400	Adjustment	00500	Provider Amount	8,850.	
00400	Adjustment	00600	RCE Amount	179,000.	
00400	Adjustment	00700	Physician Hours	59.	Hours
00400	Adjustment	00800	Unadj RCE Limit	5,077.	Limit
00400	Adjustment	00900	5% Unadj RCE Limit	254.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	5,077.	
00400	Adjustment	01700	Limit Disallowance	3,773.	
00400	Adjustment	01800	Adjustment	3,773.	
00500	Adjustment	00100	Wkst A Line No.	5.	
00500	DR. E	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	227,500.	
00500	Adjustment	00500	Provider Amount	227,500.	
00500	Adjustment	00600	RCE Amount	179,000.	
00500	Adjustment	00700	Physician Hours	1,517.	Hours
00500	Adjustment	00800	Unadj RCE Limit	130,550.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00500	Adjustment	00900	5% Unadj RCE Limit	6,528.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	130,550.	
00500	Adjustment	01700	Limit Disallowance	96,950.	
00500	Adjustment	01800	Adjustment	96,950.	
00600	Adjustment	00100	Wkst A Line No.	5.	
00600	DR. F	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	1,500.	
00600	Adjustment	00500	Provider Amount	1,500.	
00600	Adjustment	00600	RCE Amount	179,000.	
00600	Adjustment	00700	Physician Hours	10.	Hours
00600	Adjustment	00800	Unadj RCE Limit	861.	Limit
00600	Adjustment	00900	5% Unadj RCE Limit	43.	Limit
00600	Adjustment	01600	Adjusted RCE Limit	861.	
00600	Adjustment	01700	Limit Disallowance	639.	
00600	Adjustment	01800	Adjustment	639.	
00700	Adjustment	00100	Wkst A Line No.	5.	
00700	DR. G	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	43,200.	
00700	Adjustment	00500	Provider Amount	43,200.	
00700	Adjustment	00600	RCE Amount	179,000.	
00700	Adjustment	00700	Physician Hours	288.	Hours
00700	Adjustment	00800	Unadj RCE Limit	24,785.	Limit
00700	Adjustment	00900	5% Unadj RCE Limit	1,239.	Limit
00700	Adjustment	01600	Adjusted RCE Limit	24,785.	
00700	Adjustment	01700	Limit Disallowance	18,415.	
00700	Adjustment	01800	Adjustment	18,415.	
00800	Adjustment	00100	Wkst A Line No.	5.	
00800	DR. H	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	5,813.	
00800	Adjustment	00500	Provider Amount	5,813.	
00800	Adjustment	00600	RCE Amount	179,000.	
00800	Adjustment	00700	Physician Hours	39.	Hours
00800	Adjustment	00800	Unadj RCE Limit	3,356.	Limit
00800	Adjustment	00900	5% Unadj RCE Limit	168.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00800	Adjustment	01600	Adjusted RCE Limit	3,356.	
00800	Adjustment	01700	Limit Disallowance	2,457.	
00800	Adjustment	01800	Adjustment	2,457.	
00900	Adjustment	00100	Wkst A Line No.	5.	
00900	DR. I	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	6,150.	
00900	Adjustment	00500	Provider Amount	6,150.	
00900	Adjustment	00600	RCE Amount	179,000.	
00900	Adjustment	00700	Physician Hours	41.	Hours
00900	Adjustment	00800	Unadj RCE Limit	3,528.	Limit
00900	Adjustment	00900	5% Unadj RCE Limit	176.	Limit
00900	Adjustment	01600	Adjusted RCE Limit	3,528.	
00900	Adjustment	01700	Limit Disallowance	2,622.	
00900	Adjustment	01800	Adjustment	2,622.	
01000	Adjustment	00100	Wkst A Line No.	5.	
01000	DR. J	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	159,600.	
01000	Adjustment	00500	Provider Amount	159,600.	
01000	Adjustment	00600	RCE Amount	179,000.	
01000	Adjustment	00700	Physician Hours	1,064.	Hours
01000	Adjustment	00800	Unadj RCE Limit	91,565.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	4,578.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	91,565.	
01000	Adjustment	01700	Limit Disallowance	68,035.	
01000	Adjustment	01800	Adjustment	68,035.	
01100	Adjustment	00100	Wkst A Line No.	13.	
01100	DR. K	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	10,000.	
01100	Adjustment	00500	Provider Amount	10,000.	
01100	Adjustment	00600	RCE Amount	179,000.	
01100	Adjustment	00700	Physician Hours	67.	Hours
01100	Adjustment	00800	Unadj RCE Limit	5,766.	Limit
01100	Adjustment	00900	5% Unadj RCE Limit	288.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	5,766.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01100	Adjustment	01700	Limit Disallowance	4,234.	
01100	Adjustment	01800	Adjustment	4,234.	
01200	Adjustment	00100	Wkst A Line No.	30.	
01200	DR. L	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	14,550.	
01200	Adjustment	00500	Provider Amount	14,550.	
01200	Adjustment	00600	RCE Amount	169,700.	
01200	Adjustment	00700	Physician Hours	97.	Hours
01200	Adjustment	00800	Unadj RCE Limit	7,914.	Limit
01200	Adjustment	00900	5% Unadj RCE Limit	396.	Limit
01200	Adjustment	01600	Adjusted RCE Limit	7,914.	
01200	Adjustment	01700	Limit Disallowance	6,636.	
01200	Adjustment	01800	Adjustment	6,636.	
01300	Adjustment	00100	Wkst A Line No.	50.	
01300	DR. M	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	1,650.	
01300	Adjustment	00500	Provider Amount	1,650.	
01300	Adjustment	00600	RCE Amount	246,400.	
01300	Adjustment	00700	Physician Hours	11.	Hours
01300	Adjustment	00800	Unadj RCE Limit	1,303.	Limit
01300	Adjustment	00900	5% Unadj RCE Limit	65.	Limit
01300	Adjustment	01600	Adjusted RCE Limit	1,303.	
01300	Adjustment	01700	Limit Disallowance	347.	
01300	Adjustment	01800	Adjustment	347.	
01400	Adjustment	00100	Wkst A Line No.	50.	
01400	DR. N	00200	Cost Center		
01400	Adjustment	00300	Total Remuneration	10,500.	
01400	Adjustment	00500	Provider Amount	10,500.	
01400	Adjustment	00600	RCE Amount	246,400.	
01400	Adjustment	00700	Physician Hours	70.	Hours
01400	Adjustment	00800	Unadj RCE Limit	8,292.	Limit
01400	Adjustment	00900	5% Unadj RCE Limit	415.	Limit
01400	Adjustment	01600	Adjusted RCE Limit	8,292.	
01400	Adjustment	01700	Limit Disallowance	2,208.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01400	Adjustment	01800	Adjustment	2,208.	
01500	Adjustment	00100	Wkst A Line No.	50.	
01500	DR. O	00200	Cost Center		
01500	Adjustment	00300	Total Remuneration	9,600.	
01500	Adjustment	00500	Provider Amount	9,600.	
01500	Adjustment	00600	RCE Amount	246,400.	
01500	Adjustment	00700	Physician Hours	64.	Hours
01500	Adjustment	00800	Unadj RCE Limit	7,581.	Limit
01500	Adjustment	00900	5% Unadj RCE Limit	379.	Limit
01500	Adjustment	01600	Adjusted RCE Limit	7,581.	
01500	Adjustment	01700	Limit Disallowance	2,019.	
01500	Adjustment	01800	Adjustment	2,019.	
01600	Adjustment	00100	Wkst A Line No.	50.	
01600	DR. P	00200	Cost Center		
01600	Adjustment	00300	Total Remuneration	280,000.	
01600	Adjustment	00400	Professional Amount	140,000.	
01600	Adjustment	00500	Provider Amount	140,000.	
01600	Adjustment	00600	RCE Amount	179,000.	
01600	Adjustment	00700	Physician Hours	1,040.	Hours
01600	Adjustment	00800	Unadj RCE Limit	89,500.	Limit
01600	Adjustment	00900	5% Unadj RCE Limit	4,475.	Limit
01600	Adjustment	01600	Adjusted RCE Limit	89,500.	
01600	Adjustment	01700	Limit Disallowance	50,500.	
01600	Adjustment	01800	Adjustment	190,500.	
01700	Adjustment	00100	Wkst A Line No.	50.	
01700	AGGREGATE-OPERATING ROOM	00200	Cost Center		
01700	Adjustment	00300	Total Remuneration	165,250.	
01700	Adjustment	00400	Professional Amount	82,625.	
01700	Adjustment	00500	Provider Amount	82,625.	
01700	Adjustment	00600	RCE Amount	179,000.	
01700	Adjustment	00700	Physician Hours	1,040.	Hours
01700	Adjustment	00800	Unadj RCE Limit	89,500.	Limit
01700	Adjustment	00900	5% Unadj RCE Limit	4,475.	Limit
01700	Adjustment	01600	Adjusted RCE Limit	89,500.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01700	Adjustment	01800	Adjustment	82,625.	
01800	Adjustment	00100	Wkst A Line No.	50.	
01800	AGGREGATE-OPERATING ROOM	00200	Cost Center		
01800	Adjustment	00300	Total Remuneration	271,129.	
01800	Adjustment	00400	Professional Amount	135,564.	
01800	Adjustment	00500	Provider Amount	135,565.	
01800	Adjustment	00600	RCE Amount	179,000.	
01800	Adjustment	00700	Physician Hours	1,040.	Hours
01800	Adjustment	00800	Unadj RCE Limit	89,500.	Limit
01800	Adjustment	00900	5% Unadj RCE Limit	4,475.	Limit
01800	Adjustment	01600	Adjusted RCE Limit	89,500.	
01800	Adjustment	01700	Limit Disallowance	46,065.	
01800	Adjustment	01800	Adjustment	181,629.	
01900	Adjustment	00100	Wkst A Line No.	52.	
01900	DR. Q	00200	Cost Center		
01900	Adjustment	00300	Total Remuneration	225,000.	
01900	Adjustment	00400	Professional Amount	112,500.	
01900	Adjustment	00500	Provider Amount	112,500.	
01900	Adjustment	00600	RCE Amount	237,100.	
01900	Adjustment	00700	Physician Hours	1,040.	Hours
01900	Adjustment	00800	Unadj RCE Limit	118,550.	Limit
01900	Adjustment	00900	5% Unadj RCE Limit	5,928.	Limit
01900	Adjustment	01600	Adjusted RCE Limit	118,550.	
01900	Adjustment	01800	Adjustment	112,500.	
02000	Adjustment	00100	Wkst A Line No.	54.	
02000	DR. R	00200	Cost Center		
02000	Adjustment	00300	Total Remuneration	15,600.	
02000	Adjustment	00500	Provider Amount	15,600.	
02000	Adjustment	00600	RCE Amount	179,000.	
02000	Adjustment	00700	Physician Hours	104.	Hours
02000	Adjustment	00800	Unadj RCE Limit	8,950.	Limit
02000	Adjustment	00900	5% Unadj RCE Limit	448.	Limit
02000	Adjustment	01600	Adjusted RCE Limit	8,950.	
02000	Adjustment	01700	Limit Disallowance	6,650.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
02000	Adjustment	01800	Adjustment	6,650.	
02100	Adjustment	00100	Wkst A Line No.	54.	
02100	DR. S	00200	Cost Center		
02100	Adjustment	00300	Total Remuneration	1,800.	
02100	Adjustment	00500	Provider Amount	1,800.	
02100	Adjustment	00600	RCE Amount	246,400.	
02100	Adjustment	00700	Physician Hours	12.	Hours
02100	Adjustment	00800	Unadj RCE Limit	1,421.	Limit
02100	Adjustment	00900	5% Unadj RCE Limit	71.	Limit
02100	Adjustment	01600	Adjusted RCE Limit	1,421.	
02100	Adjustment	01700	Limit Disallowance	379.	
02100	Adjustment	01800	Adjustment	379.	
02200	Adjustment	00100	Wkst A Line No.	55.01	
02200	DR. T	00200	Cost Center		
02200	Adjustment	00300	Total Remuneration	75.	
02200	Adjustment	00500	Provider Amount	75.	
02200	Adjustment	00600	RCE Amount	179,000.	
02200	Adjustment	00700	Physician Hours	1.	Hours
02200	Adjustment	00800	Unadj RCE Limit	86.	Limit
02200	Adjustment	00900	5% Unadj RCE Limit	4.	Limit
02200	Adjustment	01600	Adjusted RCE Limit	86.	
02300	Adjustment	00100	Wkst A Line No.	55.01	
02300	DR. U	00200	Cost Center		
02300	Adjustment	00300	Total Remuneration	750.	
02300	Adjustment	00500	Provider Amount	750.	
02300	Adjustment	00600	RCE Amount	179,000.	
02300	Adjustment	00700	Physician Hours	5.	Hours
02300	Adjustment	00800	Unadj RCE Limit	430.	Limit
02300	Adjustment	00900	5% Unadj RCE Limit	22.	Limit
02300	Adjustment	01600	Adjusted RCE Limit	430.	
02300	Adjustment	01700	Limit Disallowance	320.	
02300	Adjustment	01800	Adjustment	320.	
02400	Adjustment	00100	Wkst A Line No.	55.01	
02400	DR. V	00200	Cost Center		

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
02400	Adjustment	00300	Total Remuneration	11,550.	
02400	Adjustment	00500	Provider Amount	11,550.	
02400	Adjustment	00600	RCE Amount	179,000.	
02400	Adjustment	00700	Physician Hours	77.	Hours
02400	Adjustment	00800	Unadj RCE Limit	6,626.	Limit
02400	Adjustment	00900	5% Unadj RCE Limit	331.	Limit
02400	Adjustment	01600	Adjusted RCE Limit	6,626.	
02400	Adjustment	01700	Limit Disallowance	4,924.	
02400	Adjustment	01800	Adjustment	4,924.	
02500	Adjustment	00100	Wkst A Line No.	55.01	
02500	DR. W	00200	Cost Center		
02500	Adjustment	00300	Total Remuneration	48,225.	
02500	Adjustment	00500	Provider Amount	48,225.	
02500	Adjustment	00600	RCE Amount	246,400.	
02500	Adjustment	00700	Physician Hours	322.	Hours
02500	Adjustment	00800	Unadj RCE Limit	38,145.	Limit
02500	Adjustment	00900	5% Unadj RCE Limit	1,907.	Limit
02500	Adjustment	01600	Adjusted RCE Limit	38,145.	
02500	Adjustment	01700	Limit Disallowance	10,080.	
02500	Adjustment	01800	Adjustment	10,080.	
02600	Adjustment	00100	Wkst A Line No.	59.	
02600	DR. X	00200	Cost Center		
02600	Adjustment	00300	Total Remuneration	2,513.	
02600	Adjustment	00500	Provider Amount	2,513.	
02600	Adjustment	00600	RCE Amount	179,000.	
02600	Adjustment	00700	Physician Hours	17.	Hours
02600	Adjustment	00800	Unadj RCE Limit	1,463.	Limit
02600	Adjustment	00900	5% Unadj RCE Limit	73.	Limit
02600	Adjustment	01600	Adjusted RCE Limit	1,463.	
02600	Adjustment	01700	Limit Disallowance	1,050.	
02600	Adjustment	01800	Adjustment	1,050.	
02700	Adjustment	00100	Wkst A Line No.	59.	
02700	AGGREGATE-CARDIAC CATHETERIZATION	00200	Cost Center		
02700	Adjustment	00300	Total Remuneration	365,000.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
02700	Adjustment	00400	Professional Amount	365,000.	
02700	Adjustment	01800	Adjustment	365,000.	
02800	DR. Y	00200	Cost Center		
02900	Adjustment	00100	Wkst A Line No.	65.	
02900	DR. Z	00200	Cost Center		
02900	Adjustment	00300	Total Remuneration	3,450.	
02900	Adjustment	00500	Provider Amount	3,450.	
02900	Adjustment	00600	RCE Amount	179,000.	
02900	Adjustment	00700	Physician Hours	23.	Hours
02900	Adjustment	00800	Unadj RCE Limit	1,979.	Limit
02900	Adjustment	00900	5% Unadj RCE Limit	99.	Limit
02900	Adjustment	01600	Adjusted RCE Limit	1,979.	
02900	Adjustment	01700	Limit Disallowance	1,471.	
02900	Adjustment	01800	Adjustment	1,471.	
03000	Adjustment	00100	Wkst A Line No.	69.	
03000	DR. AA	00200	Cost Center		
03000	Adjustment	00300	Total Remuneration	420.	
03000	Adjustment	00400	Professional Amount	420.	
03000	Adjustment	00600	RCE Amount	179,000.	
03000	Adjustment	01800	Adjustment	420.	
03100	Adjustment	00100	Wkst A Line No.	69.	
03100	DR. AB	00200	Cost Center		
03100	Adjustment	00300	Total Remuneration	121.	
03100	Adjustment	00400	Professional Amount	121.	
03100	Adjustment	00600	RCE Amount	179,000.	
03100	Adjustment	01800	Adjustment	121.	
03200	Adjustment	00100	Wkst A Line No.	76.97	
03200	DR. AC	00200	Cost Center		
03200	Adjustment	00300	Total Remuneration	3,188.	
03200	Adjustment	00500	Provider Amount	3,188.	
03200	Adjustment	00600	RCE Amount	179,000.	
03200	Adjustment	00700	Physician Hours	21.	Hours
03200	Adjustment	00800	Unadj RCE Limit	1,807.	Limit
03200	Adjustment	00900	5% Unadj RCE Limit	90.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
03200	Adjustment	01600	Adjusted RCE Limit	1,807.	
03200	Adjustment	01700	Limit Disallowance	1,381.	
03200	Adjustment	01800	Adjustment	1,381.	
03300	Adjustment	00100	Wkst A Line No.	76.97	
03300	DR. AD	00200	Cost Center		
03300	Adjustment	00300	Total Remuneration	75.	
03300	Adjustment	00500	Provider Amount	75.	
03300	Adjustment	00600	RCE Amount	179,000.	
03300	Adjustment	00700	Physician Hours	1.	Hours
03300	Adjustment	00800	Unadj RCE Limit	86.	Limit
03300	Adjustment	00900	5% Unadj RCE Limit	4.	Limit
03300	Adjustment	01600	Adjusted RCE Limit	86.	
03400	Adjustment	00100	Wkst A Line No.	91.	
03400	DR. AE	00200	Cost Center		
03400	Adjustment	00300	Total Remuneration	50,025.	
03400	Adjustment	00400	Professional Amount	50,025.	
03400	Adjustment	01800	Adjustment	50,025.	
03500	Adjustment	00100	Wkst A Line No.	91.	
03500	DR. AF	00200	Cost Center		
03500	Adjustment	00300	Total Remuneration	123,000.	
03500	Adjustment	00400	Professional Amount	123,000.	
03500	Adjustment	01800	Adjustment	123,000.	
03600	Adjustment	00100	Wkst A Line No.	91.	
03600	DR. AG	00200	Cost Center		
03600	Adjustment	00300	Total Remuneration	82,300.	
03600	Adjustment	00400	Professional Amount	82,300.	
03600	Adjustment	01800	Adjustment	82,300.	
03700	Adjustment	00100	Wkst A Line No.	91.	
03700	DR. AH	00200	Cost Center		
03700	Adjustment	00300	Total Remuneration	61,500.	
03700	Adjustment	00400	Professional Amount	61,500.	
03700	Adjustment	01800	Adjustment	61,500.	
03800	Adjustment	00100	Wkst A Line No.	91.	
03800	DR. AI	00200	Cost Center		

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
03800	Adjustment	00300	Total Remuneration	103,000.	
03800	Adjustment	00400	Professional Amount	103,000.	
03800	Adjustment	01800	Adjustment	103,000.	
03900	Adjustment	00100	Wkst A Line No.	91.	
03900	DR. AJ	00200	Cost Center		
03900	Adjustment	00300	Total Remuneration	166,500.	
03900	Adjustment	00400	Professional Amount	166,500.	
03900	Adjustment	01800	Adjustment	166,500.	
04000	Adjustment	00100	Wkst A Line No.	91.	
04000	DR. AK	00200	Cost Center		
04000	Adjustment	00300	Total Remuneration	4,500.	
04000	Adjustment	00400	Professional Amount	4,500.	
04000	Adjustment	01800	Adjustment	4,500.	
04100	Adjustment	00100	Wkst A Line No.	91.	
04100	DR. AL	00200	Cost Center		
04100	Adjustment	00300	Total Remuneration	23,656.	
04100	Adjustment	00400	Professional Amount	23,656.	
04100	Adjustment	01800	Adjustment	23,656.	
04200	Adjustment	00100	Wkst A Line No.	91.	
04200	DR. AM	00200	Cost Center		
04200	Adjustment	00300	Total Remuneration	14,200.	
04200	Adjustment	00400	Professional Amount	14,200.	
04200	Adjustment	01800	Adjustment	14,200.	
04300	Adjustment	00100	Wkst A Line No.	91.	
04300	DR. AN	00200	Cost Center		
04300	Adjustment	00300	Total Remuneration	61,000.	
04300	Adjustment	00400	Professional Amount	61,000.	
04300	Adjustment	01800	Adjustment	61,000.	
04400	Adjustment	00100	Wkst A Line No.	91.	
04400	DR. AO	00200	Cost Center		
04400	Adjustment	00300	Total Remuneration	32,200.	
04400	Adjustment	00400	Professional Amount	32,200.	
04400	Adjustment	01800	Adjustment	32,200.	
04500	Adjustment	00100	Wkst A Line No.	91.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
04500	DR. AP	00200	Cost Center		
04500	Adjustment	00300	Total Remuneration	29,750.	
04500	Adjustment	00400	Professional Amount	29,750.	
04500	Adjustment	01800	Adjustment	29,750.	
04600	Adjustment	00100	Wkst A Line No.	91.	
04600	DR. AQ	00200	Cost Center		
04600	Adjustment	00300	Total Remuneration	205,500.	
04600	Adjustment	00400	Professional Amount	205,500.	
04600	Adjustment	01800	Adjustment	205,500.	
04700	Adjustment	00100	Wkst A Line No.	91.	
04700	DR. AR	00200	Cost Center		
04700	Adjustment	00300	Total Remuneration	278,750.	
04700	Adjustment	00400	Professional Amount	278,750.	
04700	Adjustment	01800	Adjustment	278,750.	
04800	Adjustment	00100	Wkst A Line No.	91.	
04800	DR. AS	00200	Cost Center		
04800	Adjustment	00300	Total Remuneration	46,575.	
04800	Adjustment	00400	Professional Amount	46,575.	
04800	Adjustment	01800	Adjustment	46,575.	
04900	Adjustment	00100	Wkst A Line No.	91.	
04900	AGGREGATE-EMERGENCY	00200	Cost Center		
04900	Adjustment	00300	Total Remuneration	880,700.	
04900	Adjustment	00400	Professional Amount	880,700.	
04900	Adjustment	01800	Adjustment	880,700.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	4,164,840.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	3,036,386.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	1,128,454.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	8,548.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	779,757.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	38,988.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	779,757.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	361,644.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	3,398,030.	
100258	**DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484**				
	Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	8,188,335.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	8,188,335.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	1,778,057.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	9,966,392.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-2,797,607.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	7,168,785.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	4,878,163.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	4,878,163.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	3,762,765.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	8,640,928.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-1,218,430.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	7,422,498.	
00300	Other Capital Related Cost	00200	Other Cost	9,816,453.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	9,816,453.	
00300	Other Capital Related Cost	00400	Reclassifications	-9,816,453.	
00400	Employee Benefits	00100	Salaries	778,265.	
00400	Employee Benefits	00200	Other Cost	14,342,054.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	15,120,319.	
00400	Employee Benefits	00400	Reclassifications	6,610.	
00400	Employee Benefits	00500	Reclassified T/B	15,126,929.	
00400	Employee Benefits	00600	Adjustments	-167,420.	
00400	Employee Benefits	00700	Net Expense for Alloc	14,959,509.	
00500	Administrative and General	00100	Salaries	10,757,504.	
00500	Administrative and General	00200	Other Cost	70,643,883.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	81,401,387.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00500	Administrative and General	00400	Reclassifications	5,435,718.	
00500	Administrative and General	00500	Reclassified T/B	86,837,105.	
00500	Administrative and General	00600	Adjustments	-19,275,408.	
00500	Administrative and General	00700	Net Expense for Alloc	67,561,697.	
00700	Plant Operation	00100	Salaries	1,228,276.	
00700	Plant Operation	00200	Other Cost	6,761,200.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	7,989,476.	
00700	Plant Operation	00400	Reclassifications	-126,920.	
00700	Plant Operation	00500	Reclassified T/B	7,862,556.	
00700	Plant Operation	00600	Adjustments	-32,534.	
00700	Plant Operation	00700	Net Expense for Alloc	7,830,022.	
00800	Laundry and Linen Service	00200	Other Cost	1,166,877.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	1,166,877.	
00800	Laundry and Linen Service	00500	Reclassified T/B	1,166,877.	
00800	Laundry and Linen Service	00600	Adjustments	-1,000.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	1,165,877.	
00900	Housekeeping	00200	Other Cost	2,924,937.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	2,924,937.	
00900	Housekeeping	00500	Reclassified T/B	2,924,937.	
00900	Housekeeping	00600	Adjustments	-8,277.	
00900	Housekeeping	00700	Net Expense for Alloc	2,916,660.	
01000	Dietary	00200	Other Cost	3,380,383.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	3,380,383.	
01000	Dietary	00400	Reclassifications	-1,179,684.	
01000	Dietary	00500	Reclassified T/B	2,200,699.	
01000	Dietary	00600	Adjustments	-319.	
01000	Dietary	00700	Net Expense for Alloc	2,200,380.	
01100	Cafeteria	00400	Reclassifications	932,004.	
01100	Cafeteria	00500	Reclassified T/B	932,004.	
01100	Cafeteria	00600	Adjustments	-5,008.	
01100	Cafeteria	00700	Net Expense for Alloc	926,996.	
01300	Nursing Administration	00100	Salaries	5,172,962.	
01300	Nursing Administration	00200	Other Cost	805,614.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	5,978,576.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01300	Nursing Administration	00500	Reclassified T/B	5,978,576.	
01300	Nursing Administration	00600	Adjustments	-25,979.	
01300	Nursing Administration	00700	Net Expense for Alloc	5,952,597.	
01400	Central Service and Supply	00100	Salaries	737,285.	
01400	Central Service and Supply	00200	Other Cost	2,448,604.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	3,185,889.	
01400	Central Service and Supply	00400	Reclassifications	111,623.	
01400	Central Service and Supply	00500	Reclassified T/B	3,297,512.	
01400	Central Service and Supply	00700	Net Expense for Alloc	3,297,512.	
01500	Pharmacy	00100	Salaries	3,872,658.	
01500	Pharmacy	00200	Other Cost	10,795,874.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	14,668,532.	
01500	Pharmacy	00400	Reclassifications	-7,528,580.	
01500	Pharmacy	00500	Reclassified T/B	7,139,952.	
01500	Pharmacy	00600	Adjustments	-81.	
01500	Pharmacy	00700	Net Expense for Alloc	7,139,871.	
01600	Medical Records and Library	00100	Salaries	1,846,875.	
01600	Medical Records and Library	00200	Other Cost	1,375,018.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	3,221,893.	
01600	Medical Records and Library	00500	Reclassified T/B	3,221,893.	
01600	Medical Records and Library	00700	Net Expense for Alloc	3,221,893.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00100	Salaries	487,564.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00300	Total Cost (Col 01 & 02)	487,564.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00500	Reclassified T/B	487,564.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	487,564.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	4,673,784.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	4,673,784.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	4,673,784.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	-248,000.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	4,425,784.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	27,460,053.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	8,141,139.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	35,601,192.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-1,417,267.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	34,183,925.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-22,973.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	34,160,952.	
03100	Intensive Care Unit	00100	Salaries	12,012,377.	
03100	Intensive Care Unit	00200	Other Cost	3,542,682.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	15,555,059.	
03100	Intensive Care Unit	00400	Reclassifications	-1,400,397.	
03100	Intensive Care Unit	00500	Reclassified T/B	14,154,662.	
03100	Intensive Care Unit	00600	Adjustments	-1,763.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	14,152,899.	
04000	Subprovider - IPF	00100	Salaries	5,039,578.	
04000	Subprovider - IPF	00200	Other Cost	672,303.	
04000	Subprovider - IPF	00300	Total Cost (Col 01 & 02)	5,711,881.	
04000	Subprovider - IPF	00400	Reclassifications	-971.	
04000	Subprovider - IPF	00500	Reclassified T/B	5,710,910.	
04000	Subprovider - IPF	00600	Adjustments	-4,663.	
04000	Subprovider - IPF	00700	Net Expense for Alloc	5,706,247.	
04100	Subprovider - IRF	00100	Salaries	4,535,785.	
04100	Subprovider - IRF	00200	Other Cost	853,357.	
04100	Subprovider - IRF	00300	Total Cost (Col 01 & 02)	5,389,142.	
04100	Subprovider - IRF	00400	Reclassifications	-85,160.	
04100	Subprovider - IRF	00500	Reclassified T/B	5,303,982.	
04100	Subprovider - IRF	00600	Adjustments	-26,015.	
04100	Subprovider - IRF	00700	Net Expense for Alloc	5,277,967.	
05000	Operating Room	00100	Salaries	8,701,010.	
05000	Operating Room	00200	Other Cost	47,208,638.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	55,909,648.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05000	Operating Room	00400	Reclassifications	-43,559,773.	
05000	Operating Room	00500	Reclassified T/B	12,349,875.	
05000	Operating Room	00600	Adjustments	-8,366.	
05000	Operating Room	00700	Net Expense for Alloc	12,341,509.	
05300	Anesthesiology	00100	Salaries	68,545.	
05300	Anesthesiology	00200	Other Cost	1,874,056.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	1,942,601.	
05300	Anesthesiology	00400	Reclassifications	-722,438.	
05300	Anesthesiology	00500	Reclassified T/B	1,220,163.	
05300	Anesthesiology	00600	Adjustments	-1,100,000.	
05300	Anesthesiology	00700	Net Expense for Alloc	120,163.	
05400	Radiology - Diagnositc	00100	Salaries	5,651,003.	
05400	Radiology - Diagnositc	00200	Other Cost	4,332,021.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	9,983,024.	
05400	Radiology - Diagnositc	00400	Reclassifications	-1,930,516.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	8,052,508.	
05400	Radiology - Diagnositc	00600	Adjustments	-18,000.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	8,034,508.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	417,845.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	144,713.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	562,558.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	-10,308.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	552,250.	
05800	Magnetic Resonance Imaging (MRI)	00600	Adjustments	-45.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	552,205.	
06000	Laboratory	00200	Other Cost	9,186,897.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	9,186,897.	
06000	Laboratory	00400	Reclassifications	-224,138.	
06000	Laboratory	00500	Reclassified T/B	8,962,759.	
06000	Laboratory	00600	Adjustments	-58,460.	
06000	Laboratory	00700	Net Expense for Alloc	8,904,299.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	2,540,526.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	2,540,526.	
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	2,540,526.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	2,540,526.	
06500	Respiratory Therapy	00100	Salaries	2,288,164.	
06500	Respiratory Therapy	00200	Other Cost	1,068,663.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	3,356,827.	
06500	Respiratory Therapy	00400	Reclassifications	-647,054.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,709,773.	
06500	Respiratory Therapy	00600	Adjustments	-664.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,709,109.	
06600	Physical Therapy	00100	Salaries	3,815,416.	
06600	Physical Therapy	00200	Other Cost	510,431.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	4,325,847.	
06600	Physical Therapy	00400	Reclassifications	-24,720.	
06600	Physical Therapy	00500	Reclassified T/B	4,301,127.	
06600	Physical Therapy	00600	Adjustments	-401.	
06600	Physical Therapy	00700	Net Expense for Alloc	4,300,726.	
06700	Occupational Therapy	00100	Salaries	1,857,142.	
06700	Occupational Therapy	00200	Other Cost	199,542.	
06700	Occupational Therapy	00300	Total Cost (Col 01 & 02)	2,056,684.	
06700	Occupational Therapy	00400	Reclassifications	-4,109.	
06700	Occupational Therapy	00500	Reclassified T/B	2,052,575.	
06700	Occupational Therapy	00600	Adjustments	-44.	
06700	Occupational Therapy	00700	Net Expense for Alloc	2,052,531.	
06800	Speech Pathology	00100	Salaries	838,326.	
06800	Speech Pathology	00200	Other Cost	98,655.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	936,981.	
06800	Speech Pathology	00400	Reclassifications	-17,830.	
06800	Speech Pathology	00500	Reclassified T/B	919,151.	
06800	Speech Pathology	00700	Net Expense for Alloc	919,151.	
06900	Electrocardiology	00100	Salaries	300,069.	
06900	Electrocardiology	00200	Other Cost	108,108.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	408,177.	
06900	Electrocardiology	00400	Reclassifications	-2,493.	
06900	Electrocardiology	00500	Reclassified T/B	405,684.	
06900	Electrocardiology	00700	Net Expense for Alloc	405,684.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06900	Electrocardiology	00100	Salaries	2,590,340.	06902
06900	Electrocardiology	00200	Other Cost	13,880,891.	06902
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	16,471,231.	06902
06900	Electrocardiology	00400	Reclassifications	-13,817,790.	06902
06900	Electrocardiology	00500	Reclassified T/B	2,653,441.	06902
06900	Electrocardiology	00600	Adjustments	-61,219.	06902
06900	Electrocardiology	00700	Net Expense for Alloc	2,592,222.	06902
07000	Electroencephalography	00100	Salaries	80,256.	
07000	Electroencephalography	00200	Other Cost	13,959.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	94,215.	
07000	Electroencephalography	00400	Reclassifications	-4,098.	
07000	Electroencephalography	00500	Reclassified T/B	90,117.	
07000	Electroencephalography	00700	Net Expense for Alloc	90,117.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	17,656,528.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	17,656,528.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	17,656,528.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	44,149,524.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	44,149,524.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	44,149,524.	
07300	Drugs Charged to Patients	00400	Reclassifications	9,571,651.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	9,571,651.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	9,571,651.	
07400	Renal Dialysis	00200	Other Cost	1,691,799.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	1,691,799.	
07400	Renal Dialysis	00400	Reclassifications	-29,720.	
07400	Renal Dialysis	00500	Reclassified T/B	1,662,079.	
07400	Renal Dialysis	00700	Net Expense for Alloc	1,662,079.	
07600	Other Ancillary Cost	00100	Salaries	353,431.	07601
07600	Other Ancillary Cost	00200	Other Cost	85,526.	07601
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	438,957.	07601
07600	Other Ancillary Cost	00400	Reclassifications	-12,267.	07601
07600	Other Ancillary Cost	00500	Reclassified T/B	426,690.	07601
07600	Other Ancillary Cost	00600	Adjustments	-35,584.	07601
07600	Other Ancillary Cost	00700	Net Expense for Alloc	391,106.	07601

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00100	Salaries	169,293.	07625
07600	Other Ancillary Cost	00200	Other Cost	66,522.	07625
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	235,815.	07625
07600	Other Ancillary Cost	00400	Reclassifications	-1,739.	07625
07600	Other Ancillary Cost	00500	Reclassified T/B	234,076.	07625
07600	Other Ancillary Cost	00600	Adjustments	-11,261.	07625
07600	Other Ancillary Cost	00700	Net Expense for Alloc	222,815.	07625
07600	Other Ancillary Cost	00100	Salaries	692,599.	07626
07600	Other Ancillary Cost	00200	Other Cost	362,856.	07626
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	1,055,455.	07626
07600	Other Ancillary Cost	00400	Reclassifications	-131,674.	07626
07600	Other Ancillary Cost	00500	Reclassified T/B	923,781.	07626
07600	Other Ancillary Cost	00600	Adjustments	-2,609.	07626
07600	Other Ancillary Cost	00700	Net Expense for Alloc	921,172.	07626
07600	Other Ancillary Cost	00100	Salaries	382,428.	07697
07600	Other Ancillary Cost	00200	Other Cost	51,397.	07697
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	433,825.	07697
07600	Other Ancillary Cost	00400	Reclassifications	-2,677.	07697
07600	Other Ancillary Cost	00500	Reclassified T/B	431,148.	07697
07600	Other Ancillary Cost	00600	Adjustments	-4,220.	07697
07600	Other Ancillary Cost	00700	Net Expense for Alloc	426,928.	07697
07600	Other Ancillary Cost	00200	Other Cost	360,058.	07699
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	360,058.	07699
07600	Other Ancillary Cost	00500	Reclassified T/B	360,058.	07699
07600	Other Ancillary Cost	00700	Net Expense for Alloc	360,058.	07699
09000	Clinic	00100	Salaries	564,963.	09002
09000	Clinic	00200	Other Cost	454,776.	09002
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,019,739.	09002
09000	Clinic	00400	Reclassifications	-3,228.	09002
09000	Clinic	00500	Reclassified T/B	1,016,511.	09002
09000	Clinic	00600	Adjustments	-77,152.	09002
09000	Clinic	00700	Net Expense for Alloc	939,359.	09002
09100	Emergency	00100	Salaries	9,346,755.	
09100	Emergency	00200	Other Cost	7,498,613.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09100	Emergency	00300	Total Cost (Col 01 & 02)	16,845,368.	
09100	Emergency	00400	Reclassifications	-2,805,092.	
09100	Emergency	00500	Reclassified T/B	14,040,276.	
09100	Emergency	00600	Adjustments	-4,351,986.	
09100	Emergency	00700	Net Expense for Alloc	9,688,290.	
09100	Emergency	00200	Other Cost	49,964.	09101
09100	Emergency	00300	Total Cost (Col 01 & 02)	49,964.	09101
09100	Emergency	00400	Reclassifications	2,271,422.	09101
09100	Emergency	00500	Reclassified T/B	2,321,386.	09101
09100	Emergency	00600	Adjustments	-3,771.	09101
09100	Emergency	00700	Net Expense for Alloc	2,317,615.	09101
11300	Interest Expense	00200	Other Cost	416,207.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	416,207.	
11300	Interest Expense	00400	Reclassifications	-416,207.	
11800	Sub Total (Lines 01-117)	00100	Salaries	112,046,767.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	247,615,478.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	359,662,245.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-247,401.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	359,414,844.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-29,569,259.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	329,845,585.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	218,241.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	218,241.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	218,241.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	29,160.	19411
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	29,160.	19411
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	29,160.	19411
19400	Other Nonreimbursable Cost	00600	Adjustments	270,817.	19431
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	270,817.	19431
20000	Worksheet A Total (Line 118-199)	00100	Salaries	112,046,767.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	247,615,478.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	359,662,245.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	359,662,245.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-29,298,442.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	330,363,803.	
A60	**Wkst A-6 Reclassifications**				
00C	**Adjustment Reference**				
00100	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	385,400.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	416,207.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
00200	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	30,807.	
50000	Reclassifications	00500	Other	416,207.	
50000	Reclassifications	00900	Other	416,207.	
00D	**Adjustment Reference**				
00100	RECLASS OF OTHER COC COSTS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	6,059,110.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	6,059,110.	
50000	Reclassifications	00500	Other	6,059,110.	
50000	Reclassifications	00900	Other	6,059,110.	
00E	**Adjustment Reference**				
00100	RECLASS OF HIGH COST IMPLANTABLES	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	44,458,152.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	44,458,152.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	44,458,152.	
50000	Reclassifications	00900	Other	44,458,152.	
00F	**Adjustment Reference**				
00100	SITTERS EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	40.	
00100	Reclassifications	00400	Salary	1,485.	
00100	Reclassifications	00500	Other	20,373.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	142,842.	
00100	Reclassifications	00900	Other	142,015.	
00200	SITTERS EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	91.	
00200	Reclassifications	00400	Salary	141,357.	
00200	Reclassifications	00500	Other	121,642.	
50000	Reclassifications	00400	Salary	142,842.	
50000	Reclassifications	00500	Other	142,015.	
50000	Reclassifications	00800	Salary	142,842.	
50000	Reclassifications	00900	Other	142,015.	
00G	**Adjustment Reference**				
00100	IMPLANTABLES DEVICES EQUIPMENT RENTA	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	308,628.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00900	Other	308,628.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
50000	Reclassifications	00500	Other	308,628.	
50000	Reclassifications	00900	Other	308,628.	
00H	**Adjustment Reference**				
00100	RECLASS OFFEROR/VENDER REBATES	00000	Description		
00100	Reclassifications	00100	Code	H	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00500	Other	409,621.	
00100	Reclassifications	00700	Line Number	73.	
00100	Reclassifications	00900	Other	409,621.	
50000	Reclassifications	00500	Other	409,621.	
50000	Reclassifications	00900	Other	409,621.	
00I	**Adjustment Reference**				
00100	COMMUNITY BASED ER OTHER RECLASS	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	91.01	
00100	Reclassifications	00400	Salary	1,382,597.	
00100	Reclassifications	00500	Other	888,825.	
00100	Reclassifications	00700	Line Number	91.	
00100	Reclassifications	00800	Salary	1,382,597.	
00100	Reclassifications	00900	Other	888,825.	
50000	Reclassifications	00400	Salary	1,382,597.	
50000	Reclassifications	00500	Other	888,825.	
50000	Reclassifications	00800	Salary	1,382,597.	
50000	Reclassifications	00900	Other	888,825.	
00J	**Adjustment Reference**				
00100	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00500	Other	5,677.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	32,660.	
00200	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00200	Reclassifications	00100	Code	J	
00200	Reclassifications	00300	Line Number	50.	
00200	Reclassifications	00500	Other	8,339.	
00300	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00300	Reclassifications	00100	Code	J	
00300	Reclassifications	00300	Line Number	54.	
00300	Reclassifications	00500	Other	10,756.	

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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				
A60	**Wkst A-6 Reclassifications**				
00400	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00400	Reclassifications	00100	Code	J	
00400	Reclassifications	00300	Line Number	76.25	
00400	Reclassifications	00500	Other	7,888.	
50000	Reclassifications	00500	Other	32,660.	
50000	Reclassifications	00900	Other	32,660.	
00K	**Adjustment Reference**				
00100	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	932,004.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	1,179,405.	
00200	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00200	Reclassifications	00100	Code	K	
00200	Reclassifications	00300	Line Number	194.	
00200	Reclassifications	00500	Other	218,241.	
00300	RECLASS NON-ROUTINE DIETARY COSTS	00000	Description		
00300	Reclassifications	00100	Code	K	
00300	Reclassifications	00300	Line Number	194.11	
00300	Reclassifications	00500	Other	29,160.	
50000	Reclassifications	00500	Other	1,179,405.	
50000	Reclassifications	00900	Other	1,179,405.	
00M	**Adjustment Reference**				
00100	REGIONAL OFFICE OTHER EXPENSE RECLAS	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00400	Salary	4,152.	
00100	Reclassifications	00500	Other	2,458.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	126,247.	
00100	Reclassifications	00900	Other	397,166.	
00200	REGIONAL OFFICE OTHER EXPENSE RECLAS	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	M	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	122,095.	
00200	Reclassifications	00500	Other	394,708.	
50000	Reclassifications	00400	Salary	126,247.	
50000	Reclassifications	00500	Other	397,166.	
50000	Reclassifications	00800	Salary	126,247.	
50000	Reclassifications	00900	Other	397,166.	
00W	**Adjustment Reference**				
00100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00100	Reclassifications	00100	Code	W	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	1,089,451.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	35,364.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00200	Reclassifications	00100	Code	W	
00200	Reclassifications	00300	Line Number	15.	
00200	Reclassifications	00500	Other	129,364.	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	126,920.	
00300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00300	Reclassifications	00100	Code	W	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	2,465.	
00400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00400	Reclassifications	00100	Code	W	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	3,845.	
00500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00500	Reclassifications	00100	Code	W	
00500	Reclassifications	00700	Line Number	50.	
00500	Reclassifications	00900	Other	221,120.	

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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				
A60	**Wkst A-6 Reclassifications**				
00600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00600	Reclassifications	00100	Code	W	
00600	Reclassifications	00700	Line Number	54.	
00600	Reclassifications	00900	Other	89,427.	
00700	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00700	Reclassifications	00100	Code	W	
00700	Reclassifications	00700	Line Number	60.	
00700	Reclassifications	00900	Other	40,497.	
00800	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00800	Reclassifications	00100	Code	W	
00800	Reclassifications	00700	Line Number	65.	
00800	Reclassifications	00900	Other	302,754.	
00900	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00900	Reclassifications	00100	Code	W	
00900	Reclassifications	00700	Line Number	71.	
00900	Reclassifications	00900	Other	367,616.	
01000	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01000	Reclassifications	00100	Code	W	
01000	Reclassifications	00700	Line Number	76.25	
01000	Reclassifications	00900	Other	1,694.	
01100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01100	Reclassifications	00100	Code	W	
01100	Reclassifications	00700	Line Number	91.	
01100	Reclassifications	00900	Other	27,113.	
50000	Reclassifications	00500	Other	1,218,815.	
50000	Reclassifications	00900	Other	1,218,815.	
00X	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	X	
00100	Reclassifications	00300	Line Number	14.	
00100	Reclassifications	00500	Other	97,984.	
00100	Reclassifications	00700	Line Number	15.	
00100	Reclassifications	00900	Other	113.	
00200	CHARGEABLE SUPPLIES	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	X	
00200	Reclassifications	00300	Line Number	71.	
00200	Reclassifications	00500	Other	62,525,698.	
00200	Reclassifications	00700	Line Number	30.	
00200	Reclassifications	00900	Other	769,376.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	X	
00300	Reclassifications	00700	Line Number	31.	
00300	Reclassifications	00900	Other	1,116,017.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	X	
00400	Reclassifications	00700	Line Number	40.	
00400	Reclassifications	00900	Other	18,325.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	X	
00500	Reclassifications	00700	Line Number	41.	
00500	Reclassifications	00900	Other	72,529.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	X	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	43,019,340.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	X	
00700	Reclassifications	00700	Line Number	53.	
00700	Reclassifications	00900	Other	411,524.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	X	
00800	Reclassifications	00700	Line Number	54.	
00800	Reclassifications	00900	Other	2,285,635.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	X	
00900	Reclassifications	00700	Line Number	58.	
00900	Reclassifications	00900	Other	3,455.	
01000	CHARGEABLE SUPPLIES	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01000	Reclassifications	00100	Code	X	
01000	Reclassifications	00700	Line Number	60.	
01000	Reclassifications	00900	Other	183,070.	
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	X	
01100	Reclassifications	00700	Line Number	65.	
01100	Reclassifications	00900	Other	342,430.	
01200	CHARGEABLE SUPPLIES	00000	Description		
01200	Reclassifications	00100	Code	X	
01200	Reclassifications	00700	Line Number	66.	
01200	Reclassifications	00900	Other	22,862.	
01300	CHARGEABLE SUPPLIES	00000	Description		
01300	Reclassifications	00100	Code	X	
01300	Reclassifications	00700	Line Number	67.	
01300	Reclassifications	00900	Other	4,029.	
01400	CHARGEABLE SUPPLIES	00000	Description		
01400	Reclassifications	00100	Code	X	
01400	Reclassifications	00700	Line Number	69.	
01400	Reclassifications	00900	Other	2,453.	
01500	CHARGEABLE SUPPLIES	00000	Description		
01500	Reclassifications	00100	Code	X	
01500	Reclassifications	00700	Line Number	69.02	
01500	Reclassifications	00900	Other	13,719,018.	
01600	CHARGEABLE SUPPLIES	00000	Description		
01600	Reclassifications	00100	Code	X	
01600	Reclassifications	00700	Line Number	70.	
01600	Reclassifications	00900	Other	4,098.	
01700	CHARGEABLE SUPPLIES	00000	Description		
01700	Reclassifications	00100	Code	X	
01700	Reclassifications	00700	Line Number	73.	
01700	Reclassifications	00900	Other	7,480.	
01800	CHARGEABLE SUPPLIES	00000	Description		
01800	Reclassifications	00100	Code	X	
01800	Reclassifications	00700	Line Number	74.	

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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				
A60	**Wkst A-6 Reclassifications**				
01800	Reclassifications	00900	Other	13,032.	
01900	CHARGEABLE SUPPLIES	00000	Description		
01900	Reclassifications	00100	Code	X	
01900	Reclassifications	00700	Line Number	76.01	
01900	Reclassifications	00900	Other	12,245.	
02000	CHARGEABLE SUPPLIES	00000	Description		
02000	Reclassifications	00100	Code	X	
02000	Reclassifications	00700	Line Number	76.25	
02000	Reclassifications	00900	Other	7,933.	
02100	CHARGEABLE SUPPLIES	00000	Description		
02100	Reclassifications	00100	Code	X	
02100	Reclassifications	00700	Line Number	76.26	
02100	Reclassifications	00900	Other	96,943.	
02200	CHARGEABLE SUPPLIES	00000	Description		
02200	Reclassifications	00100	Code	X	
02200	Reclassifications	00700	Line Number	76.97	
02200	Reclassifications	00900	Other	2,677.	
02300	CHARGEABLE SUPPLIES	00000	Description		
02300	Reclassifications	00100	Code	X	
02300	Reclassifications	00700	Line Number	90.02	
02300	Reclassifications	00900	Other	663.	
02400	CHARGEABLE SUPPLIES	00000	Description		
02400	Reclassifications	00100	Code	X	
02400	Reclassifications	00700	Line Number	91.	
02400	Reclassifications	00900	Other	508,435.	
50000	Reclassifications	00500	Other	62,623,682.	
50000	Reclassifications	00900	Other	62,623,682.	
00Y	**Adjustment Reference**				
00100	CHARGEABLE DRUGS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Y	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	10,659,802.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	55,509.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	CHARGEABLE DRUGS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Y	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	10,079,078.	
00300	CHARGEABLE DRUGS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Y	
00300	Reclassifications	00700	Line Number	50.	
00300	Reclassifications	00900	Other	104,701.	
00400	CHARGEABLE DRUGS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Y	
00400	Reclassifications	00700	Line Number	53.	
00400	Reclassifications	00900	Other	216,828.	
00500	CHARGEABLE DRUGS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Y	
00500	Reclassifications	00700	Line Number	54.	
00500	Reclassifications	00900	Other	5,936.	
00600	CHARGEABLE DRUGS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Y	
00600	Reclassifications	00700	Line Number	60.	
00600	Reclassifications	00900	Other	529.	
00700	CHARGEABLE DRUGS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Y	
00700	Reclassifications	00700	Line Number	66.	
00700	Reclassifications	00900	Other	1,858.	
00800	CHARGEABLE DRUGS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Y	
00800	Reclassifications	00700	Line Number	68.	
00800	Reclassifications	00900	Other	17,830.	
00900	CHARGEABLE DRUGS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Y	
00900	Reclassifications	00700	Line Number	69.02	
00900	Reclassifications	00900	Other	66,427.	
01000	CHARGEABLE DRUGS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Y	

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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				
A60	**Wkst A-6 Reclassifications**				
01000	Reclassifications	00700	Line Number	71.	
01000	Reclassifications	00900	Other	40,330.	
01100	CHARGEABLE DRUGS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Y	
01100	Reclassifications	00700	Line Number	76.26	
01100	Reclassifications	00900	Other	34,536.	
01200	CHARGEABLE DRUGS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Y	
01200	Reclassifications	00700	Line Number	91.	
01200	Reclassifications	00900	Other	36,240.	
50000	Reclassifications	00500	Other	10,659,802.	
50000	Reclassifications	00900	Other	10,659,802.	
00Z	**Adjustment Reference**				
00100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Z	
00100	Reclassifications	00300	Line Number	14.	
00100	Reclassifications	00500	Other	13,639.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	7,253.	
00200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Z	
00200	Reclassifications	00300	Line Number	15.	
00200	Reclassifications	00500	Other	2,011,626.	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	279.	
00300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Z	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	366,246.	
00400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Z	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	280,535.	
00500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00500	Reclassifications	00100	Code	Z	
00500	Reclassifications	00700	Line Number	40.	
00500	Reclassifications	00900	Other	4,504.	
00600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Z	
00600	Reclassifications	00700	Line Number	41.	
00600	Reclassifications	00900	Other	12,631.	
00700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Z	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	222,951.	
00800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Z	
00800	Reclassifications	00700	Line Number	53.	
00800	Reclassifications	00900	Other	94,086.	
00900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Z	
00900	Reclassifications	00700	Line Number	54.	
00900	Reclassifications	00900	Other	77,077.	
01000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Z	
01000	Reclassifications	00700	Line Number	58.	
01000	Reclassifications	00900	Other	6,853.	
01100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Z	
01100	Reclassifications	00700	Line Number	60.	
01100	Reclassifications	00900	Other	42.	
01200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Z	
01200	Reclassifications	00700	Line Number	65.	
01200	Reclassifications	00900	Other	1,870.	
01300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	Z	
01300	Reclassifications	00700	Line Number	67.	

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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				
A60	**Wkst A-6 Reclassifications**				
01300	Reclassifications	00900	Other	80.	
01400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Z	
01400	Reclassifications	00700	Line Number	69.	
01400	Reclassifications	00900	Other	40.	
01500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Z	
01500	Reclassifications	00700	Line Number	69.02	
01500	Reclassifications	00900	Other	32,345.	
01600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Z	
01600	Reclassifications	00700	Line Number	71.	
01600	Reclassifications	00900	Other	3,072.	
01700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01700	Reclassifications	00100	Code	Z	
01700	Reclassifications	00700	Line Number	73.	
01700	Reclassifications	00900	Other	671,050.	
01800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01800	Reclassifications	00100	Code	Z	
01800	Reclassifications	00700	Line Number	74.	
01800	Reclassifications	00900	Other	16,688.	
01900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01900	Reclassifications	00100	Code	Z	
01900	Reclassifications	00700	Line Number	76.01	
01900	Reclassifications	00900	Other	22.	
02000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02000	Reclassifications	00100	Code	Z	
02000	Reclassifications	00700	Line Number	76.26	
02000	Reclassifications	00900	Other	195.	
02100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02100	Reclassifications	00100	Code	Z	
02100	Reclassifications	00700	Line Number	90.02	
02100	Reclassifications	00900	Other	2,565.	
02200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		

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				
A60	**Wkst A-6 Reclassifications**				
02200	Reclassifications	00100	Code	Z	
02200	Reclassifications	00700	Line Number	91.	
02200	Reclassifications	00900	Other	224,881.	
50000	Reclassifications	00500	Other	2,025,265.	
50000	Reclassifications	00900	Other	2,025,265.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	6,106,003.	
00100	Land	00600	Ending Balance	6,106,003.	
00200	Land Improvements	00100	Beginning Balances	1,861,234.	
00200	Land Improvements	00200	Purchases	92,125.	
00200	Land Improvements	00400	Total	92,125.	
00200	Land Improvements	00600	Ending Balance	1,953,359.	
00200	Land Improvements	00700	Fully Depreciated Assets	1,726,991.	
00300	Buildings and Fixtures	00100	Beginning Balances	112,602,895.	
00300	Buildings and Fixtures	00200	Purchases	8,870,547.	
00300	Buildings and Fixtures	00400	Total	8,870,547.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	2,160,149.	
00300	Buildings and Fixtures	00600	Ending Balance	119,313,293.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	25,913,595.	
00400	Building Improvements	00100	Beginning Balances	3,421,575.	
00400	Building Improvements	00200	Purchases	2,998.	
00400	Building Improvements	00400	Total	2,998.	
00400	Building Improvements	00500	Disposals/Retirements	2,998.	
00400	Building Improvements	00600	Ending Balance	3,421,575.	
00400	Building Improvements	00700	Fully Depreciated Assets	3,322,060.	
00500	Fixed Equipment	00100	Beginning Balances	20,867,781.	
00500	Fixed Equipment	00200	Purchases	590,746.	
00500	Fixed Equipment	00400	Total	590,746.	
00500	Fixed Equipment	00500	Disposals/Retirements	1,299,432.	
00500	Fixed Equipment	00600	Ending Balance	20,159,095.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	5,017,194.	
00600	Movable Equipment	00100	Beginning Balances	102,569,027.	
00600	Movable Equipment	00200	Purchases	16,820,321.	

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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00600	Movable Equipment	00400	Total	16,820,321.	
00600	Movable Equipment	00500	Disposals/Retirements	3,646,692.	
00600	Movable Equipment	00600	Ending Balance	115,742,656.	
00600	Movable Equipment	00700	Fully Depreciated Assets	74,375,926.	
00700	HIT-designated Assets	00100	Beginning Balances	9,228,407.	
00700	HIT-designated Assets	00200	Purchases	466,367.	
00700	HIT-designated Assets	00400	Total	466,367.	
00700	HIT-designated Assets	00600	Ending Balance	9,694,774.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	256,656,922.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	26,843,104.	
00800	Sub Total (Lines 01 To 07)	00400	Total	26,843,104.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	7,109,271.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	276,390,755.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	110,355,766.	
00900	Reconciling Items	00100	Beginning Balances	1,808,926.	
00900	Reconciling Items	00200	Purchases	14,571,093.	
00900	Reconciling Items	00400	Total	14,571,093.	
00900	Reconciling Items	00500	Disposals/Retirements	1,808,925.	
00900	Reconciling Items	00600	Ending Balance	14,571,094.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	254,847,996.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	12,272,011.	
01000	Worksheet A-7 Part 1 Total	00400	Total	12,272,011.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	5,300,346.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	261,819,661.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	110,355,766.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	8,188,335.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	8,188,335.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,878,163.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	4,878,163.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	13,066,498.	

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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	13,066,498.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	130,794,230.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	130,794,230.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.473222	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	527,312.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	1,250,745.	
00100	Capital Related Cost - Land and Buildings	00800	Total	1,778,057.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	5,390,728.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	527,312.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	1,250,745.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	7,168,785.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	145,596,525.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	145,596,525.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.526778	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	586,990.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	1,392,296.	
00200	Capital Related Cost - Movable Equipment	00800	Total	1,979,286.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	3,795,123.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	1,398,079.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	385,400.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	586,990.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	1,392,296.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	-135,390.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	7,422,498.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	276,390,755.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	276,390,755.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	1,114,302.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	2,643,041.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	3,757,343.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	9,185,851.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	1,398,079.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	385,400.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	1,114,302.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	2,643,041.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	-135,390.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	14,591,283.	
A80	**Wkst A-8 Adjustment to Expenses**				
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-2,923.	
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-135,390.	
00500	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	2.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00500	Wkst A-8 Reference	14.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-94,242.	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-31,592.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	
00900	Parking Lot - (Chapter 21)	00100	Basis/Code	B	
00900	Parking Lot - (Chapter 21)	00200	Amount	-60,789.	
00900	CARDIOVASCULAR LAB	00300	Cost Center		
00900	Parking Lot - (Chapter 21)	00400	Line Number	69.02	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-6,174,819.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-16,912,915.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-5,008.	
02000	CAFETERIA	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	11.	
02600	Depreciation - Buildings and Fixtures	00100	Basis/Code	A	
02600	Depreciation - Buildings and Fixtures	00200	Amount	-3,133,795.	
02600	Depreciation - Buildings and Fixtures	00500	Wkst A-8 Reference	9.	
02700	Depreciation - Old Movable Equipment	00100	Basis/Code	A	
02700	Depreciation - Old Movable Equipment	00200	Amount	-1,078,102.	
02700	Depreciation - Old Movable Equipment	00500	Wkst A-8 Reference	9.	
03300	5270.XXXX OTHER EDUCATIONAL REV	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-248,000.	03303
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	03303
03300	9201.XXXX OTHER NON OPERATING R	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-659,996.	03305
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	5.	03305
03300	8770.XXXX CENSUS DEVELOPMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-425,794.	03309
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	MOB EXP. 8140 8141 8142 8143 81	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-270,817.	03311
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03311
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-57,966.	03316
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03316
03300	8610 & PR ACCTS .6760 .6761 .67	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-38,621.	03323
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	WORKERS COMPENSATION ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-167,420.	03324
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03324
03300	SET UP PHYSICIAN OFFICE AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	270,817.	03326
03300	PHYSICIANS OFFICE	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.31	03326
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-48,270.	03328

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03328
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-88,821.	03329
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03329
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-81.	03330
03300	PHARMACY	00300	Cost Center		
03300	Adjustments	00400	Line Number	15.	03330
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-9,759.	03331
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03331
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,125.	03332
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03332
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-174.	03333
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	03333
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-237.	03334
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03334
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-625.	03335
03300	SLEEP DISORDERS	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.25	03335
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,406.	03338
03300	WOUND CARE	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.26	03338
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,730.	03339
03300	CARDIAC REHABILITATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.97	03339
03300	ADMIN NON PATIENT CARE COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,217.	03341
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03341
03300	CSO EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-151,458.	03350
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03350
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-4,938.	03404
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03404
03300	Adjustments	00500	Wkst A-8 Reference	9.	03404
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,894.	03405
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03405

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00500	Wkst A-8 Reference	9.	03405
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,944.	03406
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	03406
03300	PUBLIC HEALTH FAIR	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-7.	03407
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03407
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	853,390.	03408
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03408
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	7,958.	03409
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03409
03300	Adjustments	00500	Wkst A-8 Reference	9.	03409
03300	COMPLIMENTARY TRANSPORTATION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,250.	03411
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	03411
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-647.	03414
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03414
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-215.	03415
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03415
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-191.	03416
03300	INTENSIVE CARE UNIT	00300	Cost Center		
03300	Adjustments	00400	Line Number	31.	03416
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-161.	03417
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03417
03300	ASSOCIATOIN FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-89.	03418
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03418
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-494.	03419
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03419
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-169.	03420
03300	RESPIRATORY THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	65.	03420
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-401.	03421
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03421
03300	ASSOCIATION FEES	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-44.	03422
03300	OCCUPATIONAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	67.	03422
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-8,565.	03423
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03423
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-441.	03431
03300	HOUSEKEEPING	00300	Cost Center		
03300	Adjustments	00400	Line Number	9.	03431
03300	NON ALLOWABLE LEGAL FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-549.	03432
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03432
03300	COBRA ASSISTANCE - PATIENTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,889.	03434
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03434
03300	VALET PARKING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-204,965.	03435
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03435
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,203.	03445
03300	WOUND CARE	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.26	03445

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-872.	03446
03300	PALM COURT IMAGING	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03446
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-615.	03447
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03447
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-20,462.	03456
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03456
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,000.	03457
03300	LAUNDRY & LINEN SERVICE	00300	Cost Center		
03300	Adjustments	00400	Line Number	8.	03457
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-7,836.	03458
03300	HOUSEKEEPING	00300	Cost Center		
03300	Adjustments	00400	Line Number	9.	03458
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-13,481.	03459
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03459
03300	RESEARCH CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-237,194.	03461
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	5.	03461
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-295.	03462
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03462
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,254.	03464
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03464
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,058.	03465
03300	INTENSIVE CARE UNIT	00300	Cost Center		
03300	Adjustments	00400	Line Number	31.	03465
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-295.	03466
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	03466
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,442.	03467
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03467
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-319.	03468
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03468
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,942.	03469

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03469
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-495.	03470
03300	RESPIRATORY THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	65.	03470
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-45.	03471
03300	MRI	00300	Cost Center		
03300	Adjustments	00400	Line Number	58.	03471
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-430.	03473
03300	CARDIOVASCULAR LAB	00300	Cost Center		
03300	Adjustments	00400	Line Number	69.02	03473
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,009.	03474
03300	PSYCH THERAPY ADULT	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.01	03474
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,188.	03475
03300	SLEEP DISORDERS	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.25	03475
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,490.	03477
03300	CARDIAC REHABILITATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.97	03477
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-680.	03478
03300	PALM COURT IMAGING	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03478
03300	NONALLOWABLE MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,680.	03480
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03480
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-514.	03481
03300	INTENSIVE CARE UNIT	00300	Cost Center		
03300	Adjustments	00400	Line Number	31.	03481
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,771.	03482
03300	COMMUNITY BASED ER - LAKE WORTH	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.01	03482
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,828.	03483
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03483
03300	5135.XXXX RENTAL INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-75,600.	03485
03300	PALM COURT IMAGING	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03485
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-397.	03486
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03486
03300	TELEVISION SERVICE	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-10.	03487
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03487
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-257.	03488
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03488
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-29,298,442.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE SHARED SRVCS	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	HOME OFFICE - DRCT CAP COST	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00302
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00302
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00302

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	Costs Incurred and Adjustments Required	00100	Line No		00305
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00305
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00305
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCOMPANY JOURNAL ENTRIES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	39,448,232.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	56,361,147.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-16,912,915.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	TENET HEALTHCARE CORPORATION	00400	Allowable Cost		Symbol
00600	PARENT COMPANY	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CONIFER	00400	Allowable Cost		
00700	CREDIT AND COLLECTION	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	9,333.	
00100	Adjustment	00500	Provider Amount	9,333.	
00100	Adjustment	00600	RCE Amount	246,400.	
00100	Adjustment	00700	Physician Hours	34.	Hours

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00100	Adjustment	00800	Unadj RCE Limit	4,028.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	201.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	4,028.	
00100	Adjustment	01700	Limit Disallowance	5,305.	
00100	Adjustment	01800	Adjustment	5,305.	
00200	Adjustment	00100	Wkst A Line No.	30.	
00200	ADULTS & PEDIATRICS	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	17,427.	
00200	Adjustment	00500	Provider Amount	17,427.	
00200	Adjustment	00600	RCE Amount	246,400.	
00200	Adjustment	00700	Physician Hours	24.	Hours
00200	Adjustment	00800	Unadj RCE Limit	2,843.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	142.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	2,843.	
00200	Adjustment	01700	Limit Disallowance	14,584.	
00200	Adjustment	01800	Adjustment	14,584.	
00300	Adjustment	00100	Wkst A Line No.	41.	
00300	SUBPROVIDER - IRF	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	121,463.	
00300	Adjustment	00500	Provider Amount	121,463.	
00300	Adjustment	00600	RCE Amount	197,500.	
00300	Adjustment	00700	Physician Hours	1,075.	Hours
00300	Adjustment	00800	Unadj RCE Limit	102,073.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	5,104.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	102,073.	
00300	Adjustment	01700	Limit Disallowance	19,390.	
00300	Adjustment	01800	Adjustment	19,390.	
00400	Adjustment	00100	Wkst A Line No.	50.	
00400	OPERATING ROOM	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	8,339.	
00400	Adjustment	00500	Provider Amount	8,339.	
00400	Adjustment	00600	RCE Amount	246,400.	
00400	Adjustment	00700	Physician Hours	33.	Hours
00400	Adjustment	00800	Unadj RCE Limit	3,909.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00400	Adjustment	00900	5% Unadj RCE Limit	195.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	3,909.	
00400	Adjustment	01700	Limit Disallowance	4,430.	
00400	Adjustment	01800	Adjustment	4,430.	
00500	Adjustment	00100	Wkst A Line No.	53.	
00500	ANESTHESIOLOGY	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	1,100,000.	
00500	Adjustment	00400	Professional Amount	1,100,000.	
00500	Adjustment	01800	Adjustment	1,100,000.	
00600	Adjustment	00100	Wkst A Line No.	54.	
00600	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	10,756.	
00600	Adjustment	00500	Provider Amount	10,756.	
00600	Adjustment	00600	RCE Amount	271,900.	
00600	Adjustment	00700	Physician Hours	127.	Hours
00600	Adjustment	00800	Unadj RCE Limit	16,602.	Limit
00600	Adjustment	00900	5% Unadj RCE Limit	830.	Limit
00600	Adjustment	01600	Adjusted RCE Limit	16,602.	
00700	Adjustment	00100	Wkst A Line No.	54.	
00700	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	18,000.	
00700	Adjustment	00400	Professional Amount	18,000.	
00700	Adjustment	00600	RCE Amount	211,500.	
00700	Adjustment	01800	Adjustment	18,000.	
00800	Adjustment	00100	Wkst A Line No.	91.	
00800	EMERGENCY	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	4,037,550.	
00800	Adjustment	00400	Professional Amount	4,037,550.	
00800	Adjustment	01800	Adjustment	4,037,550.	
00900	Adjustment	00100	Wkst A Line No.	91.	
00900	EMERGENCY	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	377,780.	
00900	Adjustment	00400	Professional Amount	176,400.	
00900	Adjustment	00500	Provider Amount	201,380.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00900	Adjustment	00600	RCE Amount	211,500.	
00900	Adjustment	00700	Physician Hours	793.	Hours
00900	Adjustment	00800	Unadj RCE Limit	80,634.	Limit
00900	Adjustment	00900	5% Unadj RCE Limit	4,032.	Limit
00900	Adjustment	01600	Adjusted RCE Limit	80,634.	
00900	Adjustment	01700	Limit Disallowance	120,746.	
00900	Adjustment	01800	Adjustment	297,146.	
01000	Adjustment	00100	Wkst A Line No.	76.01	
01000	PSYCH THERAPY ADULT	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	34,575.	
01000	Adjustment	00400	Professional Amount	34,575.	
01000	Adjustment	01800	Adjustment	34,575.	
01100	Adjustment	00100	Wkst A Line No.	76.25	
01100	SLEEP DISORDERS	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	7,888.	
01100	Adjustment	00500	Provider Amount	7,888.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	00700	Physician Hours	24.	Hours
01100	Adjustment	00800	Unadj RCE Limit	2,440.	Limit
01100	Adjustment	00900	5% Unadj RCE Limit	122.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	2,440.	
01100	Adjustment	01700	Limit Disallowance	5,448.	
01100	Adjustment	01800	Adjustment	5,448.	
01200	Adjustment	00100	Wkst A Line No.	5.	
01200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	635,741.	
01200	Adjustment	00400	Professional Amount	635,741.	
01200	Adjustment	01800	Adjustment	635,741.	
01300	Adjustment	00100	Wkst A Line No.	13.	
01300	NURSING ADMINISTRATION	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	2,650.	
01300	Adjustment	00400	Professional Amount	2,650.	
01300	Adjustment	01800	Adjustment	2,650.	
01400	Adjustment	00100	Wkst A Line No.	5.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
01400	Adjustment	00300	Total Remuneration	253,251.	
01400	Adjustment	00500	Provider Amount	253,251.	
01400	Adjustment	00600	RCE Amount	211,500.	
01400	Adjustment	00700	Physician Hours	2,698.	Hours
01400	Adjustment	00800	Unadj RCE Limit	274,340.	Limit
01400	Adjustment	00900	5% Unadj RCE Limit	13,717.	Limit
01400	Adjustment	01600	Adjusted RCE Limit	274,340.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	6,634,753.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	6,004,916.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	629,837.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	4,808.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	486,869.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	24,343.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	486,869.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	169,903.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	6,174,819.	
100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	2,788,191.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	2,788,191.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	546,862.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	3,335,053.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-1,009,231.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	2,325,822.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	2,581,260.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	2,581,260.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	1,220,474.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	3,801,734.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	730,041.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	4,531,775.	
00300	Other Capital Related Cost	00200	Other Cost	4,235,272.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	4,235,272.	
00300	Other Capital Related Cost	00400	Reclassifications	-4,235,272.	
00400	Employee Benefits	00100	Salaries	302,148.	
00400	Employee Benefits	00200	Other Cost	7,871,073.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	8,173,221.	
00400	Employee Benefits	00400	Reclassifications	6,610.	
00400	Employee Benefits	00500	Reclassified T/B	8,179,831.	
00400	Employee Benefits	00600	Adjustments	-253,771.	
00400	Employee Benefits	00700	Net Expense for Alloc	7,926,060.	
00500	Administrative and General	00100	Salaries	5,345,772.	
00500	Administrative and General	00200	Other Cost	49,226,088.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	54,571,860.	
00500	Administrative and General	00400	Reclassifications	2,065,731.	
00500	Administrative and General	00500	Reclassified T/B	56,637,591.	
00500	Administrative and General	00600	Adjustments	-20,432,528.	
00500	Administrative and General	00700	Net Expense for Alloc	36,205,063.	
00700	Plant Operation	00100	Salaries	725,253.	
00700	Plant Operation	00200	Other Cost	3,948,291.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	4,673,544.	
00700	Plant Operation	00400	Reclassifications	-3,974.	
00700	Plant Operation	00500	Reclassified T/B	4,669,570.	
00700	Plant Operation	00600	Adjustments	-213.	
00700	Plant Operation	00700	Net Expense for Alloc	4,669,357.	
00800	Laundry and Linen Service	00200	Other Cost	389,060.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	389,060.	
00800	Laundry and Linen Service	00500	Reclassified T/B	389,060.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	389,060.	
00900	Housekeeping	00200	Other Cost	1,482,871.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,482,871.	
00900	Housekeeping	00400	Reclassifications	-25.	
00900	Housekeeping	00500	Reclassified T/B	1,482,846.	
00900	Housekeeping	00700	Net Expense for Alloc	1,482,846.	
01000	Dietary	00200	Other Cost	1,988,148.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	1,988,148.	
01000	Dietary	00400	Reclassifications	-1,098,417.	
01000	Dietary	00500	Reclassified T/B	889,731.	
01000	Dietary	00600	Adjustments	-13,767.	
01000	Dietary	00700	Net Expense for Alloc	875,964.	
01100	Cafeteria	00200	Other Cost	82,159.	
01100	Cafeteria	00300	Total Cost (Col 01 & 02)	82,159.	
01100	Cafeteria	00400	Reclassifications	845,816.	
01100	Cafeteria	00500	Reclassified T/B	927,975.	
01100	Cafeteria	00700	Net Expense for Alloc	927,975.	
01300	Nursing Administration	00100	Salaries	989,357.	
01300	Nursing Administration	00200	Other Cost	221,404.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	1,210,761.	
01300	Nursing Administration	00400	Reclassifications	-1,211.	
01300	Nursing Administration	00500	Reclassified T/B	1,209,550.	
01300	Nursing Administration	00700	Net Expense for Alloc	1,209,550.	
01400	Central Service and Supply	00100	Salaries	247,927.	
01400	Central Service and Supply	00200	Other Cost	-124,741.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	123,186.	
01400	Central Service and Supply	00400	Reclassifications	127,073.	
01400	Central Service and Supply	00500	Reclassified T/B	250,259.	
01400	Central Service and Supply	00700	Net Expense for Alloc	250,259.	
01500	Pharmacy	00100	Salaries	2,086,651.	
01500	Pharmacy	00200	Other Cost	4,364,150.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	6,450,801.	
01500	Pharmacy	00400	Reclassifications	-3,920,978.	
01500	Pharmacy	00500	Reclassified T/B	2,529,823.	
01500	Pharmacy	00700	Net Expense for Alloc	2,529,823.	
01600	Medical Records and Library	00100	Salaries	1,021,016.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01600	Medical Records and Library	00200	Other Cost	678,464.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	1,699,480.	
01600	Medical Records and Library	00400	Reclassifications	-4.	
01600	Medical Records and Library	00500	Reclassified T/B	1,699,476.	
01600	Medical Records and Library	00600	Adjustments	-1,733.	
01600	Medical Records and Library	00700	Net Expense for Alloc	1,697,743.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	514,400.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	514,400.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	514,400.	
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	106,671.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	621,071.	
02300	Paramedical Education Program	00100	Salaries	201,962.	
02300	Paramedical Education Program	00200	Other Cost	128,484.	
02300	Paramedical Education Program	00300	Total Cost (Col 01 & 02)	330,446.	
02300	Paramedical Education Program	00500	Reclassified T/B	330,446.	
02300	Paramedical Education Program	00600	Adjustments	-297,323.	
02300	Paramedical Education Program	00700	Net Expense for Alloc	33,123.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	10,550,291.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	2,229,750.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	12,780,041.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-1,269,371.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	11,510,670.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-96,938.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	11,413,732.	
03100	Intensive Care Unit	00100	Salaries	2,990,207.	
03100	Intensive Care Unit	00200	Other Cost	604,707.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	3,594,914.	
03100	Intensive Care Unit	00400	Reclassifications	-225,610.	
03100	Intensive Care Unit	00500	Reclassified T/B	3,369,304.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	3,369,304.	
03500	Other Special Care	00100	Salaries	3,027,048.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03500	Other Special Care	00200	Other Cost	820,168.	
03500	Other Special Care	00300	Total Cost (Col 01 & 02)	3,847,216.	
03500	Other Special Care	00400	Reclassifications	-205,786.	
03500	Other Special Care	00500	Reclassified T/B	3,641,430.	
03500	Other Special Care	00600	Adjustments	-86,010.	
03500	Other Special Care	00700	Net Expense for Alloc	3,555,420.	
03500	Other Special Care	00100	Salaries	685,825.	03501
03500	Other Special Care	00200	Other Cost	350,004.	03501
03500	Other Special Care	00300	Total Cost (Col 01 & 02)	1,035,829.	03501
03500	Other Special Care	00400	Reclassifications	-24,006.	03501
03500	Other Special Care	00500	Reclassified T/B	1,011,823.	03501
03500	Other Special Care	00600	Adjustments	-198,919.	03501
03500	Other Special Care	00700	Net Expense for Alloc	812,904.	03501
04300	Nursery	00100	Salaries	141.	
04300	Nursery	00200	Other Cost	-2,224.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	-2,083.	
04300	Nursery	00400	Reclassifications	707,429.	
04300	Nursery	00500	Reclassified T/B	705,346.	
04300	Nursery	00700	Net Expense for Alloc	705,346.	
05000	Operating Room	00100	Salaries	6,563,980.	
05000	Operating Room	00200	Other Cost	19,380,257.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	25,944,237.	
05000	Operating Room	00400	Reclassifications	-16,288,588.	
05000	Operating Room	00500	Reclassified T/B	9,655,649.	
05000	Operating Room	00600	Adjustments	-82,393.	
05000	Operating Room	00700	Net Expense for Alloc	9,573,256.	
05200	Delivery Room and Labor Room	00100	Salaries	2,699,222.	
05200	Delivery Room and Labor Room	00200	Other Cost	1,400,776.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	4,099,998.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-384,931.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	3,715,067.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	3,715,067.	
05300	Anesthesiology	00100	Salaries	50,998.	
05300	Anesthesiology	00200	Other Cost	26,887.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	77,885.	
05300	Anesthesiology	00400	Reclassifications	-5,967.	
05300	Anesthesiology	00500	Reclassified T/B	71,918.	
05300	Anesthesiology	00700	Net Expense for Alloc	71,918.	
05400	Radiology - Diagnositc	00100	Salaries	1,563,747.	
05400	Radiology - Diagnositc	00200	Other Cost	1,457,348.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	3,021,095.	
05400	Radiology - Diagnositc	00400	Reclassifications	-170,469.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	2,850,626.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	2,850,626.	
05400	Radiology - Diagnositc	00100	Salaries	764,746.	05401
05400	Radiology - Diagnositc	00200	Other Cost	102,396.	05401
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	867,142.	05401
05400	Radiology - Diagnositc	00400	Reclassifications	11,253.	05401
05400	Radiology - Diagnositc	00500	Reclassified T/B	878,395.	05401
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	878,395.	05401
05400	Radiology - Diagnositc	00100	Salaries	324,982.	05402
05400	Radiology - Diagnositc	00200	Other Cost	384,193.	05402
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	709,175.	05402
05400	Radiology - Diagnositc	00400	Reclassifications	-199,466.	05402
05400	Radiology - Diagnositc	00500	Reclassified T/B	509,709.	05402
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	509,709.	05402
05700	Computer Tomography (CT) Scan	00100	Salaries	644,138.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	412,750.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	1,056,888.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	-199,849.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	857,039.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	857,039.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	235,826.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	47,158.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	282,984.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	-1,808.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	281,176.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	281,176.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06000	Laboratory	00100	Salaries	2,295,444.	
06000	Laboratory	00200	Other Cost	2,538,692.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	4,834,136.	
06000	Laboratory	00400	Reclassifications	681,922.	
06000	Laboratory	00500	Reclassified T/B	5,516,058.	
06000	Laboratory	00600	Adjustments	-133.	
06000	Laboratory	00700	Net Expense for Alloc	5,515,925.	
06300	Blood Storing, Processing and Transportation	00200	Other Cost	617,812.	
06300	Blood Storing, Processing and Transportation	00300	Total Cost (Col 01 & 02)	617,812.	
06300	Blood Storing, Processing and Transportation	00500	Reclassified T/B	617,812.	
06300	Blood Storing, Processing and Transportation	00700	Net Expense for Alloc	617,812.	
06500	Respiratory Therapy	00100	Salaries	1,629,468.	
06500	Respiratory Therapy	00200	Other Cost	643,768.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	2,273,236.	
06500	Respiratory Therapy	00400	Reclassifications	-224,005.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,049,231.	
06500	Respiratory Therapy	00600	Adjustments	-3,438.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,045,793.	
06600	Physical Therapy	00100	Salaries	1,183,526.	
06600	Physical Therapy	00200	Other Cost	119,274.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,302,800.	
06600	Physical Therapy	00400	Reclassifications	-2,729.	
06600	Physical Therapy	00500	Reclassified T/B	1,300,071.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,300,071.	
06900	Electrocardiology	00100	Salaries	44,376.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	44,376.	
06900	Electrocardiology	00400	Reclassifications	795,292.	
06900	Electrocardiology	00500	Reclassified T/B	839,668.	
06900	Electrocardiology	00700	Net Expense for Alloc	839,668.	
07000	Electroencephalography	00100	Salaries	92,929.	
07000	Electroencephalography	00200	Other Cost	17,191.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	110,120.	
07000	Electroencephalography	00400	Reclassifications	-6,761.	
07000	Electroencephalography	00500	Reclassified T/B	103,359.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07000	Electroencephalography	00700	Net Expense for Alloc	103,359.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	6,449,797.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	6,449,797.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	6,449,797.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	11,228,748.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	11,228,748.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	11,228,748.	
07300	Drugs Charged to Patients	00400	Reclassifications	4,796,326.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	4,796,326.	
07300	Drugs Charged to Patients	00600	Adjustments	-657.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	4,795,669.	
07400	Renal Dialysis	00200	Other Cost	159,545.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	159,545.	
07400	Renal Dialysis	00500	Reclassified T/B	159,545.	
07400	Renal Dialysis	00700	Net Expense for Alloc	159,545.	
07600	Other Ancillary Cost	00400	Reclassifications	55,380.	07605
07600	Other Ancillary Cost	00500	Reclassified T/B	55,380.	07605
07600	Other Ancillary Cost	00700	Net Expense for Alloc	55,380.	07605
07600	Other Ancillary Cost	00200	Other Cost	240,638.	07625
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	240,638.	07625
07600	Other Ancillary Cost	00400	Reclassifications	-9,023.	07625
07600	Other Ancillary Cost	00500	Reclassified T/B	231,615.	07625
07600	Other Ancillary Cost	00700	Net Expense for Alloc	231,615.	07625
09000	Clinic	00100	Salaries	961,228.	09001
09000	Clinic	00200	Other Cost	1,527,531.	09001
09000	Clinic	00300	Total Cost (Col 01 & 02)	2,488,759.	09001
09000	Clinic	00400	Reclassifications	-887,474.	09001
09000	Clinic	00500	Reclassified T/B	1,601,285.	09001
09000	Clinic	00600	Adjustments	-9,419.	09001
09000	Clinic	00700	Net Expense for Alloc	1,591,866.	09001
09000	Clinic	00100	Salaries	744,809.	09002
09000	Clinic	00200	Other Cost	252,959.	09002
09000	Clinic	00300	Total Cost (Col 01 & 02)	997,768.	09002
09000	Clinic	00400	Reclassifications	-288.	09002

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09000	Clinic	00500	Reclassified T/B	997,480.	09002
09000	Clinic	00600	Adjustments	-7,356.	09002
09000	Clinic	00700	Net Expense for Alloc	990,124.	09002
09100	Emergency	00100	Salaries	4,417,257.	
09100	Emergency	00200	Other Cost	5,933,361.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	10,350,618.	
09100	Emergency	00400	Reclassifications	-4,115,726.	
09100	Emergency	00500	Reclassified T/B	6,234,892.	
09100	Emergency	00600	Adjustments	-2,368,162.	
09100	Emergency	00700	Net Expense for Alloc	3,866,730.	
09100	Emergency	00400	Reclassifications	3,347,616.	09101
09100	Emergency	00500	Reclassified T/B	3,347,616.	09101
09100	Emergency	00600	Adjustments	-303,301.	09101
09100	Emergency	00700	Net Expense for Alloc	3,044,315.	09101
11300	Interest Expense	00200	Other Cost	63,162.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	63,162.	
11300	Interest Expense	00400	Reclassifications	-63,162.	
11800	Sub Total (Lines 01-117)	00100	Salaries	52,390,274.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	119,702,677.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	172,092,951.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-658,571.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	171,434,380.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-24,328,580.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	147,105,800.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	246,627.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	246,627.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	246,627.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	411,944.	19405
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	411,944.	19405
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	411,944.	19405
20000	Worksheet A Total (Line 118-199)	00100	Salaries	52,390,274.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	119,702,677.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	172,092,951.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	172,092,951.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-24,328,580.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	147,764,371.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	398,901.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	31,492.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	11,434.	
00300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00300	Reclassifications	00100	Code	A	
00300	Reclassifications	00700	Line Number	11.	
00300	Reclassifications	00900	Other	1,160.	
00400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00400	Reclassifications	00100	Code	A	
00400	Reclassifications	00700	Line Number	14.	
00400	Reclassifications	00900	Other	100.	
00500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00500	Reclassifications	00100	Code	A	
00500	Reclassifications	00700	Line Number	15.	
00500	Reclassifications	00900	Other	118,388.	
00600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00600	Reclassifications	00100	Code	A	
00600	Reclassifications	00700	Line Number	30.	
00600	Reclassifications	00900	Other	50,887.	
00700	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00700	Reclassifications	00100	Code	A	
00700	Reclassifications	00700	Line Number	31.	

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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				
A60	**Wkst A-6 Reclassifications**				
00700	Reclassifications	00900	Other	1,524.	
00800	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00800	Reclassifications	00100	Code	A	
00800	Reclassifications	00700	Line Number	35.	
00800	Reclassifications	00900	Other	1,220.	
00900	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00900	Reclassifications	00100	Code	A	
00900	Reclassifications	00700	Line Number	50.	
00900	Reclassifications	00900	Other	114,118.	
01000	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01000	Reclassifications	00100	Code	A	
01000	Reclassifications	00700	Line Number	54.	
01000	Reclassifications	00900	Other	2,000.	
01100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01100	Reclassifications	00100	Code	A	
01100	Reclassifications	00700	Line Number	65.	
01100	Reclassifications	00900	Other	41,090.	
01200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01200	Reclassifications	00100	Code	A	
01200	Reclassifications	00700	Line Number	76.25	
01200	Reclassifications	00900	Other	647.	
01300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01300	Reclassifications	00100	Code	A	
01300	Reclassifications	00700	Line Number	90.01	
01300	Reclassifications	00900	Other	9,769.	
01400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01400	Reclassifications	00100	Code	A	
01400	Reclassifications	00700	Line Number	91.	
01400	Reclassifications	00900	Other	15,072.	
50000	Reclassifications	00500	Other	398,901.	
50000	Reclassifications	00900	Other	398,901.	
00B	**Adjustment Reference**				
00100	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	63,162.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	63,162.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	63,162.	
50000	Reclassifications	00900	Other	63,162.	
00C	**Adjustment Reference**				
00100	RECLASS OF OTHER COC COSTS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	2,938,227.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	2,938,227.	
50000	Reclassifications	00500	Other	2,938,227.	
50000	Reclassifications	00900	Other	2,938,227.	
00D	**Adjustment Reference**				
00100	RECLASS OFFEROR/VENDER REBATES	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00500	Other	154,287.	
00100	Reclassifications	00700	Line Number	73.	
00100	Reclassifications	00900	Other	154,287.	
50000	Reclassifications	00500	Other	154,287.	
50000	Reclassifications	00900	Other	154,287.	
00E	**Adjustment Reference**				
00100	RECLASS OF IMPLANTABLE DEVICES	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	11,236,976.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	11,236,976.	
50000	Reclassifications	00500	Other	11,236,976.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	11,236,976.	
00F	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	7.	
00100	Reclassifications	00500	Other	7,460.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	18,161.	
00200	CHARGEABLE SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	14.	
00200	Reclassifications	00500	Other	111,644.	
00200	Reclassifications	00700	Line Number	9.	
00200	Reclassifications	00900	Other	25.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00300	Line Number	71.	
00300	Reclassifications	00500	Other	17,686,773.	
00300	Reclassifications	00700	Line Number	13.	
00300	Reclassifications	00900	Other	1,211.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	17,869.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	16.	
00500	Reclassifications	00900	Other	4.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	30.	
00600	Reclassifications	00900	Other	331,531.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	F	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00700	Reclassifications	00700	Line Number	31.	
00700	Reclassifications	00900	Other	174,103.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	F	
00800	Reclassifications	00700	Line Number	35.	
00800	Reclassifications	00900	Other	93,566.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	F	
00900	Reclassifications	00700	Line Number	35.01	
00900	Reclassifications	00900	Other	18,882.	
01000	CHARGEABLE SUPPLIES	00000	Description		
01000	Reclassifications	00100	Code	F	
01000	Reclassifications	00700	Line Number	50.	
01000	Reclassifications	00900	Other	15,255,314.	
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	F	
01100	Reclassifications	00700	Line Number	52.	
01100	Reclassifications	00900	Other	324,778.	
01200	CHARGEABLE SUPPLIES	00000	Description		
01200	Reclassifications	00100	Code	F	
01200	Reclassifications	00700	Line Number	53.	
01200	Reclassifications	00900	Other	4,485.	
01300	CHARGEABLE SUPPLIES	00000	Description		
01300	Reclassifications	00100	Code	F	
01300	Reclassifications	00700	Line Number	54.	
01300	Reclassifications	00900	Other	499,571.	
01400	CHARGEABLE SUPPLIES	00000	Description		
01400	Reclassifications	00100	Code	F	
01400	Reclassifications	00700	Line Number	54.01	
01400	Reclassifications	00900	Other	5,196.	
01500	CHARGEABLE SUPPLIES	00000	Description		
01500	Reclassifications	00100	Code	F	
01500	Reclassifications	00700	Line Number	54.02	
01500	Reclassifications	00900	Other	182,948.	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01600	CHARGEABLE SUPPLIES	00000	Description		
01600	Reclassifications	00100	Code	F	
01600	Reclassifications	00700	Line Number	57.	
01600	Reclassifications	00900	Other	100,693.	
01700	CHARGEABLE SUPPLIES	00000	Description		
01700	Reclassifications	00100	Code	F	
01700	Reclassifications	00700	Line Number	58.	
01700	Reclassifications	00900	Other	1,808.	
01800	CHARGEABLE SUPPLIES	00000	Description		
01800	Reclassifications	00100	Code	F	
01800	Reclassifications	00700	Line Number	60.	
01800	Reclassifications	00900	Other	6,059.	
01900	CHARGEABLE SUPPLIES	00000	Description		
01900	Reclassifications	00100	Code	F	
01900	Reclassifications	00700	Line Number	65.	
01900	Reclassifications	00900	Other	181,682.	
02000	CHARGEABLE SUPPLIES	00000	Description		
02000	Reclassifications	00100	Code	F	
02000	Reclassifications	00700	Line Number	66.	
02000	Reclassifications	00900	Other	2,729.	
02100	CHARGEABLE SUPPLIES	00000	Description		
02100	Reclassifications	00100	Code	F	
02100	Reclassifications	00700	Line Number	70.	
02100	Reclassifications	00900	Other	6,761.	
02200	CHARGEABLE SUPPLIES	00000	Description		
02200	Reclassifications	00100	Code	F	
02200	Reclassifications	00700	Line Number	76.25	
02200	Reclassifications	00900	Other	8,376.	
02300	CHARGEABLE SUPPLIES	00000	Description		
02300	Reclassifications	00100	Code	F	
02300	Reclassifications	00700	Line Number	90.01	
02300	Reclassifications	00900	Other	94,906.	
02400	CHARGEABLE SUPPLIES	00000	Description		
02400	Reclassifications	00100	Code	F	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
02400	Reclassifications	00700	Line Number	90.02	
02400	Reclassifications	00900	Other	288.	
02500	CHARGEABLE SUPPLIES	00000	Description		
02500	Reclassifications	00100	Code	F	
02500	Reclassifications	00700	Line Number	91.	
02500	Reclassifications	00900	Other	474,931.	
50000	Reclassifications	00500	Other	17,805,877.	
50000	Reclassifications	00900	Other	17,805,877.	
00G	**Adjustment Reference**				
00100	CHARGEABLE DRUGS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	4,146,585.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	27,649.	
00200	CHARGEABLE DRUGS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	G	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	3,904,906.	
00300	CHARGEABLE DRUGS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	G	
00300	Reclassifications	00700	Line Number	50.	
00300	Reclassifications	00900	Other	78,592.	
00400	CHARGEABLE DRUGS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	G	
00400	Reclassifications	00700	Line Number	54.	
00400	Reclassifications	00900	Other	132.	
00500	CHARGEABLE DRUGS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	G	
00500	Reclassifications	00700	Line Number	54.02	
00500	Reclassifications	00900	Other	264.	
00600	CHARGEABLE DRUGS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	G	
00600	Reclassifications	00700	Line Number	57.	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00600	Reclassifications	00900	Other	112,119.	
00700	CHARGEABLE DRUGS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	G	
00700	Reclassifications	00700	Line Number	60.	
00700	Reclassifications	00900	Other	2,175.	
00800	CHARGEABLE DRUGS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	G	
00800	Reclassifications	00700	Line Number	90.01	
00800	Reclassifications	00900	Other	20,640.	
00900	CHARGEABLE DRUGS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	G	
00900	Reclassifications	00700	Line Number	91.	
00900	Reclassifications	00900	Other	108.	
50000	Reclassifications	00500	Other	4,146,585.	
50000	Reclassifications	00900	Other	4,146,585.	
00H	**Adjustment Reference**				
00100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	909.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	4,814.	
00200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00300	Line Number	14.	
00200	Reclassifications	00500	Other	15,529.	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	40,089.	
00300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	H	
00300	Reclassifications	00300	Line Number	73.	
00300	Reclassifications	00500	Other	804,028.	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	183,648.	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	H	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	49,983.	
00500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	H	
00500	Reclassifications	00700	Line Number	35.	
00500	Reclassifications	00900	Other	111,000.	
00600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	H	
00600	Reclassifications	00700	Line Number	35.01	
00600	Reclassifications	00900	Other	5,124.	
00700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	H	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	134,939.	
00800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	H	
00800	Reclassifications	00700	Line Number	52.	
00800	Reclassifications	00900	Other	60,153.	
00900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	H	
00900	Reclassifications	00700	Line Number	53.	
00900	Reclassifications	00900	Other	1,482.	
01000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	H	
01000	Reclassifications	00700	Line Number	54.	
01000	Reclassifications	00900	Other	8,176.	
01100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	H	
01100	Reclassifications	00700	Line Number	54.02	
01100	Reclassifications	00900	Other	16,254.	
01200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	H	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01200	Reclassifications	00700	Line Number	57.	
01200	Reclassifications	00900	Other	10,986.	
01300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	H	
01300	Reclassifications	00700	Line Number	60.	
01300	Reclassifications	00900	Other	2,810.	
01400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	H	
01400	Reclassifications	00700	Line Number	65.	
01400	Reclassifications	00900	Other	1,233.	
01500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	H	
01500	Reclassifications	00700	Line Number	90.01	
01500	Reclassifications	00900	Other	1,836.	
01600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	H	
01600	Reclassifications	00700	Line Number	91.	
01600	Reclassifications	00900	Other	187,939.	
50000	Reclassifications	00500	Other	820,466.	
50000	Reclassifications	00900	Other	820,466.	
00I	**Adjustment Reference**				
00100	DIETARY EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	846,976.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	1,093,603.	
00200	DIETARY EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00300	Line Number	194.	
00200	Reclassifications	00500	Other	246,627.	
50000	Reclassifications	00500	Other	1,093,603.	
50000	Reclassifications	00900	Other	1,093,603.	
00J	**Adjustment Reference**				

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	NEONATAL EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	567,850.	
00100	Reclassifications	00500	Other	139,579.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	567,850.	
00100	Reclassifications	00900	Other	139,579.	
50000	Reclassifications	00400	Salary	567,850.	
50000	Reclassifications	00500	Other	139,579.	
50000	Reclassifications	00800	Salary	567,850.	
50000	Reclassifications	00900	Other	139,579.	
00K	**Adjustment Reference**				
00100	ANCILLARY SUPPORT STAFF	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	60.	
00100	Reclassifications	00400	Salary	603,026.	
00100	Reclassifications	00500	Other	67,630.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00800	Salary	634,469.	
00100	Reclassifications	00900	Other	71,156.	
00200	ANCILLARY SUPPORT STAFF	00000	Description		
00200	Reclassifications	00100	Code	K	
00200	Reclassifications	00300	Line Number	69.	
00200	Reclassifications	00400	Salary	31,443.	
00200	Reclassifications	00500	Other	3,526.	
50000	Reclassifications	00400	Salary	634,469.	
50000	Reclassifications	00500	Other	71,156.	
50000	Reclassifications	00800	Salary	634,469.	
50000	Reclassifications	00900	Other	71,156.	
00L	**Adjustment Reference**				
00100	IMPLANTABLE DEVICES EQUIPMENT RENTAL	00000	Description		
00100	Reclassifications	00100	Code	L	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	8,228.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00900	Other	8,228.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
50000	Reclassifications	00500	Other	8,228.	
50000	Reclassifications	00900	Other	8,228.	
00M	**Adjustment Reference**				
00100	FREESTANDING ER	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	91.01	
00100	Reclassifications	00400	Salary	1,163,160.	
00100	Reclassifications	00500	Other	2,274,516.	
00100	Reclassifications	00700	Line Number	91.	
00100	Reclassifications	00800	Salary	1,163,160.	
00100	Reclassifications	00900	Other	2,274,516.	
50000	Reclassifications	00400	Salary	1,163,160.	
50000	Reclassifications	00500	Other	2,274,516.	
50000	Reclassifications	00800	Salary	1,163,160.	
50000	Reclassifications	00900	Other	2,274,516.	
00N	**Adjustment Reference**				
00100	EKG - OTHER	00000	Description		
00100	Reclassifications	00100	Code	N	
00100	Reclassifications	00300	Line Number	69.	
00100	Reclassifications	00400	Salary	293,658.	
00100	Reclassifications	00500	Other	466,665.	
00100	Reclassifications	00700	Line Number	90.01	
00100	Reclassifications	00800	Salary	293,658.	
00100	Reclassifications	00900	Other	466,665.	
50000	Reclassifications	00400	Salary	293,658.	
50000	Reclassifications	00500	Other	466,665.	
50000	Reclassifications	00800	Salary	293,658.	
50000	Reclassifications	00900	Other	466,665.	
00O	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	FLORIDA SERVICE CENTER	00000	Description		
00100	Reclassifications	00100	Code	O	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00400	Salary	4,152.	
00100	Reclassifications	00500	Other	2,458.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	79,506.	
00100	Reclassifications	00900	Other	245,149.	
00200	FLORIDA SERVICE CENTER	00000	Description		
00200	Reclassifications	00100	Code	O	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	75,354.	
00200	Reclassifications	00500	Other	242,691.	
50000	Reclassifications	00400	Salary	79,506.	
50000	Reclassifications	00500	Other	245,149.	
50000	Reclassifications	00800	Salary	79,506.	
50000	Reclassifications	00900	Other	245,149.	
0AA	**Adjustment Reference**				
00100	W/S RECLASS OF LEASE	00000	Description		
00100	Reclassifications	00100	Code	AA	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00500	Other	5,987.	
00100	Reclassifications	00700	Line Number	91.01	
00100	Reclassifications	00900	Other	90,060.	
00200	W/S RECLASS OF LEASE	00000	Description		
00200	Reclassifications	00100	Code	AA	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00500	Other	21,365.	
00300	W/S RECLASS OF LEASE	00000	Description		
00300	Reclassifications	00100	Code	AA	
00300	Reclassifications	00300	Line Number	54.01	
00300	Reclassifications	00500	Other	16,449.	
00400	W/S RECLASS OF LEASE	00000	Description		
00400	Reclassifications	00100	Code	AA	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00400	Reclassifications	00300	Line Number	57.	
00400	Reclassifications	00500	Other	23,949.	
00500	W/S RECLASS OF LEASE	00000	Description		
00500	Reclassifications	00100	Code	AA	
00500	Reclassifications	00300	Line Number	60.	
00500	Reclassifications	00500	Other	22,310.	
50000	Reclassifications	00500	Other	90,060.	
50000	Reclassifications	00900	Other	90,060.	
0DF	**Adjustment Reference**				
00100	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00100	Reclassifications	00100	Code	DF	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00500	Other	59,504.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	59,504.	
50000	Reclassifications	00500	Other	59,504.	
50000	Reclassifications	00900	Other	59,504.	
0JJ	**Adjustment Reference**				
00100	NEONATAL ANCILLARY COST OTHER	00000	Description		
00100	Reclassifications	00100	Code	JJ	
00100	Reclassifications	00300	Line Number	76.05	
00100	Reclassifications	00400	Salary	44,416.	
00100	Reclassifications	00500	Other	10,964.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	44,416.	
00100	Reclassifications	00900	Other	10,964.	
50000	Reclassifications	00400	Salary	44,416.	
50000	Reclassifications	00500	Other	10,964.	
50000	Reclassifications	00800	Salary	44,416.	
50000	Reclassifications	00900	Other	10,964.	
0PR	**Adjustment Reference**				
00100	PUBLIC RELATIONS OTHER EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	PR	
00100	Reclassifications	00300	Line Number	194.05	

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100268	**WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428**				
	Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00400	Salary	44,768.	
00100	Reclassifications	00500	Other	354,770.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	44,768.	
00100	Reclassifications	00900	Other	354,770.	
00200	PUBLIC RELATIONS OTHER EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	PR	
00200	Reclassifications	00300	Line Number	194.05	
00200	Reclassifications	00400	Salary	8,019.	
00200	Reclassifications	00500	Other	4,387.	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00800	Salary	8,019.	
00200	Reclassifications	00900	Other	4,387.	
50000	Reclassifications	00400	Salary	52,787.	
50000	Reclassifications	00500	Other	359,157.	
50000	Reclassifications	00800	Salary	52,787.	
50000	Reclassifications	00900	Other	359,157.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	3,360,911.	
00100	Land	00600	Ending Balance	3,360,911.	
00200	Land Improvements	00100	Beginning Balances	1,074,927.	
00200	Land Improvements	00600	Ending Balance	1,074,927.	
00200	Land Improvements	00700	Fully Depreciated Assets	657,608.	
00300	Buildings and Fixtures	00100	Beginning Balances	45,875,040.	
00300	Buildings and Fixtures	00200	Purchases	60,054.	
00300	Buildings and Fixtures	00400	Total	60,054.	
00300	Buildings and Fixtures	00600	Ending Balance	45,935,094.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	110,516.	
00400	Building Improvements	00100	Beginning Balances	9,114,467.	
00400	Building Improvements	00600	Ending Balance	9,114,467.	
00400	Building Improvements	00700	Fully Depreciated Assets	4,100,883.	
00500	Fixed Equipment	00100	Beginning Balances	9,531,014.	
00500	Fixed Equipment	00200	Purchases	175,939.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00500	Fixed Equipment	00400	Total	175,939.	
00500	Fixed Equipment	00600	Ending Balance	9,706,953.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	5,132,286.	
00600	Movable Equipment	00100	Beginning Balances	60,179,960.	
00600	Movable Equipment	00200	Purchases	3,278,929.	
00600	Movable Equipment	00400	Total	3,278,929.	
00600	Movable Equipment	00500	Disposals/Retirements	1,279,285.	
00600	Movable Equipment	00600	Ending Balance	62,179,604.	
00600	Movable Equipment	00700	Fully Depreciated Assets	39,738,636.	
00700	HIT-designated Assets	00100	Beginning Balances	9,335,792.	
00700	HIT-designated Assets	00200	Purchases	379,419.	
00700	HIT-designated Assets	00400	Total	379,419.	
00700	HIT-designated Assets	00600	Ending Balance	9,715,211.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	138,472,111.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	3,894,341.	
00800	Sub Total (Lines 01 To 07)	00400	Total	3,894,341.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	1,279,285.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	141,087,167.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	49,739,929.	
00900	Reconciling Items	00100	Beginning Balances	891,316.	
00900	Reconciling Items	00200	Purchases	2,354,047.	
00900	Reconciling Items	00400	Total	2,354,047.	
00900	Reconciling Items	00500	Disposals/Retirements	891,315.	
00900	Reconciling Items	00600	Ending Balance	2,354,048.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	137,580,795.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	1,540,294.	
01000	Worksheet A-7 Part 1 Total	00400	Total	1,540,294.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	387,970.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	138,733,119.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	49,739,929.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	2,788,191.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	2,788,191.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	2,581,260.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	2,581,260.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	5,369,451.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	5,369,451.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	59,485,399.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	59,485,399.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.421622	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	193,886.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	352,976.	
00100	Capital Related Cost - Land and Buildings	00800	Total	546,862.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	1,829,323.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	-50,363.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	193,886.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	352,976.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	2,325,822.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	81,601,768.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	81,601,768.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.578378	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	265,972.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	484,211.	
00200	Capital Related Cost - Movable Equipment	00800	Total	750,183.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	3,311,301.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	407,129.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	63,162.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	265,972.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	484,211.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	4,531,775.	

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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	141,087,167.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	141,087,167.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	459,858.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	837,187.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	1,297,045.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	5,140,624.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	356,766.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	63,162.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	459,858.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	837,187.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	6,857,597.	
A80	**Wkst A-8 Adjustment to Expenses**				
00300	Investment Income - Other (Chapter 2)	00100	Basis/Code	B	
00300	Investment Income - Other (Chapter 2)	00200	Amount	-26.	
00300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00300	Investment Income - Other (Chapter 2)	00400	Line Number	5.	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-2,467.	
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-83,478.	
00500	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	5.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-54,605.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-18,436.	
00800	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	5.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-3,018,611.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-20,076,862.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-13,767.	
02000	DIETARY	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	10.	
02600	Depreciation - Buildings and Fixtures	00100	Basis/Code	A	
02600	Depreciation - Buildings and Fixtures	00200	Amount	-1,168,362.	
02600	Depreciation - Buildings and Fixtures	00500	Wkst A-8 Reference	9.	
02700	Depreciation - Old Movable Equipment	00100	Basis/Code	A	
02700	Depreciation - Old Movable Equipment	00200	Amount	732,775.	
02700	Depreciation - Old Movable Equipment	00500	Wkst A-8 Reference	9.	
03300	8770.XXXX CENSUS DEVELOPMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-204,124.	03309
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-116,564.	03317

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03317
03300	MOB REV. 5140 5141 5142 5143 51	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-50,363.	03320
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03320
03300	Adjustments	00500	Wkst A-8 Reference	10.	03320
03300	8610.6760 + 8610.6765 CONTRIBUT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-24,301.	03323
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	WORKERS COMP ADJ	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-79,257.	03324
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03324
03300	NON-PATIENT CARE - ADMIN. COST	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-174,514.	03325
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03325
03300	NON-PATIENT CARE - ADMIN. COSTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-85,698.	03326
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03326
03300	NON-PATIENT CARE - ADMIN. COSTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-59,702.	03327
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03327
03300	RADIOLOGY SCHOOL TUITION	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-297,323.	03328
03300	PARAMED ED PRGM-(SPECIFY)	00300	Cost Center		
03300	Adjustments	00400	Line Number	23.	03328
03300	AMORTIZATION OF IMPACT ASSET AL	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	844,633.	03330
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03330
03300	NON ALLOWABLE PATIENT ASSISTANC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,915.	03331
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03331
03300	NON ALLOWABLE PATIENT ASSISTANC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-657.	03332
03300	DRUGS CHARGED TO PATIENTS	00300	Cost Center		
03300	Adjustments	00400	Line Number	73.	03332
03300	NONALLOWABLE LOBBY EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-119.	03333
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03333
03300	NONALLOWABLE LOBBY EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-16,066.	03338
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03338
03300	NONALLOWABLE LOBBY EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-213.	03339
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03339

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	NONALLOWABLE LOBBY EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,733.	03341
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03341
03300	NONALLOWABLE LOBBY EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-133.	03344
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03344
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-54.	03346
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03346
03300	Adjustments	00500	Wkst A-8 Reference	9.	03346
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,734.	03347
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03347
03300	Adjustments	00500	Wkst A-8 Reference	9.	03347
03300	NONALLOWABLE CSO EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-40,426.	03401
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03401
03300	COMPLIMENTARY TRANSPORTATION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-41,246.	03409
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03409
03300	COMPLIMENTARY TRANSPORTATION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-303,301.	03410
03300	COMMUNITY BASED EMERGENCY ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.01	03410
03300	COMPLIMENTARY TRANSPORTATION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-56,827.	03412
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03412
03300	AMORTIZATION STAT UP COST - I&R	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	106,671.	03420
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	03420
03300	TELEVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-9,419.	03421
03300	DIAGNOSTIC IMAGING CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.01	03421
03300	TELEVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-7,356.	03422
03300	PHYSICAL THERAPY CLINIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.02	03422
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-24,328,580.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE SHARED SRVCS	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	HOME OFFICE - DRCT CAP COST	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00300	Costs Incurred and Adjustments Required	00100	Line No		00301
00300	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00301
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00301
00300	Costs Incurred and Adjustments Required	00100	Line No		00302
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00302
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00302
00300	Costs Incurred and Adjustments Required	00100	Line No		00303
00300	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00303
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00303
00300	Costs Incurred and Adjustments Required	00100	Line No		00305
00300	PUBLIC RELATIONS	00200	Cost Center		
00300	FLORIDA SERVICE CENTER	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		00305
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00305
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCOMPANY JOURNAL ENTRIES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	19,272,044.	

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	39,348,906.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-20,076,862.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	TENET HEALTHCARE CORPORATION	00400	Allowable Cost		Symbol
00600	PARENT COMPANY	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CONIFER	00400	Allowable Cost		
00700	CREDIT AND COLLECTION	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	35.01	
00100	PEDIATRIC ICU	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	218,500.	
00100	Adjustment	00400	Professional Amount	182,500.	
00100	Adjustment	00500	Provider Amount	36,000.	
00100	Adjustment	00600	RCE Amount	169,700.	
00100	Adjustment	00700	Physician Hours	240.	Hours
00100	Adjustment	00800	Unadj RCE Limit	19,581.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	979.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	19,581.	
00100	Adjustment	01700	Limit Disallowance	16,419.	
00100	Adjustment	01800	Adjustment	198,919.	
00200	Adjustment	00100	Wkst A Line No.	35.	
00200	NICU	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	86,010.	
00200	Adjustment	00400	Professional Amount	86,010.	
00200	Adjustment	01800	Adjustment	86,010.	
00300	Adjustment	00100	Wkst A Line No.	30.	
00300	ADULTS & PEDIATRICS	00200	Cost Center		

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00300	Adjustment	00300	Total Remuneration	59,504.	
00300	Adjustment	00500	Provider Amount	59,504.	
00300	Adjustment	00600	RCE Amount	211,500.	
00300	Adjustment	00700	Physician Hours	219.	Hours
00300	Adjustment	00800	Unadj RCE Limit	22,268.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	1,113.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	22,268.	
00300	Adjustment	01700	Limit Disallowance	37,236.	
00300	Adjustment	01800	Adjustment	37,236.	
00400	Adjustment	00100	Wkst A Line No.	50.	
00400	OPERATING ROOM	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	82,274.	
00400	Adjustment	00400	Professional Amount	82,274.	
00400	Adjustment	00600	RCE Amount	246,400.	
00400	Adjustment	01800	Adjustment	82,274.	
00500	Adjustment	00100	Wkst A Line No.	65.	
00500	RESPIRATORY THERAPY	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	13,200.	
00500	Adjustment	00500	Provider Amount	13,200.	
00500	Adjustment	00600	RCE Amount	211,500.	
00500	Adjustment	00700	Physician Hours	96.	Hours
00500	Adjustment	00800	Unadj RCE Limit	9,762.	Limit
00500	Adjustment	00900	5% Unadj RCE Limit	488.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	9,762.	
00500	Adjustment	01700	Limit Disallowance	3,438.	
00500	Adjustment	01800	Adjustment	3,438.	
00600	Adjustment	00100	Wkst A Line No.	91.	
00600	EMERGENCY	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	2,311,335.	
00600	Adjustment	00400	Professional Amount	2,311,335.	
00600	Adjustment	01800	Adjustment	2,311,335.	
00700	Adjustment	00100	Wkst A Line No.	5.	
00700	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	287,620.	

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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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
00700	Adjustment	00400	Professional Amount	287,620.	
00700	Adjustment	01800	Adjustment	287,620.	
00800	Adjustment	00100	Wkst A Line No.	5.	
00800	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	221,245.	
00800	Adjustment	00500	Provider Amount	221,245.	
00800	Adjustment	00600	RCE Amount	211,500.	
00800	Adjustment	00700	Physician Hours	2,060.	Hours
00800	Adjustment	00800	Unadj RCE Limit	209,466.	Limit
00800	Adjustment	00900	5% Unadj RCE Limit	10,473.	Limit
00800	Adjustment	01600	Adjusted RCE Limit	209,466.	
00800	Adjustment	01700	Limit Disallowance	11,779.	
00800	Adjustment	01800	Adjustment	11,779.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	3,279,688.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	2,949,739.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	329,949.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	2,615.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	261,077.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	13,053.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	261,077.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	68,872.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	3,018,611.	

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	3,188,963.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	3,188,963.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	685,353.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	3,874,316.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	341,154.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	4,215,470.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	3,129,008.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	3,129,008.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	1,171,471.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	4,300,479.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-34,723.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	4,265,756.	
00400	Employee Benefits	00100	Salaries	155,367.	
00400	Employee Benefits	00200	Other Cost	10,157,043.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	10,312,410.	
00400	Employee Benefits	00400	Reclassifications	1,138,075.	
00400	Employee Benefits	00500	Reclassified T/B	11,450,485.	
00400	Employee Benefits	00600	Adjustments	3,034,986.	
00400	Employee Benefits	00700	Net Expense for Alloc	14,485,471.	
00500	Administrative and General	00100	Salaries	4,403,327.	
00500	Administrative and General	00200	Other Cost	22,958,955.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	27,362,282.	
00500	Administrative and General	00400	Reclassifications	-4,220,626.	
00500	Administrative and General	00500	Reclassified T/B	23,141,656.	
00500	Administrative and General	00600	Adjustments	5,971,586.	
00500	Administrative and General	00700	Net Expense for Alloc	29,113,242.	
00700	Plant Operation	00100	Salaries	480,653.	
00700	Plant Operation	00200	Other Cost	3,055,708.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	3,536,361.	
00700	Plant Operation	00400	Reclassifications	-5,521.	
00700	Plant Operation	00500	Reclassified T/B	3,530,840.	
00700	Plant Operation	00600	Adjustments	-1,928.	
00700	Plant Operation	00700	Net Expense for Alloc	3,528,912.	
00800	Laundry and Linen Service	00200	Other Cost	740,010.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	740,010.	
00800	Laundry and Linen Service	00500	Reclassified T/B	740,010.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00800	Laundry and Linen Service	00700	Net Expense for Alloc	740,010.	
00900	Housekeeping	00100	Salaries	1,253,799.	
00900	Housekeeping	00200	Other Cost	729,616.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,983,415.	
00900	Housekeeping	00400	Reclassifications	-5,223.	
00900	Housekeeping	00500	Reclassified T/B	1,978,192.	
00900	Housekeeping	00600	Adjustments	-19,087.	
00900	Housekeeping	00700	Net Expense for Alloc	1,959,105.	
01000	Dietary	00100	Salaries	1,341,800.	
01000	Dietary	00200	Other Cost	1,189,156.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	2,530,956.	
01000	Dietary	00400	Reclassifications	-553,298.	
01000	Dietary	00500	Reclassified T/B	1,977,658.	
01000	Dietary	00600	Adjustments	-362.	
01000	Dietary	00700	Net Expense for Alloc	1,977,296.	
01100	Cafeteria	00400	Reclassifications	984,365.	
01100	Cafeteria	00500	Reclassified T/B	984,365.	
01100	Cafeteria	00600	Adjustments	-553,354.	
01100	Cafeteria	00700	Net Expense for Alloc	431,011.	
01300	Nursing Administration	00100	Salaries	973,662.	
01300	Nursing Administration	00200	Other Cost	879,801.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	1,853,463.	
01300	Nursing Administration	00400	Reclassifications	-235,014.	
01300	Nursing Administration	00500	Reclassified T/B	1,618,449.	
01300	Nursing Administration	00600	Adjustments	25,377.	
01300	Nursing Administration	00700	Net Expense for Alloc	1,643,826.	
01500	Pharmacy	00400	Reclassifications	1,945,602.	
01500	Pharmacy	00500	Reclassified T/B	1,945,602.	
01500	Pharmacy	00700	Net Expense for Alloc	1,945,602.	
01600	Medical Records and Library	00200	Other Cost	-11,034.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	-11,034.	
01600	Medical Records and Library	00400	Reclassifications	1,525,750.	
01600	Medical Records and Library	00500	Reclassified T/B	1,514,716.	
01600	Medical Records and Library	00600	Adjustments	-76,764.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01600	Medical Records and Library	00700	Net Expense for Alloc	1,437,952.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00600	Adjustments	1,001,282.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	1,001,282.	
02200	Intern and Residents Other Program Cost (Approved Program)	00100	Salaries	873.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	124.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	997.	
02200	Intern and Residents Other Program Cost (Approved Program)	00400	Reclassifications	-30,573.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	-29,576.	
02200	Intern and Residents Other Program Cost (Approved Program)	00600	Adjustments	859,038.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	829,462.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	17,244,843.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	3,538,317.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	20,783,160.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-895,246.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	19,887,914.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-394,555.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	19,493,359.	
03100	Intensive Care Unit	00100	Salaries	3,363,241.	
03100	Intensive Care Unit	00200	Other Cost	827,357.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	4,190,598.	
03100	Intensive Care Unit	00400	Reclassifications	125,656.	
03100	Intensive Care Unit	00500	Reclassified T/B	4,316,254.	
03100	Intensive Care Unit	00600	Adjustments	15,496.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	4,331,750.	
03500	Other Special Care	00100	Salaries	1,508,335.	
03500	Other Special Care	00200	Other Cost	326,860.	
03500	Other Special Care	00300	Total Cost (Col 01 & 02)	1,835,195.	
03500	Other Special Care	00400	Reclassifications	-2,921.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03500	Other Special Care	00500	Reclassified T/B	1,832,274.	
03500	Other Special Care	00600	Adjustments	7,084.	
03500	Other Special Care	00700	Net Expense for Alloc	1,839,358.	
04300	Nursery	00200	Other Cost	24,559.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	24,559.	
04300	Nursery	00400	Reclassifications	372,433.	
04300	Nursery	00500	Reclassified T/B	396,992.	
04300	Nursery	00600	Adjustments	-154.	
04300	Nursery	00700	Net Expense for Alloc	396,838.	
05000	Operating Room	00100	Salaries	3,885,222.	
05000	Operating Room	00200	Other Cost	4,736,241.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	8,621,463.	
05000	Operating Room	00400	Reclassifications	-1,316,995.	
05000	Operating Room	00500	Reclassified T/B	7,304,468.	
05000	Operating Room	00600	Adjustments	18,957.	
05000	Operating Room	00700	Net Expense for Alloc	7,323,425.	
05000	Operating Room	00100	Salaries	445,314.	05001
05000	Operating Room	00200	Other Cost	322,573.	05001
05000	Operating Room	00300	Total Cost (Col 01 & 02)	767,887.	05001
05000	Operating Room	00400	Reclassifications	16,479.	05001
05000	Operating Room	00500	Reclassified T/B	784,366.	05001
05000	Operating Room	00600	Adjustments	-122,664.	05001
05000	Operating Room	00700	Net Expense for Alloc	661,702.	05001
05100	Recovery Room	00100	Salaries	946,180.	
05100	Recovery Room	00200	Other Cost	178,742.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	1,124,922.	
05100	Recovery Room	00400	Reclassifications	17,991.	
05100	Recovery Room	00500	Reclassified T/B	1,142,913.	
05100	Recovery Room	00600	Adjustments	40.	
05100	Recovery Room	00700	Net Expense for Alloc	1,142,953.	
05200	Delivery Room and Labor Room	00100	Salaries	2,778,038.	
05200	Delivery Room and Labor Room	00200	Other Cost	2,098,384.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	4,876,422.	
05200	Delivery Room and Labor Room	00400	Reclassifications	408,357.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05200	Delivery Room and Labor Room	00500	Reclassified T/B	5,284,779.	
05200	Delivery Room and Labor Room	00600	Adjustments	-1,259,863.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	4,024,916.	
05300	Anesthesiology	00100	Salaries	70,788.	
05300	Anesthesiology	00200	Other Cost	378,969.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	449,757.	
05300	Anesthesiology	00400	Reclassifications	-83,525.	
05300	Anesthesiology	00500	Reclassified T/B	366,232.	
05300	Anesthesiology	00700	Net Expense for Alloc	366,232.	
05400	Radiology - Diagnositc	00100	Salaries	2,779,621.	
05400	Radiology - Diagnositc	00200	Other Cost	1,680,563.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	4,460,184.	
05400	Radiology - Diagnositc	00400	Reclassifications	-45,517.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	4,414,667.	
05400	Radiology - Diagnositc	00600	Adjustments	-10,283.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	4,404,384.	
05600	Radioisotope	00100	Salaries	154,329.	
05600	Radioisotope	00200	Other Cost	738,994.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	893,323.	
05600	Radioisotope	00400	Reclassifications	-684,928.	
05600	Radioisotope	00500	Reclassified T/B	208,395.	
05600	Radioisotope	00700	Net Expense for Alloc	208,395.	
05700	Computer Tomography (CT) Scan	00100	Salaries	680,186.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	283,978.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	964,164.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	-78,660.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	885,504.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	885,504.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	354,809.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	180,894.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	535,703.	
05800	Magnetic Resonance Imaging (MRI)	00400	Reclassifications	-37,609.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	498,094.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	498,094.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06000	Laboratory	00100	Salaries	1,919,371.	
06000	Laboratory	00200	Other Cost	3,566,082.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	5,485,453.	
06000	Laboratory	00400	Reclassifications	-340,233.	
06000	Laboratory	00500	Reclassified T/B	5,145,220.	
06000	Laboratory	00600	Adjustments	-658,796.	
06000	Laboratory	00700	Net Expense for Alloc	4,486,424.	
06200	Whole Blood and Packed Red Blood Cells	00200	Other Cost	796,429.	
06200	Whole Blood and Packed Red Blood Cells	00300	Total Cost (Col 01 & 02)	796,429.	
06200	Whole Blood and Packed Red Blood Cells	00400	Reclassifications	-102.	
06200	Whole Blood and Packed Red Blood Cells	00500	Reclassified T/B	796,327.	
06200	Whole Blood and Packed Red Blood Cells	00700	Net Expense for Alloc	796,327.	
06400	Intravenous Therapy	00100	Salaries	32,500.	
06400	Intravenous Therapy	00200	Other Cost	193,960.	
06400	Intravenous Therapy	00300	Total Cost (Col 01 & 02)	226,460.	
06400	Intravenous Therapy	00400	Reclassifications	225,696.	
06400	Intravenous Therapy	00500	Reclassified T/B	452,156.	
06400	Intravenous Therapy	00700	Net Expense for Alloc	452,156.	
06500	Respiratory Therapy	00100	Salaries	1,745,664.	
06500	Respiratory Therapy	00200	Other Cost	493,365.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	2,239,029.	
06500	Respiratory Therapy	00400	Reclassifications	-21,735.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,217,294.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,217,294.	
06600	Physical Therapy	00100	Salaries	1,847,693.	
06600	Physical Therapy	00200	Other Cost	208,697.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	2,056,390.	
06600	Physical Therapy	00400	Reclassifications	-21,623.	
06600	Physical Therapy	00500	Reclassified T/B	2,034,767.	
06600	Physical Therapy	00700	Net Expense for Alloc	2,034,767.	
07000	Electroencephalography	00100	Salaries	67,391.	
07000	Electroencephalography	00200	Other Cost	8,782.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	76,173.	
07000	Electroencephalography	00400	Reclassifications	-102.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07000	Electroencephalography	00500	Reclassified T/B	76,071.	
07000	Electroencephalography	00700	Net Expense for Alloc	76,071.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	5,135,118.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	5,135,118.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	794,213.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	5,929,331.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	5,929,331.	
07200	Implantable Devices Charged to Patients	00100	Salaries	1,950.	
07200	Implantable Devices Charged to Patients	00200	Other Cost	7,100,021.	
07200	Implantable Devices Charged to Patients	00300	Total Cost (Col 01 & 02)	7,101,971.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	168,783.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	7,270,754.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	7,270,754.	
07300	Drugs Charged to Patients	00100	Salaries	1,945,602.	
07300	Drugs Charged to Patients	00200	Other Cost	6,281,774.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	8,227,376.	
07300	Drugs Charged to Patients	00400	Reclassifications	-963,576.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	7,263,800.	
07300	Drugs Charged to Patients	00600	Adjustments	39,169.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	7,302,969.	
07400	Renal Dialysis	00200	Other Cost	579,487.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	579,487.	
07400	Renal Dialysis	00500	Reclassified T/B	579,487.	
07400	Renal Dialysis	00700	Net Expense for Alloc	579,487.	
07600	Other Ancillary Cost	00100	Salaries	44,267.	
07600	Other Ancillary Cost	00200	Other Cost	3,291.	
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	47,558.	
07600	Other Ancillary Cost	00500	Reclassified T/B	47,558.	
07600	Other Ancillary Cost	00700	Net Expense for Alloc	47,558.	
09100	Emergency	00100	Salaries	3,997,861.	
09100	Emergency	00200	Other Cost	4,235,261.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	8,233,122.	
09100	Emergency	00400	Reclassifications	-37,195.	
09100	Emergency	00500	Reclassified T/B	8,195,927.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09100	Emergency	00600	Adjustments	-2,620,254.	
09100	Emergency	00700	Net Expense for Alloc	5,575,673.	
11800	Sub Total (Lines 01-117)	00100	Salaries	54,422,686.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	89,936,048.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	144,358,734.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	2.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	144,358,736.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	5,561,382.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	149,920,118.	
19400	Other Nonreimbursable Cost	00100	Salaries	23,459.	19403
19400	Other Nonreimbursable Cost	00200	Other Cost	88,637.	19403
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	112,096.	19403
19400	Other Nonreimbursable Cost	00400	Reclassifications	-2.	19403
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	112,094.	19403
19400	Other Nonreimbursable Cost	00600	Adjustments	-69,609.	19403
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	42,485.	19403
20000	Worksheet A Total (Line 118-199)	00100	Salaries	54,446,145.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	90,024,685.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	144,470,830.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	144,470,830.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	5,491,773.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	149,962,603.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	RENTAL EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	754,798.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	4,932.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RENTAL EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	5.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00500	Other	18,182.	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	30,058.	
00300	RENTAL EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	A	
00300	Reclassifications	00700	Line Number	9.	
00300	Reclassifications	00900	Other	5,223.	
00400	RENTAL EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	A	
00400	Reclassifications	00700	Line Number	10.	
00400	Reclassifications	00900	Other	11,782.	
00500	RENTAL EXPENSE	00000	Description		
00500	Reclassifications	00100	Code	A	
00500	Reclassifications	00700	Line Number	13.	
00500	Reclassifications	00900	Other	235,014.	
00600	RENTAL EXPENSE	00000	Description		
00600	Reclassifications	00100	Code	A	
00600	Reclassifications	00700	Line Number	16.	
00600	Reclassifications	00900	Other	3,019.	
00700	RENTAL EXPENSE	00000	Description		
00700	Reclassifications	00100	Code	A	
00700	Reclassifications	00700	Line Number	22.	
00700	Reclassifications	00900	Other	124.	
00800	RENTAL EXPENSE	00000	Description		
00800	Reclassifications	00100	Code	A	
00800	Reclassifications	00700	Line Number	30.	
00800	Reclassifications	00900	Other	35,999.	
00900	RENTAL EXPENSE	00000	Description		
00900	Reclassifications	00100	Code	A	
00900	Reclassifications	00700	Line Number	31.	
00900	Reclassifications	00900	Other	8,240.	
01000	RENTAL EXPENSE	00000	Description		
01000	Reclassifications	00100	Code	A	
01000	Reclassifications	00700	Line Number	35.	

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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				
A60	**Wkst A-6 Reclassifications**				
01000	Reclassifications	00900	Other	2,867.	
01100	RENTAL EXPENSE	00000	Description		
01100	Reclassifications	00100	Code	A	
01100	Reclassifications	00700	Line Number	50.	
01100	Reclassifications	00900	Other	128,482.	
01200	RENTAL EXPENSE	00000	Description		
01200	Reclassifications	00100	Code	A	
01200	Reclassifications	00700	Line Number	50.01	
01200	Reclassifications	00900	Other	795.	
01300	RENTAL EXPENSE	00000	Description		
01300	Reclassifications	00100	Code	A	
01300	Reclassifications	00700	Line Number	51.	
01300	Reclassifications	00900	Other	409.	
01400	RENTAL EXPENSE	00000	Description		
01400	Reclassifications	00100	Code	A	
01400	Reclassifications	00700	Line Number	52.	
01400	Reclassifications	00900	Other	6,259.	
01500	RENTAL EXPENSE	00000	Description		
01500	Reclassifications	00100	Code	A	
01500	Reclassifications	00700	Line Number	54.	
01500	Reclassifications	00900	Other	10,723.	
01600	RENTAL EXPENSE	00000	Description		
01600	Reclassifications	00100	Code	A	
01600	Reclassifications	00700	Line Number	58.	
01600	Reclassifications	00900	Other	1,346.	
01700	RENTAL EXPENSE	00000	Description		
01700	Reclassifications	00100	Code	A	
01700	Reclassifications	00700	Line Number	60.	
01700	Reclassifications	00900	Other	3,614.	
01800	RENTAL EXPENSE	00000	Description		
01800	Reclassifications	00100	Code	A	
01800	Reclassifications	00700	Line Number	62.	
01800	Reclassifications	00900	Other	102.	
01900	RENTAL EXPENSE	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01900	Reclassifications	00100	Code	A	
01900	Reclassifications	00700	Line Number	64.	
01900	Reclassifications	00900	Other	1,078.	
02000	RENTAL EXPENSE	00000	Description		
02000	Reclassifications	00100	Code	A	
02000	Reclassifications	00700	Line Number	65.	
02000	Reclassifications	00900	Other	21,735.	
02100	RENTAL EXPENSE	00000	Description		
02100	Reclassifications	00100	Code	A	
02100	Reclassifications	00700	Line Number	66.	
02100	Reclassifications	00900	Other	3,754.	
02200	RENTAL EXPENSE	00000	Description		
02200	Reclassifications	00100	Code	A	
02200	Reclassifications	00700	Line Number	70.	
02200	Reclassifications	00900	Other	102.	
02300	RENTAL EXPENSE	00000	Description		
02300	Reclassifications	00100	Code	A	
02300	Reclassifications	00700	Line Number	71.	
02300	Reclassifications	00900	Other	39,519.	
02400	RENTAL EXPENSE	00000	Description		
02400	Reclassifications	00100	Code	A	
02400	Reclassifications	00700	Line Number	73.	
02400	Reclassifications	00900	Other	210,317.	
02500	RENTAL EXPENSE	00000	Description		
02500	Reclassifications	00100	Code	A	
02500	Reclassifications	00700	Line Number	91.	
02500	Reclassifications	00900	Other	7,485.	
02600	RENTAL EXPENSE	00000	Description		
02600	Reclassifications	00100	Code	A	
02600	Reclassifications	00700	Line Number	194.03	
02600	Reclassifications	00900	Other	2.	
50000	Reclassifications	00500	Other	772,980.	
50000	Reclassifications	00900	Other	772,980.	
00B	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	PROPERTY INSURANCE	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	3.	
00100	Reclassifications	00500	Other	231,012.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	231,012.	
50000	Reclassifications	00500	Other	231,012.	
50000	Reclassifications	00900	Other	231,012.	
00C	**Adjustment Reference**				
00100	OFFICERS BENEFITS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	154,102.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	154,102.	
50000	Reclassifications	00500	Other	154,102.	
50000	Reclassifications	00900	Other	154,102.	
00D	**Adjustment Reference**				
00100	CAFETERIA RECLASS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00400	Salary	521,866.	
00100	Reclassifications	00500	Other	462,499.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00800	Salary	521,866.	
00100	Reclassifications	00900	Other	462,499.	
50000	Reclassifications	00400	Salary	521,866.	
50000	Reclassifications	00500	Other	462,499.	
50000	Reclassifications	00800	Salary	521,866.	
50000	Reclassifications	00900	Other	462,499.	
00E	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	71.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	1,166,162.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	249.	
00200	CHARGEABLE SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	85.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	E	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	38.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	E	
00400	Reclassifications	00700	Line Number	50.	
00400	Reclassifications	00900	Other	1,038,463.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	E	
00500	Reclassifications	00700	Line Number	50.01	
00500	Reclassifications	00900	Other	177.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	E	
00600	Reclassifications	00700	Line Number	52.	
00600	Reclassifications	00900	Other	387.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	E	
00700	Reclassifications	00700	Line Number	53.	
00700	Reclassifications	00900	Other	405.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	E	
00800	Reclassifications	00700	Line Number	54.	
00800	Reclassifications	00900	Other	10,612.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	E	
00900	Reclassifications	00700	Line Number	64.	

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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				
A60	**Wkst A-6 Reclassifications**				
00900	Reclassifications	00900	Other	55.	
01000	CHARGEABLE SUPPLIES	00000	Description		
01000	Reclassifications	00100	Code	E	
01000	Reclassifications	00700	Line Number	72.	
01000	Reclassifications	00900	Other	114,641.	
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	E	
01100	Reclassifications	00700	Line Number	73.	
01100	Reclassifications	00900	Other	1,050.	
50000	Reclassifications	00500	Other	1,166,162.	
50000	Reclassifications	00900	Other	1,166,162.	
00F	**Adjustment Reference**				
00100	CHARGEABLE DRUGS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	920,792.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	14,830.	
00200	CHARGEABLE DRUGS	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	169.	
00300	CHARGEABLE DRUGS	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	641.	
00400	CHARGEABLE DRUGS	00000	Description		
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	50.	
00400	Reclassifications	00900	Other	203.	
00500	CHARGEABLE DRUGS	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	50.01	
00500	Reclassifications	00900	Other	892.	

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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				
A60	**Wkst A-6 Reclassifications**				
00600	CHARGEABLE DRUGS	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	53.	
00600	Reclassifications	00900	Other	83,096.	
00700	CHARGEABLE DRUGS	00000	Description		
00700	Reclassifications	00100	Code	F	
00700	Reclassifications	00700	Line Number	54.	
00700	Reclassifications	00900	Other	20,592.	
00800	CHARGEABLE DRUGS	00000	Description		
00800	Reclassifications	00100	Code	F	
00800	Reclassifications	00700	Line Number	56.	
00800	Reclassifications	00900	Other	684,928.	
00900	CHARGEABLE DRUGS	00000	Description		
00900	Reclassifications	00100	Code	F	
00900	Reclassifications	00700	Line Number	57.	
00900	Reclassifications	00900	Other	78,365.	
01000	CHARGEABLE DRUGS	00000	Description		
01000	Reclassifications	00100	Code	F	
01000	Reclassifications	00700	Line Number	58.	
01000	Reclassifications	00900	Other	36,263.	
01100	CHARGEABLE DRUGS	00000	Description		
01100	Reclassifications	00100	Code	F	
01100	Reclassifications	00700	Line Number	71.	
01100	Reclassifications	00900	Other	813.	
50000	Reclassifications	00500	Other	920,792.	
50000	Reclassifications	00900	Other	920,792.	
00G	**Adjustment Reference**				
00100	IMPLANTABLE DEVICE	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	283,424.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	2,161.	
00200	IMPLANTABLE DEVICE	00000	Description		

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	G	
00200	Reclassifications	00700	Line Number	52.	
00200	Reclassifications	00900	Other	6.	
00300	IMPLANTABLE DEVICE	00000	Description		
00300	Reclassifications	00100	Code	G	
00300	Reclassifications	00700	Line Number	54.	
00300	Reclassifications	00900	Other	1,060.	
00400	IMPLANTABLE DEVICE	00000	Description		
00400	Reclassifications	00100	Code	G	
00400	Reclassifications	00700	Line Number	71.	
00400	Reclassifications	00900	Other	280,197.	
50000	Reclassifications	00500	Other	283,424.	
50000	Reclassifications	00900	Other	283,424.	
00H	**Adjustment Reference**				
00100	PROPERTY TAXES	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	3.	
00100	Reclassifications	00500	Other	871,014.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	871,014.	
00100	Reclassifications	01000	Wkst A-6 Reference	13.	
50000	Reclassifications	00500	Other	871,014.	
50000	Reclassifications	00900	Other	871,014.	
00I	**Adjustment Reference**				
00100	ED HOLD	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	31.	
00100	Reclassifications	00400	Salary	124,677.	
00100	Reclassifications	00500	Other	9,219.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	124,677.	
00200	ED HOLD	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00300	Line Number	30.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00500	Other	19,982.	
00200	Reclassifications	00700	Line Number	91.	
00200	Reclassifications	00900	Other	29,201.	
50000	Reclassifications	00400	Salary	124,677.	
50000	Reclassifications	00500	Other	29,201.	
50000	Reclassifications	00800	Salary	124,677.	
50000	Reclassifications	00900	Other	29,201.	
00J	**Adjustment Reference**				
00100	OR DIRECTOR	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	50.01	
00100	Reclassifications	00400	Salary	17,244.	
00100	Reclassifications	00500	Other	1,156.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00800	Salary	34,488.	
00100	Reclassifications	00900	Other	2,312.	
00200	OR DIRECTOR	00000	Description		
00200	Reclassifications	00100	Code	J	
00200	Reclassifications	00300	Line Number	51.	
00200	Reclassifications	00400	Salary	17,244.	
00200	Reclassifications	00500	Other	1,156.	
50000	Reclassifications	00400	Salary	34,488.	
50000	Reclassifications	00500	Other	2,312.	
50000	Reclassifications	00800	Salary	34,488.	
50000	Reclassifications	00900	Other	2,312.	
00K	**Adjustment Reference**				
00100	PHYS/EMS MEALS	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	10.	
00100	Reclassifications	00500	Other	443,103.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	443,103.	
50000	Reclassifications	00500	Other	443,103.	
50000	Reclassifications	00900	Other	443,103.	

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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				
A60	**Wkst A-6 Reclassifications**				
00L	**Adjustment Reference**				
00100	PTO	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00400	Salary	137,084.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	137,084.	
50000	Reclassifications	00400	Salary	137,084.	
50000	Reclassifications	00900	Other	137,084.	
00M	**Adjustment Reference**				
00100	LABOR & DELIVER/NURSERY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	324,972.	
00100	Reclassifications	00500	Other	47,461.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	830,083.	
00200	LABOR & DELIVER/NURSERY RECLASS	00000	Description		
00200	Reclassifications	00100	Code	M	
00200	Reclassifications	00300	Line Number	30.	
00200	Reclassifications	00500	Other	42,641.	
00200	Reclassifications	00700	Line Number	52.	
00200	Reclassifications	00900	Other	90,102.	
00300	LABOR & DELIVER/NURSERY RECLASS	00000	Description		
00300	Reclassifications	00100	Code	M	
00300	Reclassifications	00300	Line Number	52.	
00300	Reclassifications	00400	Salary	505,111.	
50000	Reclassifications	00400	Salary	830,083.	
50000	Reclassifications	00500	Other	90,102.	
50000	Reclassifications	00800	Salary	830,083.	
50000	Reclassifications	00900	Other	90,102.	
00O	**Adjustment Reference**				
00100	UTILITIES	00000	Description		
00100	Reclassifications	00100	Code	O	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	7.	
00100	Reclassifications	00500	Other	24,537.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	6,643.	
00200	UTILITIES	00000	Description		
00200	Reclassifications	00100	Code	O	
00200	Reclassifications	00700	Line Number	66.	
00200	Reclassifications	00900	Other	17,869.	
00300	UTILITIES	00000	Description		
00300	Reclassifications	00100	Code	O	
00300	Reclassifications	00700	Line Number	91.	
00300	Reclassifications	00900	Other	25.	
50000	Reclassifications	00500	Other	24,537.	
50000	Reclassifications	00900	Other	24,537.	
00P	**Adjustment Reference**				
00100	PHARMACY SALARY	00000	Description		
00100	Reclassifications	00100	Code	P	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00400	Salary	1,945,602.	
00100	Reclassifications	00700	Line Number	73.	
00100	Reclassifications	00800	Salary	1,945,602.	
50000	Reclassifications	00400	Salary	1,945,602.	
50000	Reclassifications	00800	Salary	1,945,602.	
00Q	**Adjustment Reference**				
00100	SHARED SERVICES	00000	Description		
00100	Reclassifications	00100	Code	Q	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	667,365.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	2,672,773.	
00200	SHARED SERVICES	00000	Description		
00200	Reclassifications	00100	Code	Q	
00200	Reclassifications	00300	Line Number	73.	
00200	Reclassifications	00500	Other	476,639.	

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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				
A60	**Wkst A-6 Reclassifications**				
00300	SHARED SERVICES	00000	Description		
00300	Reclassifications	00100	Code	Q	
00300	Reclassifications	00300	Line Number	16.	
00300	Reclassifications	00500	Other	1,528,769.	
50000	Reclassifications	00500	Other	2,672,773.	
50000	Reclassifications	00900	Other	2,672,773.	
00R	**Adjustment Reference**				
00100	GME ADD ON	00000	Description		
00100	Reclassifications	00100	Code	R	
00100	Reclassifications	00300	Line Number	21.	
00100	Reclassifications	00400	Salary	1,001,282.	
00100	Reclassifications	00700	Line Number	21.	
00100	Reclassifications	00900	Other	1,001,282.	
00200	GME ADD ON	00000	Description		
00200	Reclassifications	00100	Code	R	
00200	Reclassifications	00300	Line Number	22.	
00200	Reclassifications	00400	Salary	181,966.	
00200	Reclassifications	00700	Line Number	22.	
00200	Reclassifications	00900	Other	181,966.	
00300	GME ADD ON	00000	Description		
00300	Reclassifications	00100	Code	R	
00300	Reclassifications	00300	Line Number	5.	
00300	Reclassifications	00500	Other	30,449.	
00300	Reclassifications	00700	Line Number	22.	
00300	Reclassifications	00900	Other	30,449.	
50000	Reclassifications	00400	Salary	1,183,248.	
50000	Reclassifications	00500	Other	30,449.	
50000	Reclassifications	00900	Other	1,213,697.	
00S	**Adjustment Reference**				
00100	IRL BENEFITS	00000	Description		
00100	Reclassifications	00100	Code	S	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00500	Other	336,619.	
00100	Reclassifications	00700	Line Number	60.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00900	Other	336,619.	
50000	Reclassifications	00500	Other	336,619.	
50000	Reclassifications	00900	Other	336,619.	
00T	**Adjustment Reference**				
00100	WOUND CARE EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	T	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00400	Salary	32,416.	
00100	Reclassifications	00500	Other	2,972.	
00100	Reclassifications	00700	Line Number	64.	
00100	Reclassifications	00800	Salary	32,416.	
00100	Reclassifications	00900	Other	2,972.	
50000	Reclassifications	00400	Salary	32,416.	
50000	Reclassifications	00500	Other	2,972.	
50000	Reclassifications	00800	Salary	32,416.	
50000	Reclassifications	00900	Other	2,972.	
00U	**Adjustment Reference**				
00100	IV THERAPY COST OF GOODS	00000	Description		
00100	Reclassifications	00100	Code	U	
00100	Reclassifications	00300	Line Number	64.	
00100	Reclassifications	00500	Other	262,217.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	860.	
00200	IV THERAPY COST OF GOODS	00000	Description		
00200	Reclassifications	00100	Code	U	
00200	Reclassifications	00700	Line Number	30.	
00200	Reclassifications	00900	Other	1,819.	
00300	IV THERAPY COST OF GOODS	00000	Description		
00300	Reclassifications	00100	Code	U	
00300	Reclassifications	00700	Line Number	35.	
00300	Reclassifications	00900	Other	54.	
00400	IV THERAPY COST OF GOODS	00000	Description		
00400	Reclassifications	00100	Code	U	
00400	Reclassifications	00700	Line Number	50.	

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00400	Reclassifications	00900	Other	636.	
00500	IV THERAPY COST OF GOODS	00000	Description		
00500	Reclassifications	00100	Code	U	
00500	Reclassifications	00700	Line Number	50.01	
00500	Reclassifications	00900	Other	57.	
00600	IV THERAPY COST OF GOODS	00000	Description		
00600	Reclassifications	00100	Code	U	
00600	Reclassifications	00700	Line Number	53.	
00600	Reclassifications	00900	Other	24.	
00700	IV THERAPY COST OF GOODS	00000	Description		
00700	Reclassifications	00100	Code	U	
00700	Reclassifications	00700	Line Number	54.	
00700	Reclassifications	00900	Other	2,530.	
00800	IV THERAPY COST OF GOODS	00000	Description		
00800	Reclassifications	00100	Code	U	
00800	Reclassifications	00700	Line Number	57.	
00800	Reclassifications	00900	Other	295.	
00900	IV THERAPY COST OF GOODS	00000	Description		
00900	Reclassifications	00100	Code	U	
00900	Reclassifications	00700	Line Number	71.	
00900	Reclassifications	00900	Other	51,420.	
01000	IV THERAPY COST OF GOODS	00000	Description		
01000	Reclassifications	00100	Code	U	
01000	Reclassifications	00700	Line Number	73.	
01000	Reclassifications	00900	Other	204,038.	
01100	IV THERAPY COST OF GOODS	00000	Description		
01100	Reclassifications	00100	Code	U	
01100	Reclassifications	00700	Line Number	91.	
01100	Reclassifications	00900	Other	484.	
50000	Reclassifications	00500	Other	262,217.	
50000	Reclassifications	00900	Other	262,217.	
00V	**Adjustment Reference**				
00100	RECLASS SALARY TO OTHER	00000	Description		
00100	Reclassifications	00100	Code	V	

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	1,950.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00800	Salary	1,950.	
50000	Reclassifications	00500	Other	1,950.	
50000	Reclassifications	00800	Salary	1,950.	
00W	**Adjustment Reference**				
00100	RECLASS ADMINISTRATIVE EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	W	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	110,250.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	110,250.	
50000	Reclassifications	00500	Other	110,250.	
50000	Reclassifications	00900	Other	110,250.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	7,143,306.	
00100	Land	00600	Ending Balance	7,143,306.	
00200	Land Improvements	00100	Beginning Balances	4,164,044.	
00200	Land Improvements	00600	Ending Balance	4,164,044.	
00300	Buildings and Fixtures	00100	Beginning Balances	37,494,653.	
00300	Buildings and Fixtures	00600	Ending Balance	37,494,653.	
00400	Building Improvements	00100	Beginning Balances	4,819,176.	
00400	Building Improvements	00200	Purchases	1,648,832.	
00400	Building Improvements	00400	Total	1,648,832.	
00400	Building Improvements	00600	Ending Balance	6,468,008.	
00500	Fixed Equipment	00100	Beginning Balances	40,937,429.	
00500	Fixed Equipment	00200	Purchases	547,389.	
00500	Fixed Equipment	00400	Total	547,389.	
00500	Fixed Equipment	00500	Disposals/Retirements	115,449.	
00500	Fixed Equipment	00600	Ending Balance	41,369,369.	
00600	Movable Equipment	00100	Beginning Balances	57,960,917.	

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00600	Movable Equipment	00200	Purchases	2,013,789.	
00600	Movable Equipment	00400	Total	2,013,789.	
00600	Movable Equipment	00500	Disposals/Retirements	5,563,907.	
00600	Movable Equipment	00600	Ending Balance	54,410,799.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	152,519,525.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	4,210,010.	
00800	Sub Total (Lines 01 To 07)	00400	Total	4,210,010.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	5,679,356.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	151,050,179.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	152,519,525.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	4,210,010.	
01000	Worksheet A-7 Part 1 Total	00400	Total	4,210,010.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	5,679,356.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	151,050,179.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,188,963.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	3,188,963.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	3,129,008.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	3,129,008.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	6,317,971.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	6,317,971.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	89,496,074.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	89,496,074.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.621903	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	143,667.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	541,686.	
00100	Capital Related Cost - Land and Buildings	00800	Total	685,353.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,228,320.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	301,797.	

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	01200	Insurance	143,667.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	541,686.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	4,215,470.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	54,410,799.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	54,410,799.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.378097	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	87,345.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	329,328.	
00200	Capital Related Cost - Movable Equipment	00800	Total	416,673.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	3,094,285.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	754,798.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	87,345.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	329,328.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	4,265,756.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	143,906,873.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	143,906,873.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	231,012.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	871,014.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	1,102,026.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	6,322,605.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	1,056,595.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	231,012.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	871,014.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	8,481,226.	
A80	**Wkst A-8 Adjustment to Expenses**				
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-3,949,727.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	6,563,212.	
03300	TELEVISION SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-39,903.	
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	
03300	CAFETERIA - EMPLOYEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-553,354.	03301
03300	CAFETERIA	00300	Cost Center		
03300	Adjustments	00400	Line Number	11.	03301
03300	580940 LOST BADGE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-675.	03302
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03302
03300	581935 CME INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-29,725.	03303
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03303
03300	581955 TRANSCRIPTION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-247.	03304
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03304
03300	582930 WELLNESS FEES	00000	Description		

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-4,356.	03305
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03305
03300	582940 OTHER INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-375.	03306
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03306
03300	INTEREST INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-53,236.	03307
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03307
03300	586950 UNCLAIMED PROPERTY	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-221.	03308
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03308
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,575.	03309
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03309
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-344,431.	03310
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03310
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,831.	03311
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03311

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-30,203.	03312
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03312
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-20,301.	03313
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03313
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,000.	03314
03300	DRUGS CHARGED TO PATIENTS	00300	Cost Center		
03300	Adjustments	00400	Line Number	73.	03314
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,290.	03315
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03315
03300	DIVISION EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-810.	03316
03300	MARKETING	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.03	03316
03300	TELEPHONE SALARY	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-32,227.	03317
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03317
03300	TELEPHONE OTHER EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-29,061.	03318
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	5.	03318
03300	TELEPHONE EMPLOYEE BENEFITS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-8,701.	03319
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03319
03300	NON ALLOWABLE LEGAL FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-36,094.	03320
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03320
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-28,887.	03321
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03321
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-614.	03322
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03322
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-23,823.	03323
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03323
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-498.	03324
03300	NEONATAL INTENSIVE CARE UNIT	00300	Cost Center		
03300	Adjustments	00400	Line Number	35.	03324
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-555.	03325

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03325
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-34,503.	03326
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03326
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,869.	03327
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03327
03300	XXX-751/752 PATIENT GIFTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,951.	03328
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03328
03300	900-803 PHYS RECRUIT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-84,221.	03329
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03329
03300	900-804 EDUCATION PAYBACK	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-11,700.	03330
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03330
03300	XXX762 ALCOHOL	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,077.	03331
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03331
03300	XXX762 ALCOHOL	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-15.	03332
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03332
03300	XXX840 CASH OVERAGE/SHORTAGE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-20.	03333
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03333
03300	AHA/FAH LOBBYING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-6,347.	03334
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03334
03300	900889 MISC OTHER	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,780.	03335
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03335
03300	XXX-830 CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-17,142.	03336
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03336
03300	900-7XX ADVERTISING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-71,317.	03337
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03337
03300	725-7XX ADVERTISING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,384.	03338
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03338
03300	780-7XX ADVERTISING	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-427,473.	03339
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03339
03300	919-7XX ADVERTISING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-68,799.	03340
03300	MARKETING	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.03	03340
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,298.	03341
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03341
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,218.	03342
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03342
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-19,087.	03343
03300	HOUSEKEEPING	00300	Cost Center		
03300	Adjustments	00400	Line Number	9.	03343
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-327.	03344
03300	DIETARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	10.	03344
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-71.	03345
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03345

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	XXX-450 UNIFORMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-216.	03346
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03346
03300	XXX845 PENALTIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-100.	03347
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03347
03300	XXX845 PENALTIES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,060.	03348
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03348
03300	900317 CONSULTING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-42,501.	03349
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03349
03300	HOSPICE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-33,229.	03350
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03350
03300	NON ALLOWABLE TRAVEL & ENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-13,852.	03351
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03351
03300	MOB 5 PHYS THERAPY 08144	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	301,797.	03352
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	1.	03352
03300	Adjustments	00500	Wkst A-8 Reference	10.	03352
03300	MOB 5 PHYS THERAPY 08144	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	539.	03353
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03353
03300	MOB 2 BUS OFFICE 08141	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	16,114.	03354
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03354
03300	Adjustments	00500	Wkst A-8 Reference	9.	03354
03300	MOB 2 BUS OFFICE 08141	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	15,942.	03355
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03355
03300	MOB 2 BUS OFFICE 08141	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	42,582.	03356
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03356
03300	MOB 3 BREAST CENTER - 08412	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	23,243.	03357
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03357
03300	Adjustments	00500	Wkst A-8 Reference	9.	03357
03300	MOB 3 BREAST CENTER - 08412	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	2,282.	03358
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03358

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	MOB 3 BREAST CENTER - 08412	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	3,542.	03359
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03359
03300	DEPT 783 AMBULANCE TRIPS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,208.	03360
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03360
03300	GME ADDA ON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,001,282.	03361
03300	I&R SERVICES-SALARY & FRINGES APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	21.	03361
03300	GME ADDA ON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	859,038.	03362
03300	I&R SERVICES-OTHER PRGM COSTS APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	22.	03362
03300	GME ADDA ON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,582.	03363
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03363
03300	Adjustments	00500	Wkst A-8 Reference	9.	03363
03300	GME ADDA ON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	79,931.	03364
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03364
03300	GME ADDA ON	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	830.	03365

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03365
03300	MALPRACTICE PAID CLAIMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	2,277,587.	03366
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03366
03300	WORKERS COMP PAID CLAIMS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	351,635.	03367
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03367
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	5,491,773.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	HTI GPO FEES	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	IT CORP BILLING	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	MGMT FEES	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	RSC SHARED SERVICE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	RSC SHARED SERVICE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00401
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	SUPPLY CHAIN	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00402
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00402
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	DRUGS CHARGED TO PATIENTS	00200	Cost Center		
00400	SUPPLY CHAIN	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00403
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00403
00400	Costs Incurred and Adjustments Required	00100	Line No		00404
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	SUPPLY CHAIN	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00404
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00404
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00404
00400	Costs Incurred and Adjustments Required	00100	Line No		00405
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	MARKUP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00405
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00405

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100269	**PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470**				
	Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00100	Line No		00406
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PAYROLL SVC CENTER	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00406
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00406
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00406
00400	Costs Incurred and Adjustments Required	00100	Line No		00407
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	PAYROLL SVC CENTER	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00407
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00407
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00407
00400	Costs Incurred and Adjustments Required	00100	Line No		00408
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	DIV IT SERV	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00408
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00408
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00408
00400	Costs Incurred and Adjustments Required	00100	Line No		00409
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PRINT SHOP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00409
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00409
00400	Costs Incurred and Adjustments Required	00100	Line No		00410
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	REV INTEGRITY	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00410
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00410
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00410
00400	Costs Incurred and Adjustments Required	00100	Line No		00411
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CREDENTIALING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00411
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00411

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00411
00400	Costs Incurred and Adjustments Required	00100	Line No		00412
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	CREDENTIALING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00412
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00412
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00412
00400	Costs Incurred and Adjustments Required	00100	Line No		00413
00400	MEDICAL RECORDS & LIBRARY	00200	Cost Center		
00400	HIM COST ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00413
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00413
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00413
00400	Costs Incurred and Adjustments Required	00100	Line No		00414
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	HIM COST ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00414
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00414
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00414
00400	Costs Incurred and Adjustments Required	00100	Line No		00415
00400	MEDICAL RECORDS & LIBRARY	00200	Cost Center		
00400	CANCER REGISTRY (HSC CODING)	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00415
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00415
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00415
00400	Costs Incurred and Adjustments Required	00100	Line No		00416
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	TRANSFER CENTER	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00416
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00416
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00416
00400	Costs Incurred and Adjustments Required	00100	Line No		00417
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	IT&S	00300	Expense Items		

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00417
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00417
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00417
00400	Costs Incurred and Adjustments Required	00100	Line No		00418
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	PREBILL DENIAL	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00418
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00418
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00418
00400	Costs Incurred and Adjustments Required	00100	Line No		00419
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CLINICAL ED	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00419
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00419
00400	Costs Incurred and Adjustments Required	00100	Line No		00420
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	DIV RELATED COST	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00420
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00420
00400	Costs Incurred and Adjustments Required	00100	Line No		00421
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	HWS PL COST ALLOC	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00421
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00421
00400	Costs Incurred and Adjustments Required	00100	Line No		00422
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	HR SERVICE FEES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00422
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00422
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00422
00400	Costs Incurred and Adjustments Required	00100	Line No		00423
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	SELF INS POOLING	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00423

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00423
00400	Costs Incurred and Adjustments Required	00100	Line No		00424
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	RESTORATION EXPENSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00424
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00424
00400	Costs Incurred and Adjustments Required	00100	Line No		00425
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	CONSULT A NURSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00425
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00425
00400	Costs Incurred and Adjustments Required	00100	Line No		00426
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	HR SERV FEE GME COID	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00426
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00426
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00426
00400	Costs Incurred and Adjustments Required	00100	Line No		00427
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	FSS ALLOC GME COID	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00427
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00427
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00427
00400	Costs Incurred and Adjustments Required	00100	Line No		00428
00400	LABORATORY	00200	Cost Center		
00400	IRL LAB	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00428
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00428
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00428
00400	Costs Incurred and Adjustments Required	00100	Line No		00429
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	IRL BENEFITS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00429
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00429

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00429
00400	Costs Incurred and Adjustments Required	00100	Line No		00430
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	MALPRACTICE INS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00430
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00430
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00430
00400	Costs Incurred and Adjustments Required	00100	Line No		00431
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	MALPRACTICE INS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00431
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00431
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00431
00400	Costs Incurred and Adjustments Required	00100	Line No		00432
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	GENERAL INSURANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00432
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00432
00400	Costs Incurred and Adjustments Required	00100	Line No		00433
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCO INTEREST EXPENSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00433
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00433
00400	Costs Incurred and Adjustments Required	00100	Line No		00434
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTEREST EXPENSE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00434
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00434
00400	Costs Incurred and Adjustments Required	00100	Line No		00435
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00435
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00435
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00435

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00100	Line No		00436
00400	NURSING ADMINISTRATION	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00436
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00436
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00436
00400	Costs Incurred and Adjustments Required	00100	Line No		00437
00400	ADULTS & PEDIATRICS	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00437
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00437
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00437
00400	Costs Incurred and Adjustments Required	00100	Line No		00438
00400	INTENSIVE CARE UNIT	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00438
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00438
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00438
00400	Costs Incurred and Adjustments Required	00100	Line No		00439
00400	NEONATAL INTENSIVE CARE UNIT	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00439
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00439
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00439
00400	Costs Incurred and Adjustments Required	00100	Line No		00440
00400	NURSERY	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00440
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00440
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00440
00400	Costs Incurred and Adjustments Required	00100	Line No		00441
00400	OPERATING ROOM	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00441

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00441
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00441
00400	Costs Incurred and Adjustments Required	00100	Line No		00442
00400	RECOVERY ROOM	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00442
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00442
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00442
00400	Costs Incurred and Adjustments Required	00100	Line No		00443
00400	DELIVERY ROOM & LABOR ROOM	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00443
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00443
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00443
00400	Costs Incurred and Adjustments Required	00100	Line No		00444
00400	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00444
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00444
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00444
00400	Costs Incurred and Adjustments Required	00100	Line No		00445
00400	DRUGS CHARGED TO PATIENTS	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00445
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00445
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00445
00400	Costs Incurred and Adjustments Required	00100	Line No		00446
00400	EMERGENCY	00200	Cost Center		
00400	WORKFORCE SOLUTIONS AAS	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00446
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00446
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00446
00400	Costs Incurred and Adjustments Required	00100	Line No		00447
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	EAST FLORIDA DIVISION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00447
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00447
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00447
00400	Costs Incurred and Adjustments Required	00100	Line No		00448
00400	NURSING ADMINISTRATION	00200	Cost Center		
00400	EAST FLORIDA DIVISION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00448
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00448
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00448
00400	Costs Incurred and Adjustments Required	00100	Line No		00449
00400	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00400	EAST FLORIDA DIVISION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00449
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00449
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00449
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	27,736,346.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	21,173,134.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	6,563,212.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	HCA	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	HOSP MGMT	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	HPG	00400	Allowable Cost		
00700	Interrelationship to Related Organization	00500	Amount Wkst A		
00700	PURCH GROUP	00600	Net Adjustments		

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

A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	378,037.	
00100	Adjustment	00400	Professional Amount	378,037.	
00100	Adjustment	01800	Adjustment	378,037.	
00200	Adjustment	00100	Wkst A Line No.	50.01	
00200	ENDOSCOPY	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	122,664.	
00200	Adjustment	00400	Professional Amount	122,664.	
00200	Adjustment	01800	Adjustment	122,664.	
00300	Adjustment	00100	Wkst A Line No.	52.	
00300	DELIVERY ROOM & LABOR ROOM	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	1,239,897.	
00300	Adjustment	00400	Professional Amount	1,239,897.	
00300	Adjustment	01800	Adjustment	1,239,897.	
00400	Adjustment	00100	Wkst A Line No.	91.	
00400	EMERGENCY	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	2,209,129.	
00400	Adjustment	00400	Professional Amount	2,209,129.	
00400	Adjustment	01800	Adjustment	2,209,129.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	3,949,727.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	3,949,727.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	3,949,727.	

100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

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

A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	5,685,514.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	5,685,514.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	1,666,363.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	7,351,877.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	7,351,877.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	12,727,534.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	12,727,534.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	804,945.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	13,532,479.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-3,445,973.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	10,086,506.	
00400	Employee Benefits	00100	Salaries	396,040.	
00400	Employee Benefits	00200	Other Cost	12,598,095.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	12,994,135.	
00400	Employee Benefits	00400	Reclassifications	-60.	
00400	Employee Benefits	00500	Reclassified T/B	12,994,075.	
00400	Employee Benefits	00600	Adjustments	307,832.	
00400	Employee Benefits	00700	Net Expense for Alloc	13,301,907.	
00500	Administrative and General	00100	Salaries	6,831,508.	
00500	Administrative and General	00200	Other Cost	79,070,596.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	85,902,104.	
00500	Administrative and General	00400	Reclassifications	-2,347,242.	
00500	Administrative and General	00500	Reclassified T/B	83,554,862.	
00500	Administrative and General	00600	Adjustments	-53,141,811.	
00500	Administrative and General	00700	Net Expense for Alloc	30,413,051.	
00700	Plant Operation	00100	Salaries	654,911.	
00700	Plant Operation	00200	Other Cost	6,205,148.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	6,860,059.	
00700	Plant Operation	00400	Reclassifications	-173,698.	
00700	Plant Operation	00500	Reclassified T/B	6,686,361.	
00700	Plant Operation	00600	Adjustments	-4,317.	
00700	Plant Operation	00700	Net Expense for Alloc	6,682,044.	
00800	Laundry and Linen Service	00200	Other Cost	797,695.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	797,695.	
00800	Laundry and Linen Service	00500	Reclassified T/B	797,695.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	797,695.	
00900	Housekeeping	00200	Other Cost	1,777,134.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	1,777,134.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00900	Housekeeping	00500	Reclassified T/B	1,777,134.	
00900	Housekeeping	00700	Net Expense for Alloc	1,777,134.	
01000	Dietary	00100	Salaries	1,079,068.	
01000	Dietary	00200	Other Cost	1,499,601.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	2,578,669.	
01000	Dietary	00400	Reclassifications	-1,231,958.	
01000	Dietary	00500	Reclassified T/B	1,346,711.	
01000	Dietary	00600	Adjustments	-420,257.	
01000	Dietary	00700	Net Expense for Alloc	926,454.	
01100	Cafeteria	00400	Reclassifications	751,002.	
01100	Cafeteria	00500	Reclassified T/B	751,002.	
01100	Cafeteria	00700	Net Expense for Alloc	751,002.	
01300	Nursing Administration	00100	Salaries	3,019,894.	
01300	Nursing Administration	00200	Other Cost	252,588.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	3,272,482.	
01300	Nursing Administration	00500	Reclassified T/B	3,272,482.	
01300	Nursing Administration	00700	Net Expense for Alloc	3,272,482.	
01600	Medical Records and Library	00100	Salaries	1,191,480.	
01600	Medical Records and Library	00200	Other Cost	168,130.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	1,359,610.	
01600	Medical Records and Library	00500	Reclassified T/B	1,359,610.	
01600	Medical Records and Library	00600	Adjustments	2,796.	
01600	Medical Records and Library	00700	Net Expense for Alloc	1,362,406.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00100	Salaries	955,485.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00200	Other Cost	173,658.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00300	Total Cost (Col 01 & 02)	1,129,143.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00500	Reclassified T/B	1,129,143.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00600	Adjustments	-380,000.	
02100	Intern and Residents Service - Salary & Fringes (Approved Program)	00700	Net Expense for Alloc	749,143.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	15,828,674.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	3,778,573.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	19,607,247.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-431,252.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	19,175,995.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-1,499,241.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	17,676,754.	
03100	Intensive Care Unit	00100	Salaries	3,020,597.	
03100	Intensive Care Unit	00200	Other Cost	1,114,819.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	4,135,416.	
03100	Intensive Care Unit	00400	Reclassifications	-283,269.	
03100	Intensive Care Unit	00500	Reclassified T/B	3,852,147.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	3,852,147.	
03100	Intensive Care Unit	00100	Salaries	2,051,642.	03101
03100	Intensive Care Unit	00200	Other Cost	646,584.	03101
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	2,698,226.	03101
03100	Intensive Care Unit	00400	Reclassifications	-20,837.	03101
03100	Intensive Care Unit	00500	Reclassified T/B	2,677,389.	03101
03100	Intensive Care Unit	00600	Adjustments	-172,750.	03101
03100	Intensive Care Unit	00700	Net Expense for Alloc	2,504,639.	03101
04300	Nursery	00100	Salaries	768,369.	
04300	Nursery	00200	Other Cost	322,071.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	1,090,440.	
04300	Nursery	00500	Reclassified T/B	1,090,440.	
04300	Nursery	00700	Net Expense for Alloc	1,090,440.	
05000	Operating Room	00100	Salaries	6,347,239.	
05000	Operating Room	00200	Other Cost	22,294,329.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	28,641,568.	
05000	Operating Room	00400	Reclassifications	-11,792,173.	
05000	Operating Room	00500	Reclassified T/B	16,849,395.	
05000	Operating Room	00600	Adjustments	-345,938.	
05000	Operating Room	00700	Net Expense for Alloc	16,503,457.	
05100	Recovery Room	00100	Salaries	3,998,460.	
05100	Recovery Room	00200	Other Cost	1,469,459.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	5,467,919.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05100	Recovery Room	00400	Reclassifications	-99,774.	
05100	Recovery Room	00500	Reclassified T/B	5,368,145.	
05100	Recovery Room	00700	Net Expense for Alloc	5,368,145.	
05300	Anesthesiology	00200	Other Cost	320,105.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	320,105.	
05300	Anesthesiology	00400	Reclassifications	-51,896.	
05300	Anesthesiology	00500	Reclassified T/B	268,209.	
05300	Anesthesiology	00700	Net Expense for Alloc	268,209.	
05400	Radiology - Diagnositc	00100	Salaries	1,845,456.	
05400	Radiology - Diagnositc	00200	Other Cost	1,168,073.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	3,013,529.	
05400	Radiology - Diagnositc	00400	Reclassifications	-632,943.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	2,380,586.	
05400	Radiology - Diagnositc	00600	Adjustments	-31,175.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	2,349,411.	
05500	Radiology - Therapeutic	00100	Salaries	662,144.	
05500	Radiology - Therapeutic	00200	Other Cost	485,373.	
05500	Radiology - Therapeutic	00300	Total Cost (Col 01 & 02)	1,147,517.	
05500	Radiology - Therapeutic	00400	Reclassifications	-468,964.	
05500	Radiology - Therapeutic	00500	Reclassified T/B	678,553.	
05500	Radiology - Therapeutic	00700	Net Expense for Alloc	678,553.	
05700	Computer Tomography (CT) Scan	00100	Salaries	551,406.	
05700	Computer Tomography (CT) Scan	00200	Other Cost	143,161.	
05700	Computer Tomography (CT) Scan	00300	Total Cost (Col 01 & 02)	694,567.	
05700	Computer Tomography (CT) Scan	00400	Reclassifications	-45,598.	
05700	Computer Tomography (CT) Scan	00500	Reclassified T/B	648,969.	
05700	Computer Tomography (CT) Scan	00700	Net Expense for Alloc	648,969.	
05800	Magnetic Resonance Imaging (MRI)	00100	Salaries	155,488.	
05800	Magnetic Resonance Imaging (MRI)	00200	Other Cost	9,729.	
05800	Magnetic Resonance Imaging (MRI)	00300	Total Cost (Col 01 & 02)	165,217.	
05800	Magnetic Resonance Imaging (MRI)	00500	Reclassified T/B	165,217.	
05800	Magnetic Resonance Imaging (MRI)	00700	Net Expense for Alloc	165,217.	
05900	Cardiac Catheterization	00100	Salaries	966,846.	
05900	Cardiac Catheterization	00200	Other Cost	2,347,318.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05900	Cardiac Catheterization	00300	Total Cost (Col 01 & 02)	3,314,164.	
05900	Cardiac Catheterization	00400	Reclassifications	-1,467,236.	
05900	Cardiac Catheterization	00500	Reclassified T/B	1,846,928.	
05900	Cardiac Catheterization	00600	Adjustments	-283,077.	
05900	Cardiac Catheterization	00700	Net Expense for Alloc	1,563,851.	
06000	Laboratory	00100	Salaries	2,513,078.	
06000	Laboratory	00200	Other Cost	2,037,674.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	4,550,752.	
06000	Laboratory	00500	Reclassified T/B	4,550,752.	
06000	Laboratory	00600	Adjustments	-460.	
06000	Laboratory	00700	Net Expense for Alloc	4,550,292.	
06200	Whole Blood and Packed Red Blood Cells	00200	Other Cost	1,238,317.	
06200	Whole Blood and Packed Red Blood Cells	00300	Total Cost (Col 01 & 02)	1,238,317.	
06200	Whole Blood and Packed Red Blood Cells	00500	Reclassified T/B	1,238,317.	
06200	Whole Blood and Packed Red Blood Cells	00700	Net Expense for Alloc	1,238,317.	
06500	Respiratory Therapy	00100	Salaries	2,078,156.	
06500	Respiratory Therapy	00200	Other Cost	658,806.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	2,736,962.	
06500	Respiratory Therapy	00400	Reclassifications	-163,434.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,573,528.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,573,528.	
06600	Physical Therapy	00100	Salaries	1,437,478.	
06600	Physical Therapy	00200	Other Cost	139,486.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,576,964.	
06600	Physical Therapy	00400	Reclassifications	-108,559.	
06600	Physical Therapy	00500	Reclassified T/B	1,468,405.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,468,405.	
06800	Speech Pathology	00100	Salaries	286,279.	
06800	Speech Pathology	00200	Other Cost	6,530.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	292,809.	
06800	Speech Pathology	00500	Reclassified T/B	292,809.	
06800	Speech Pathology	00700	Net Expense for Alloc	292,809.	
06900	Electrocardiology	00100	Salaries	269,269.	
06900	Electrocardiology	00200	Other Cost	6,357.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	275,626.	
06900	Electrocardiology	00500	Reclassified T/B	275,626.	
06900	Electrocardiology	00700	Net Expense for Alloc	275,626.	
07000	Electroencephalography	00100	Salaries	31,227.	
07000	Electroencephalography	00200	Other Cost	283.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	31,510.	
07000	Electroencephalography	00500	Reclassified T/B	31,510.	
07000	Electroencephalography	00700	Net Expense for Alloc	31,510.	
07100	Medical Supplies Charged to Patients	00100	Salaries	462,361.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	-539,665.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	-77,304.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	4,415,246.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	4,337,942.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	4,337,942.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	10,063,803.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	10,063,803.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	10,063,803.	
07300	Drugs Charged to Patients	00100	Salaries	2,530,326.	
07300	Drugs Charged to Patients	00200	Other Cost	5,024,109.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	7,554,435.	
07300	Drugs Charged to Patients	00400	Reclassifications	221,226.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	7,775,661.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	7,775,661.	
07400	Renal Dialysis	00200	Other Cost	826,794.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	826,794.	
07400	Renal Dialysis	00500	Reclassified T/B	826,794.	
07400	Renal Dialysis	00700	Net Expense for Alloc	826,794.	
07500	ASC (Non-Distinct Part)	00100	Salaries	448,188.	07502
07500	ASC (Non-Distinct Part)	00200	Other Cost	1,124,057.	07502
07500	ASC (Non-Distinct Part)	00300	Total Cost (Col 01 & 02)	1,572,245.	07502
07500	ASC (Non-Distinct Part)	00400	Reclassifications	-626,180.	07502
07500	ASC (Non-Distinct Part)	00500	Reclassified T/B	946,065.	07502
07500	ASC (Non-Distinct Part)	00700	Net Expense for Alloc	946,065.	07502
07600	Other Ancillary Cost	00100	Salaries	96,250.	07698

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00200	Other Cost	208,206.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	304,456.	07698
07600	Other Ancillary Cost	00400	Reclassifications	-115,997.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	188,459.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	188,459.	07698
07600	Other Ancillary Cost	00200	Other Cost	172,615.	07699
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	172,615.	07699
07600	Other Ancillary Cost	00500	Reclassified T/B	172,615.	07699
07600	Other Ancillary Cost	00700	Net Expense for Alloc	172,615.	07699
09100	Emergency	00100	Salaries	4,353,453.	
09100	Emergency	00200	Other Cost	3,407,404.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	7,760,857.	
09100	Emergency	00400	Reclassifications	-74,222.	
09100	Emergency	00500	Reclassified T/B	7,686,635.	
09100	Emergency	00600	Adjustments	-1,837,063.	
09100	Emergency	00700	Net Expense for Alloc	5,849,572.	
11800	Sub Total (Lines 01-117)	00100	Salaries	64,830,772.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	169,366,260.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	234,197,032.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-2,212,707.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	231,984,325.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-61,251,434.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	170,732,891.	
19200	Physicians Private Offices	00200	Other Cost	52,237.	
19200	Physicians Private Offices	00300	Total Cost (Col 01 & 02)	52,237.	
19200	Physicians Private Offices	00400	Reclassifications	476,550.	
19200	Physicians Private Offices	00500	Reclassified T/B	528,787.	
19200	Physicians Private Offices	00700	Net Expense for Alloc	528,787.	
19300	Nonpaid Workers	00400	Reclassifications	1,736,157.	19301
19300	Nonpaid Workers	00500	Reclassified T/B	1,736,157.	19301
19300	Nonpaid Workers	00700	Net Expense for Alloc	1,736,157.	19301
20000	Worksheet A Total (Line 118-199)	00100	Salaries	64,830,772.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	169,418,497.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	234,249,269.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	234,249,269.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-61,251,434.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	172,997,835.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	LEASE/RENT RECLASS	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	1,666,363.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	60.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	LEASE/RENT RECLASS	00000	Description		
00200	Reclassifications	00100	Code	A	
00200	Reclassifications	00300	Line Number	2.	
00200	Reclassifications	00500	Other	804,945.	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	475,738.	
00200	Reclassifications	01000	Wkst A-6 Reference	10.	
00300	LEASE/RENT RECLASS	00000	Description		
00300	Reclassifications	00100	Code	A	
00300	Reclassifications	00700	Line Number	7.	
00300	Reclassifications	00900	Other	97,552.	
00400	LEASE/RENT RECLASS	00000	Description		
00400	Reclassifications	00100	Code	A	
00400	Reclassifications	00700	Line Number	10.	
00400	Reclassifications	00900	Other	4,406.	
00500	LEASE/RENT RECLASS	00000	Description		
00500	Reclassifications	00100	Code	A	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	163,962.	
00600	LEASE/RENT RECLASS	00000	Description		
00600	Reclassifications	00100	Code	A	
00600	Reclassifications	00700	Line Number	31.	

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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				
A60	**Wkst A-6 Reclassifications**				
00600	Reclassifications	00900	Other	67,262.	
00700	LEASE/RENT RECLASS	00000	Description		
00700	Reclassifications	00100	Code	A	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	710,167.	
00800	LEASE/RENT RECLASS	00000	Description		
00800	Reclassifications	00100	Code	A	
00800	Reclassifications	00700	Line Number	54.	
00800	Reclassifications	00900	Other	478,533.	
00900	LEASE/RENT RECLASS	00000	Description		
00900	Reclassifications	00100	Code	A	
00900	Reclassifications	00700	Line Number	65.	
00900	Reclassifications	00900	Other	118,187.	
01000	LEASE/RENT RECLASS	00000	Description		
01000	Reclassifications	00100	Code	A	
01000	Reclassifications	00700	Line Number	66.	
01000	Reclassifications	00900	Other	107,436.	
01100	LEASE/RENT RECLASS	00000	Description		
01100	Reclassifications	00100	Code	A	
01100	Reclassifications	00700	Line Number	71.	
01100	Reclassifications	00900	Other	11,368.	
01200	LEASE/RENT RECLASS	00000	Description		
01200	Reclassifications	00100	Code	A	
01200	Reclassifications	00700	Line Number	75.02	
01200	Reclassifications	00900	Other	116,639.	
01300	LEASE/RENT RECLASS	00000	Description		
01300	Reclassifications	00100	Code	A	
01300	Reclassifications	00700	Line Number	91.	
01300	Reclassifications	00900	Other	4,001.	
01400	LEASE/RENT RECLASS	00000	Description		
01400	Reclassifications	00100	Code	A	
01400	Reclassifications	00700	Line Number	76.98	
01400	Reclassifications	00900	Other	115,997.	
50000	Reclassifications	00500	Other	2,471,308.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	2,471,308.	
00B	**Adjustment Reference**				
00100	MARKETING	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	193.01	
00100	Reclassifications	00400	Salary	476,185.	
00100	Reclassifications	00500	Other	1,259,972.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	476,185.	
00100	Reclassifications	00900	Other	1,259,972.	
50000	Reclassifications	00400	Salary	476,185.	
50000	Reclassifications	00500	Other	1,259,972.	
50000	Reclassifications	00800	Salary	476,185.	
50000	Reclassifications	00900	Other	1,259,972.	
00C	**Adjustment Reference**				
00100	SUPPLIES LN 71 RECLASS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	4,426,614.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	135,347.	
00200	SUPPLIES LN 71 RECLASS	00000	Description		
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	76,146.	
00300	SUPPLIES LN 71 RECLASS	00000	Description		
00300	Reclassifications	00100	Code	C	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	215,557.	
00400	SUPPLIES LN 71 RECLASS	00000	Description		
00400	Reclassifications	00100	Code	C	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	208,868.	
00500	SUPPLIES LN 71 RECLASS	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00500	Reclassifications	00100	Code	C	
00500	Reclassifications	00700	Line Number	31.01	
00500	Reclassifications	00900	Other	20,777.	
00600	SUPPLIES LN 71 RECLASS	00000	Description		
00600	Reclassifications	00100	Code	C	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	2,450,788.	
00700	SUPPLIES LN 71 RECLASS	00000	Description		
00700	Reclassifications	00100	Code	C	
00700	Reclassifications	00700	Line Number	51.	
00700	Reclassifications	00900	Other	84,039.	
00800	SUPPLIES LN 71 RECLASS	00000	Description		
00800	Reclassifications	00100	Code	C	
00800	Reclassifications	00700	Line Number	53.	
00800	Reclassifications	00900	Other	44,189.	
00900	SUPPLIES LN 71 RECLASS	00000	Description		
00900	Reclassifications	00100	Code	C	
00900	Reclassifications	00700	Line Number	54.	
00900	Reclassifications	00900	Other	62,735.	
01000	SUPPLIES LN 71 RECLASS	00000	Description		
01000	Reclassifications	00100	Code	C	
01000	Reclassifications	00700	Line Number	55.	
01000	Reclassifications	00900	Other	468,939.	
01100	SUPPLIES LN 71 RECLASS	00000	Description		
01100	Reclassifications	00100	Code	C	
01100	Reclassifications	00700	Line Number	57.	
01100	Reclassifications	00900	Other	45,495.	
01200	SUPPLIES LN 71 RECLASS	00000	Description		
01200	Reclassifications	00100	Code	C	
01200	Reclassifications	00700	Line Number	59.	
01200	Reclassifications	00900	Other	369,371.	
01300	SUPPLIES LN 71 RECLASS	00000	Description		
01300	Reclassifications	00100	Code	C	
01300	Reclassifications	00700	Line Number	65.	

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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				
A60	**Wkst A-6 Reclassifications**				
01300	Reclassifications	00900	Other	45,247.	
01400	SUPPLIES LN 71 RECLASS	00000	Description		
01400	Reclassifications	00100	Code	C	
01400	Reclassifications	00700	Line Number	66.	
01400	Reclassifications	00900	Other	1,123.	
01500	SUPPLIES LN 71 RECLASS	00000	Description		
01500	Reclassifications	00100	Code	C	
01500	Reclassifications	00700	Line Number	73.	
01500	Reclassifications	00900	Other	24,661.	
01600	SUPPLIES LN 71 RECLASS	00000	Description		
01600	Reclassifications	00100	Code	C	
01600	Reclassifications	00700	Line Number	75.02	
01600	Reclassifications	00900	Other	125,750.	
01700	SUPPLIES LN 71 RECLASS	00000	Description		
01700	Reclassifications	00100	Code	C	
01700	Reclassifications	00700	Line Number	91.	
01700	Reclassifications	00900	Other	47,582.	
50000	Reclassifications	00500	Other	4,426,614.	
50000	Reclassifications	00900	Other	4,426,614.	
00D	**Adjustment Reference**				
00100	SUPPLIES LN 72 RECLASS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	10,063,803.	
00100	Reclassifications	00700	Line Number	50.	
00100	Reclassifications	00900	Other	8,586,427.	
00200	SUPPLIES LN 72 RECLASS	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00300	Line Number	30.	
00200	Reclassifications	00500	Other	2,890.	
00200	Reclassifications	00700	Line Number	59.	
00200	Reclassifications	00900	Other	1,096,475.	
00300	SUPPLIES LN 72 RECLASS	00000	Description		
00300	Reclassifications	00100	Code	D	

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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				
A60	**Wkst A-6 Reclassifications**				
00300	Reclassifications	00700	Line Number	75.02	
00300	Reclassifications	00900	Other	383,791.	
50000	Reclassifications	00500	Other	10,066,693.	
50000	Reclassifications	00900	Other	10,066,693.	
00E	**Adjustment Reference**				
00100	PHARMACY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	245,887.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00900	Other	54,623.	
00200	PHARMACY RECLASS	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00700	Line Number	31.	
00200	Reclassifications	00900	Other	7,139.	
00300	PHARMACY RECLASS	00000	Description		
00300	Reclassifications	00100	Code	E	
00300	Reclassifications	00700	Line Number	31.01	
00300	Reclassifications	00900	Other	60.	
00400	PHARMACY RECLASS	00000	Description		
00400	Reclassifications	00100	Code	E	
00400	Reclassifications	00700	Line Number	50.	
00400	Reclassifications	00900	Other	44,791.	
00500	PHARMACY RECLASS	00000	Description		
00500	Reclassifications	00100	Code	E	
00500	Reclassifications	00700	Line Number	51.	
00500	Reclassifications	00900	Other	15,735.	
00600	PHARMACY RECLASS	00000	Description		
00600	Reclassifications	00100	Code	E	
00600	Reclassifications	00700	Line Number	53.	
00600	Reclassifications	00900	Other	7,707.	
00700	PHARMACY RECLASS	00000	Description		
00700	Reclassifications	00100	Code	E	
00700	Reclassifications	00700	Line Number	54.	

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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				
A60	**Wkst A-6 Reclassifications**				
00700	Reclassifications	00900	Other	91,675.	
00800	PHARMACY RECLASS	00000	Description		
00800	Reclassifications	00100	Code	E	
00800	Reclassifications	00700	Line Number	55.	
00800	Reclassifications	00900	Other	25.	
00900	PHARMACY RECLASS	00000	Description		
00900	Reclassifications	00100	Code	E	
00900	Reclassifications	00700	Line Number	57.	
00900	Reclassifications	00900	Other	103.	
01000	PHARMACY RECLASS	00000	Description		
01000	Reclassifications	00100	Code	E	
01000	Reclassifications	00700	Line Number	59.	
01000	Reclassifications	00900	Other	1,390.	
01100	PHARMACY RECLASS	00000	Description		
01100	Reclassifications	00100	Code	E	
01100	Reclassifications	00700	Line Number	91.	
01100	Reclassifications	00900	Other	22,639.	
50000	Reclassifications	00500	Other	245,887.	
50000	Reclassifications	00900	Other	245,887.	
00F	**Adjustment Reference**				
00100	RECLASS NON-ALLOWABLE MEALS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	192.	
00100	Reclassifications	00500	Other	476,550.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	476,550.	
50000	Reclassifications	00500	Other	476,550.	
50000	Reclassifications	00900	Other	476,550.	
00G	**Adjustment Reference**				
00100	RECLASS CAFETERIA MEALS	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	751,002.	
00100	Reclassifications	00700	Line Number	10.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00900	Other	751,002.	
50000	Reclassifications	00500	Other	751,002.	
50000	Reclassifications	00900	Other	751,002.	
00H	**Adjustment Reference**				
00100	CBO SALARY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00400	Salary	1,111,366.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	1,111,366.	
50000	Reclassifications	00400	Salary	1,111,366.	
50000	Reclassifications	00900	Other	1,111,366.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	277,993.	
00100	Land	00600	Ending Balance	277,993.	
00200	Land Improvements	00100	Beginning Balances	22,300,495.	
00200	Land Improvements	00600	Ending Balance	22,300,495.	
00300	Buildings and Fixtures	00100	Beginning Balances	74,904,008.	
00300	Buildings and Fixtures	00200	Purchases	2,508,369.	
00300	Buildings and Fixtures	00400	Total	2,508,369.	
00300	Buildings and Fixtures	00600	Ending Balance	77,412,377.	
00500	Fixed Equipment	00100	Beginning Balances	20,896,999.	
00500	Fixed Equipment	00200	Purchases	536,180.	
00500	Fixed Equipment	00400	Total	536,180.	
00500	Fixed Equipment	00500	Disposals/Retirements	4,932,709.	
00500	Fixed Equipment	00600	Ending Balance	16,500,470.	
00600	Movable Equipment	00100	Beginning Balances	77,568,707.	
00600	Movable Equipment	00200	Purchases	5,650,277.	
00600	Movable Equipment	00400	Total	5,650,277.	
00600	Movable Equipment	00500	Disposals/Retirements	6,895,878.	
00600	Movable Equipment	00600	Ending Balance	76,323,106.	
00700	HIT-designated Assets	00100	Beginning Balances	1,617,095.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00700	HIT-designated Assets	00500	Disposals/Retirements	8,910.	
00700	HIT-designated Assets	00600	Ending Balance	1,608,185.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	197,565,297.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	8,694,826.	
00800	Sub Total (Lines 01 To 07)	00400	Total	8,694,826.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	11,837,497.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	194,422,626.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	197,565,297.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	8,694,826.	
01000	Worksheet A-7 Part 1 Total	00400	Total	8,694,826.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	11,837,497.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	194,422,626.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	5,685,514.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	5,685,514.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	12,727,534.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	12,727,534.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	18,413,048.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	18,413,048.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	5,685,514.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	1,666,363.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	7,351,877.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	194,422,627.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	194,422,627.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	1.000000	Ratio
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	13,803,511.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	-3,717,718.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	713.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	10,086,506.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	194,422,627.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	194,422,627.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	19,489,025.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	-2,051,355.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	713.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	17,438,383.	
A80	**Wkst A-8 Adjustment to Expenses**				
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-902,956.	
00500	MEDICAL SUPPLIES CHARGED TO PATIENT	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	71.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-25,786.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-4,317.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-4,112,706.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-6,413,160.	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-420,257.	
01400	DIETARY	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	10.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-840.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
03300	MISC REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-234,876.	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	
03300	LAB REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-460.	03301
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03301
03300	RADIOLOGY REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-31,175.	03400
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03400
03300	OFFSET I&R REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-380,000.	03500
03300	I&R SERVICES-SALARY & FRINGES APPRV	00300	Cost Center		
03300	Adjustments	00400	Line Number	21.	03500
03300	LACTATION REV	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-25,363.	03600
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03600
03300	OFFSET COUNTRY CLUB DUES	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-15,305.	03700
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03700
03300	PHYSICIAN RECRUITMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,385,552.	03900
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03900
03300	ELIM BAD DEBT EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-48,269,178.	04000
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04000
03300	ELIMINATE GAIN/LOSS ON DISPOSAL	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,075,977.	04200
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	04200
03300	Adjustments	00500	Wkst A-8 Reference	9.	04200
03300	ELIMINATE EHR REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	3,636.	04400
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	04400
03300	ELIMINATE NON-DEDUCTIBLE SPOUSE GIFT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-749.	04401
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04401
03300	ADD-BACK REBATES OFFSET TWICE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	902,956.	04402
03300	MEDICAL SUPPLIES CHARGED TO PATIENT	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	71.	04402
03300	ELIM LOBBYING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-11,323.	04500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	04500
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-61,251,434.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00100	INTEREST	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00100	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	MANAGEMENT FEE	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00300	MALPRATICE EXPENSE	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	WORKERS COMP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00400	REIT LEASE EXP	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00401
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00401
00400	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		00401
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	12,113,856.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	18,527,016.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-6,413,160.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	UHS INC	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	HOSPITAL MANAGEMENT	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	UHS INC	00400	Allowable Cost		
00700	Interrelationship to Related Organization	00500	Amount Wkst A		
00700	REIT	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	1,498,485.	
00100	Adjustment	00400	Professional Amount	1,462,485.	
00100	Adjustment	00500	Provider Amount	36,000.	
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	00700	Physician Hours	242.	Hours
00100	Adjustment	00800	Unadj RCE Limit	24,607.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00100	Adjustment	00900	5% Unadj RCE Limit	1,230.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	24,607.	
00100	Adjustment	01700	Limit Disallowance	11,393.	
00100	Adjustment	01800	Adjustment	1,473,878.	
00200	Adjustment	00100	Wkst A Line No.	31.01	
00200	NEONATAL INTENSIVE CARE UNIT	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	172,750.	
00200	Adjustment	00400	Professional Amount	172,750.	
00200	Adjustment	00600	RCE Amount	211,500.	
00200	Adjustment	01800	Adjustment	172,750.	
00300	Adjustment	00100	Wkst A Line No.	50.	
00300	OPERATING ROOM	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	373,421.	
00300	Adjustment	00500	Provider Amount	373,421.	
00300	Adjustment	00600	RCE Amount	246,400.	
00300	Adjustment	00700	Physician Hours	232.	Hours
00300	Adjustment	00800	Unadj RCE Limit	27,483.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	1,374.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	27,483.	
00300	Adjustment	01700	Limit Disallowance	345,938.	
00300	Adjustment	01800	Adjustment	345,938.	
00400	Adjustment	00100	Wkst A Line No.	59.	
00400	CARDIAC CATHETERIZATION	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	304,430.	
00400	Adjustment	00400	Professional Amount	273,750.	
00400	Adjustment	00500	Provider Amount	30,680.	
00400	Adjustment	00600	RCE Amount	211,500.	
00400	Adjustment	00700	Physician Hours	210.	Hours
00400	Adjustment	00800	Unadj RCE Limit	21,353.	Limit
00400	Adjustment	00900	5% Unadj RCE Limit	1,068.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	21,353.	
00400	Adjustment	01700	Limit Disallowance	9,327.	
00400	Adjustment	01800	Adjustment	283,077.	
00500	Adjustment	00100	Wkst A Line No.	91.	

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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
00500	EMERGENCY	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	1,837,063.	
00500	Adjustment	00400	Professional Amount	1,837,063.	
00500	Adjustment	00600	RCE Amount	211,500.	
00500	Adjustment	01800	Adjustment	1,837,063.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	4,186,149.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	3,746,048.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	440,101.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	684.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	73,443.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	3,672.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	73,443.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	366,658.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	4,112,706.	

100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	4,595,372.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	4,595,372.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	763,429.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	5,358,801.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	-60,447.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	5,298,354.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	3,306,784.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	3,306,784.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	1,840,544.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	5,147,328.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	1,130,133.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	6,277,461.	
00300	Other Capital Related Cost	00200	Other Cost	4,286,798.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	4,286,798.	
00300	Other Capital Related Cost	00400	Reclassifications	-4,286,798.	
00400	Employee Benefits	00100	Salaries	114,342.	
00400	Employee Benefits	00200	Other Cost	299,756.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	414,098.	
00400	Employee Benefits	00400	Reclassifications	-8,166.	
00400	Employee Benefits	00500	Reclassified T/B	405,932.	
00400	Employee Benefits	00700	Net Expense for Alloc	405,932.	
00500	Administrative and General	00100	Salaries	8,153,003.	
00500	Administrative and General	00200	Other Cost	43,752,497.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	51,905,500.	
00500	Administrative and General	00400	Reclassifications	1,302,336.	
00500	Administrative and General	00500	Reclassified T/B	53,207,836.	
00500	Administrative and General	00600	Adjustments	-5,994,098.	
00500	Administrative and General	00700	Net Expense for Alloc	47,213,738.	
00700	Plant Operation	00100	Salaries	1,046,862.	
00700	Plant Operation	00200	Other Cost	5,684,416.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	6,731,278.	
00700	Plant Operation	00400	Reclassifications	-29,041.	
00700	Plant Operation	00500	Reclassified T/B	6,702,237.	
00700	Plant Operation	00600	Adjustments	-55,907.	
00700	Plant Operation	00700	Net Expense for Alloc	6,646,330.	
00800	Laundry and Linen Service	00200	Other Cost	517,936.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	517,936.	
00800	Laundry and Linen Service	00500	Reclassified T/B	517,936.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	517,936.	
00900	Housekeeping	00100	Salaries	181,014.	
00900	Housekeeping	00200	Other Cost	2,282,718.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	2,463,732.	
00900	Housekeeping	00500	Reclassified T/B	2,463,732.	
00900	Housekeeping	00700	Net Expense for Alloc	2,463,732.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01000	Dietary	00200	Other Cost	-131,869.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	-131,869.	
01000	Dietary	00400	Reclassifications	572,628.	
01000	Dietary	00500	Reclassified T/B	440,759.	
01000	Dietary	00700	Net Expense for Alloc	440,759.	
01100	Cafeteria	00100	Salaries	1,769,025.	
01100	Cafeteria	00200	Other Cost	1,472,758.	
01100	Cafeteria	00300	Total Cost (Col 01 & 02)	3,241,783.	
01100	Cafeteria	00400	Reclassifications	-747,139.	
01100	Cafeteria	00500	Reclassified T/B	2,494,644.	
01100	Cafeteria	00600	Adjustments	-578,507.	
01100	Cafeteria	00700	Net Expense for Alloc	1,916,137.	
01300	Nursing Administration	00100	Salaries	1,153,143.	
01300	Nursing Administration	00200	Other Cost	204,038.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	1,357,181.	
01300	Nursing Administration	00500	Reclassified T/B	1,357,181.	
01300	Nursing Administration	00600	Adjustments	-4,200.	
01300	Nursing Administration	00700	Net Expense for Alloc	1,352,981.	
01400	Central Service and Supply	00100	Salaries	280,069.	
01400	Central Service and Supply	00200	Other Cost	380,177.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	660,246.	
01400	Central Service and Supply	00400	Reclassifications	-193,230.	
01400	Central Service and Supply	00500	Reclassified T/B	467,016.	
01400	Central Service and Supply	00700	Net Expense for Alloc	467,016.	
01500	Pharmacy	00100	Salaries	2,614,391.	
01500	Pharmacy	00200	Other Cost	6,908,987.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	9,523,378.	
01500	Pharmacy	00400	Reclassifications	-6,353,542.	
01500	Pharmacy	00500	Reclassified T/B	3,169,836.	
01500	Pharmacy	00700	Net Expense for Alloc	3,169,836.	
01600	Medical Records and Library	00100	Salaries	827,118.	
01600	Medical Records and Library	00200	Other Cost	515,083.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	1,342,201.	
01600	Medical Records and Library	00400	Reclassifications	-16,904.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01600	Medical Records and Library	00500	Reclassified T/B	1,325,297.	
01600	Medical Records and Library	00600	Adjustments	-835.	
01600	Medical Records and Library	00700	Net Expense for Alloc	1,324,462.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	16,293,516.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	4,275,805.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	20,569,321.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-1,205,413.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	19,363,908.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	19,363,908.	
03100	Intensive Care Unit	00100	Salaries	1,816,239.	
03100	Intensive Care Unit	00200	Other Cost	1,320,415.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	3,136,654.	
03100	Intensive Care Unit	00400	Reclassifications	-500,077.	
03100	Intensive Care Unit	00500	Reclassified T/B	2,636,577.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	2,636,577.	
03500	Other Special Care	00100	Salaries	672,096.	
03500	Other Special Care	00200	Other Cost	143,933.	
03500	Other Special Care	00300	Total Cost (Col 01 & 02)	816,029.	
03500	Other Special Care	00400	Reclassifications	-9,660.	
03500	Other Special Care	00500	Reclassified T/B	806,369.	
03500	Other Special Care	00700	Net Expense for Alloc	806,369.	
04300	Nursery	00200	Other Cost	60.	
04300	Nursery	00300	Total Cost (Col 01 & 02)	60.	
04300	Nursery	00400	Reclassifications	215,632.	
04300	Nursery	00500	Reclassified T/B	215,692.	
04300	Nursery	00700	Net Expense for Alloc	215,692.	
05000	Operating Room	00100	Salaries	5,268,019.	
05000	Operating Room	00200	Other Cost	14,703,151.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	19,971,170.	
05000	Operating Room	00400	Reclassifications	-12,497,598.	
05000	Operating Room	00500	Reclassified T/B	7,473,572.	
05000	Operating Room	00600	Adjustments	-28,026.	
05000	Operating Room	00700	Net Expense for Alloc	7,445,546.	
05200	Delivery Room and Labor Room	00100	Salaries	1,066,074.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05200	Delivery Room and Labor Room	00200	Other Cost	452,562.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	1,518,636.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	1,518,636.	
05200	Delivery Room and Labor Room	00600	Adjustments	-5,278.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	1,513,358.	
05300	Anesthesiology	00100	Salaries	32,428.	
05300	Anesthesiology	00200	Other Cost	312,219.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	344,647.	
05300	Anesthesiology	00400	Reclassifications	-231,983.	
05300	Anesthesiology	00500	Reclassified T/B	112,664.	
05300	Anesthesiology	00700	Net Expense for Alloc	112,664.	
05400	Radiology - Diagnositc	00100	Salaries	1,927,299.	
05400	Radiology - Diagnositc	00200	Other Cost	3,657,486.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	5,584,785.	
05400	Radiology - Diagnositc	00400	Reclassifications	-2,216,914.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	3,367,871.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	3,367,871.	
05400	Radiology - Diagnositc	00100	Salaries	370,985.	05401
05400	Radiology - Diagnositc	00200	Other Cost	130,304.	05401
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	501,289.	05401
05400	Radiology - Diagnositc	00400	Reclassifications	-31,601.	05401
05400	Radiology - Diagnositc	00500	Reclassified T/B	469,688.	05401
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	469,688.	05401
05400	Radiology - Diagnositc	00100	Salaries	83,616.	05402
05400	Radiology - Diagnositc	00200	Other Cost	179,770.	05402
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	263,386.	05402
05400	Radiology - Diagnositc	00400	Reclassifications	-121,118.	05402
05400	Radiology - Diagnositc	00500	Reclassified T/B	142,268.	05402
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	142,268.	05402
05600	Radioisotope	00100	Salaries	234,199.	
05600	Radioisotope	00200	Other Cost	573,482.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	807,681.	
05600	Radioisotope	00400	Reclassifications	-2,588.	
05600	Radioisotope	00500	Reclassified T/B	805,093.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05600	Radioisotope	00700	Net Expense for Alloc	805,093.	
06000	Laboratory	00100	Salaries	2,247,083.	
06000	Laboratory	00200	Other Cost	3,567,708.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	5,814,791.	
06000	Laboratory	00400	Reclassifications	-65,466.	
06000	Laboratory	00500	Reclassified T/B	5,749,325.	
06000	Laboratory	00700	Net Expense for Alloc	5,749,325.	
06500	Respiratory Therapy	00100	Salaries	1,358,453.	
06500	Respiratory Therapy	00200	Other Cost	372,921.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	1,731,374.	
06500	Respiratory Therapy	00400	Reclassifications	-120,602.	
06500	Respiratory Therapy	00500	Reclassified T/B	1,610,772.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	1,610,772.	
06600	Physical Therapy	00100	Salaries	901,075.	
06600	Physical Therapy	00200	Other Cost	109,050.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,010,125.	
06600	Physical Therapy	00400	Reclassifications	-2,327.	
06600	Physical Therapy	00500	Reclassified T/B	1,007,798.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,007,798.	
06700	Occupational Therapy	00100	Salaries	195,434.	
06700	Occupational Therapy	00200	Other Cost	21,449.	
06700	Occupational Therapy	00300	Total Cost (Col 01 & 02)	216,883.	
06700	Occupational Therapy	00500	Reclassified T/B	216,883.	
06700	Occupational Therapy	00700	Net Expense for Alloc	216,883.	
06800	Speech Pathology	00100	Salaries	207,489.	
06800	Speech Pathology	00200	Other Cost	19,794.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	227,283.	
06800	Speech Pathology	00400	Reclassifications	-1.	
06800	Speech Pathology	00500	Reclassified T/B	227,282.	
06800	Speech Pathology	00700	Net Expense for Alloc	227,282.	
06900	Electrocardiology	00100	Salaries	260,564.	
06900	Electrocardiology	00200	Other Cost	69,409.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	329,973.	
06900	Electrocardiology	00400	Reclassifications	-5,496.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06900	Electrocardiology	00500	Reclassified T/B	324,477.	
06900	Electrocardiology	00700	Net Expense for Alloc	324,477.	
06900	Electrocardiology	00100	Salaries	1,721,150.	06902
06900	Electrocardiology	00200	Other Cost	2,809,896.	06902
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	4,531,046.	06902
06900	Electrocardiology	00400	Reclassifications	-2,403,569.	06902
06900	Electrocardiology	00500	Reclassified T/B	2,127,477.	06902
06900	Electrocardiology	00600	Adjustments	-14,475.	06902
06900	Electrocardiology	00700	Net Expense for Alloc	2,113,002.	06902
07000	Electroencephalography	00100	Salaries	93,017.	
07000	Electroencephalography	00200	Other Cost	14,685.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	107,702.	
07000	Electroencephalography	00400	Reclassifications	4,493.	
07000	Electroencephalography	00500	Reclassified T/B	112,195.	
07000	Electroencephalography	00600	Adjustments	-3,138.	
07000	Electroencephalography	00700	Net Expense for Alloc	109,057.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	10,500,681.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	10,500,681.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	10,500,681.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	8,812,561.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	8,812,561.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	8,812,561.	
07300	Drugs Charged to Patients	00400	Reclassifications	7,028,852.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	7,028,852.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	7,028,852.	
07400	Renal Dialysis	00200	Other Cost	785,847.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	785,847.	
07400	Renal Dialysis	00400	Reclassifications	-2,631.	
07400	Renal Dialysis	00500	Reclassified T/B	783,216.	
07400	Renal Dialysis	00700	Net Expense for Alloc	783,216.	
07600	Other Ancillary Cost	00100	Salaries	648,909.	07601
07600	Other Ancillary Cost	00200	Other Cost	478,669.	07601
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	1,127,578.	07601
07600	Other Ancillary Cost	00400	Reclassifications	-116,390.	07601

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07600	Other Ancillary Cost	00500	Reclassified T/B	1,011,188.	07601
07600	Other Ancillary Cost	00600	Adjustments	-18,236.	07601
07600	Other Ancillary Cost	00700	Net Expense for Alloc	992,952.	07601
07600	Other Ancillary Cost	00200	Other Cost	114,571.	07625
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	114,571.	07625
07600	Other Ancillary Cost	00500	Reclassified T/B	114,571.	07625
07600	Other Ancillary Cost	00700	Net Expense for Alloc	114,571.	07625
09000	Clinic	00100	Salaries	25,423.	09001
09000	Clinic	00200	Other Cost	309,417.	09001
09000	Clinic	00300	Total Cost (Col 01 & 02)	334,840.	09001
09000	Clinic	00400	Reclassifications	-2,721.	09001
09000	Clinic	00500	Reclassified T/B	332,119.	09001
09000	Clinic	00700	Net Expense for Alloc	332,119.	09001
09000	Clinic	00100	Salaries	795,035.	09003
09000	Clinic	00200	Other Cost	1,090,793.	09003
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,885,828.	09003
09000	Clinic	00400	Reclassifications	140,990.	09003
09000	Clinic	00500	Reclassified T/B	2,026,818.	09003
09000	Clinic	00600	Adjustments	-4,360.	09003
09000	Clinic	00700	Net Expense for Alloc	2,022,458.	09003
09000	Clinic	00100	Salaries	722,824.	09005
09000	Clinic	00200	Other Cost	789,257.	09005
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,512,081.	09005
09000	Clinic	00400	Reclassifications	-184,623.	09005
09000	Clinic	00500	Reclassified T/B	1,327,458.	09005
09000	Clinic	00600	Adjustments	-885.	09005
09000	Clinic	00700	Net Expense for Alloc	1,326,573.	09005
09000	Clinic	00100	Salaries	732,451.	09006
09000	Clinic	00200	Other Cost	1,084,661.	09006
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,817,112.	09006
09000	Clinic	00400	Reclassifications	140,474.	09006
09000	Clinic	00500	Reclassified T/B	1,957,586.	09006
09000	Clinic	00600	Adjustments	-18,560.	09006
09000	Clinic	00700	Net Expense for Alloc	1,939,026.	09006

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09000	Clinic	00100	Salaries	955,534.	09007
09000	Clinic	00200	Other Cost	1,054,242.	09007
09000	Clinic	00300	Total Cost (Col 01 & 02)	2,009,776.	09007
09000	Clinic	00400	Reclassifications	57,155.	09007
09000	Clinic	00500	Reclassified T/B	2,066,931.	09007
09000	Clinic	00600	Adjustments	-7,345.	09007
09000	Clinic	00700	Net Expense for Alloc	2,059,586.	09007
09000	Clinic	00100	Salaries	1,013,553.	09008
09000	Clinic	00200	Other Cost	753,921.	09008
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,767,474.	09008
09000	Clinic	00400	Reclassifications	42,940.	09008
09000	Clinic	00500	Reclassified T/B	1,810,414.	09008
09000	Clinic	00600	Adjustments	-9,475.	09008
09000	Clinic	00700	Net Expense for Alloc	1,800,939.	09008
09100	Emergency	00100	Salaries	3,846,080.	
09100	Emergency	00200	Other Cost	3,917,161.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	7,763,241.	
09100	Emergency	00400	Reclassifications	-238,327.	
09100	Emergency	00500	Reclassified T/B	7,524,914.	
09100	Emergency	00600	Adjustments	-3,379,197.	
09100	Emergency	00700	Net Expense for Alloc	4,145,717.	
11800	Sub Total (Lines 01-117)	00100	Salaries	59,627,512.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	117,188,089.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	176,815,601.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-171,210.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	176,644,391.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-9,052,836.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	167,591,555.	
19200	Physicians Private Offices	00600	Adjustments	592.	
19200	Physicians Private Offices	00700	Net Expense for Alloc	592.	
19400	Other Nonreimbursable Cost	00200	Other Cost	161,361.	
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	161,361.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	164,488.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	325,849.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	325,849.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	6,722.	19413
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	6,722.	19413
19400	Other Nonreimbursable Cost	00600	Adjustments	301.	19413
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	7,023.	19413
19400	Other Nonreimbursable Cost	00600	Adjustments	89,402.	19432
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	89,402.	19432
20000	Worksheet A Total (Line 118-199)	00100	Salaries	59,627,512.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	117,349,450.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	176,976,962.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	176,976,962.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-8,962,541.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	168,014,421.	
A60	**Wkst A-6 Reclassifications**				
00C	**Adjustment Reference**				
00100	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	27,199.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	27,199.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	27,199.	
50000	Reclassifications	00900	Other	27,199.	
00D	**Adjustment Reference**				
00100	RECLASS OF OTHER COC COSTS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	2,624,125.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	2,624,125.	
50000	Reclassifications	00500	Other	2,624,125.	
50000	Reclassifications	00900	Other	2,624,125.	

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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				
A60	**Wkst A-6 Reclassifications**				
00E	**Adjustment Reference**				
00100	OFFEROR/VENDOR REBATES	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	15.	
00100	Reclassifications	00500	Other	276,914.	
00100	Reclassifications	00700	Line Number	14.	
00100	Reclassifications	00900	Other	2,045.	
00200	OFFEROR/VENDOR REBATES	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00300	Line Number	71.	
00200	Reclassifications	00500	Other	2,045.	
00200	Reclassifications	00700	Line Number	73.	
00200	Reclassifications	00900	Other	276,914.	
50000	Reclassifications	00500	Other	278,959.	
50000	Reclassifications	00900	Other	278,959.	
00F	**Adjustment Reference**				
00100	DIETARY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	10.	
00100	Reclassifications	00400	Salary	298,710.	
00100	Reclassifications	00500	Other	274,178.	
00100	Reclassifications	00700	Line Number	11.	
00100	Reclassifications	00800	Salary	466,703.	
00100	Reclassifications	00900	Other	277,395.	
00200	DIETARY RECLASS	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	194.	
00200	Reclassifications	00400	Salary	164,488.	
00300	DIETARY RECLASS	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00300	Line Number	194.13	
00300	Reclassifications	00400	Salary	3,505.	
00300	Reclassifications	00500	Other	3,217.	
50000	Reclassifications	00400	Salary	466,703.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00500	Other	277,395.	
50000	Reclassifications	00800	Salary	466,703.	
50000	Reclassifications	00900	Other	277,395.	
00G	**Adjustment Reference**				
00100	NURSERY RECLASS	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	146,114.	
00100	Reclassifications	00500	Other	69,518.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	146,114.	
00100	Reclassifications	00900	Other	69,518.	
50000	Reclassifications	00400	Salary	146,114.	
50000	Reclassifications	00500	Other	69,518.	
50000	Reclassifications	00800	Salary	146,114.	
50000	Reclassifications	00900	Other	69,518.	
00I	**Adjustment Reference**				
00100	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	50.	
00100	Reclassifications	00500	Other	66,407.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	73,592.	
00200	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00300	Line Number	70.	
00200	Reclassifications	00500	Other	5,985.	
00300	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00300	Reclassifications	00100	Code	I	
00300	Reclassifications	00300	Line Number	91.	
00300	Reclassifications	00500	Other	1,200.	
50000	Reclassifications	00500	Other	73,592.	
50000	Reclassifications	00900	Other	73,592.	
00J	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	RECLASS IMPLANTABLE DEVICES CHARGED	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	8,814,254.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	8,814,254.	
50000	Reclassifications	00500	Other	8,814,254.	
50000	Reclassifications	00900	Other	8,814,254.	
00K	**Adjustment Reference**				
00100	IMPLANTABLES DEVICES EQUIPMENT RENTA	00000	Description		
00100	Reclassifications	00100	Code	K	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	1,693.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00900	Other	1,693.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
50000	Reclassifications	00500	Other	1,693.	
50000	Reclassifications	00900	Other	1,693.	
00L	**Adjustment Reference**				
00100	REGIONAL OFFICE EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	54.	
00100	Reclassifications	00400	Salary	106,991.	
00100	Reclassifications	00500	Other	291,123.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	106,991.	
00100	Reclassifications	00900	Other	291,123.	
50000	Reclassifications	00400	Salary	106,991.	
50000	Reclassifications	00500	Other	291,123.	
50000	Reclassifications	00800	Salary	106,991.	
50000	Reclassifications	00900	Other	291,123.	
00M	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	SITTERS EXPENSE--OTHER	00000	Description		
00100	Reclassifications	00100	Code	M	
00100	Reclassifications	00300	Line Number	91.	
00100	Reclassifications	00500	Other	151,420.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00900	Other	151,420.	
50000	Reclassifications	00500	Other	151,420.	
50000	Reclassifications	00900	Other	151,420.	
00N	**Adjustment Reference**				
00100	LEASE EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	N	
00100	Reclassifications	00300	Line Number	90.03	
00100	Reclassifications	00500	Other	176,872.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	757,106.	
00200	LEASE EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	N	
00200	Reclassifications	00300	Line Number	90.05	
00200	Reclassifications	00500	Other	135,902.	
00300	LEASE EXPENSE	00000	Description		
00300	Reclassifications	00100	Code	N	
00300	Reclassifications	00300	Line Number	90.06	
00300	Reclassifications	00500	Other	177,491.	
00400	LEASE EXPENSE	00000	Description		
00400	Reclassifications	00100	Code	N	
00400	Reclassifications	00300	Line Number	90.07	
00400	Reclassifications	00500	Other	174,890.	
00500	LEASE EXPENSE	00000	Description		
00500	Reclassifications	00100	Code	N	
00500	Reclassifications	00300	Line Number	90.08	
00500	Reclassifications	00500	Other	91,951.	
50000	Reclassifications	00500	Other	757,106.	
50000	Reclassifications	00900	Other	757,106.	
00W	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00100	Reclassifications	00100	Code	W	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	912,408.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	1,730.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00200	Reclassifications	00100	Code	W	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	29,041.	
00300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00300	Reclassifications	00100	Code	W	
00300	Reclassifications	00700	Line Number	11.	
00300	Reclassifications	00900	Other	3,041.	
00400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00400	Reclassifications	00100	Code	W	
00400	Reclassifications	00700	Line Number	14.	
00400	Reclassifications	00900	Other	177,037.	
00500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00500	Reclassifications	00100	Code	W	
00500	Reclassifications	00700	Line Number	15.	
00500	Reclassifications	00900	Other	208,086.	
00600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00600	Reclassifications	00100	Code	W	
00600	Reclassifications	00700	Line Number	16.	
00600	Reclassifications	00900	Other	16,904.	
00700	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00700	Reclassifications	00100	Code	W	
00700	Reclassifications	00700	Line Number	30.	
00700	Reclassifications	00900	Other	68,828.	
00800	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00800	Reclassifications	00100	Code	W	
00800	Reclassifications	00700	Line Number	31.	

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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				
A60	**Wkst A-6 Reclassifications**				
00800	Reclassifications	00900	Other	54,340.	
00900	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00900	Reclassifications	00100	Code	W	
00900	Reclassifications	00700	Line Number	50.	
00900	Reclassifications	00900	Other	7,536.	
01000	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01000	Reclassifications	00100	Code	W	
01000	Reclassifications	00700	Line Number	54.	
01000	Reclassifications	00900	Other	26,762.	
01100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01100	Reclassifications	00100	Code	W	
01100	Reclassifications	00700	Line Number	60.	
01100	Reclassifications	00900	Other	10,098.	
01200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01200	Reclassifications	00100	Code	W	
01200	Reclassifications	00700	Line Number	65.	
01200	Reclassifications	00900	Other	14,534.	
01300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01300	Reclassifications	00100	Code	W	
01300	Reclassifications	00700	Line Number	69.02	
01300	Reclassifications	00900	Other	3,350.	
01400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01400	Reclassifications	00100	Code	W	
01400	Reclassifications	00700	Line Number	90.03	
01400	Reclassifications	00900	Other	161.	
01500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01500	Reclassifications	00100	Code	W	
01500	Reclassifications	00700	Line Number	90.05	
01500	Reclassifications	00900	Other	290,840.	
01600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01600	Reclassifications	00100	Code	W	
01600	Reclassifications	00700	Line Number	90.08	
01600	Reclassifications	00900	Other	120.	
50000	Reclassifications	00500	Other	912,408.	

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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				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00900	Other	912,408.	
00X	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	X	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	19,312,890.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	51,072.	
00200	CHARGEABLE SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	X	
00200	Reclassifications	00700	Line Number	14.	
00200	Reclassifications	00900	Other	13,164.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	X	
00300	Reclassifications	00700	Line Number	15.	
00300	Reclassifications	00900	Other	7,838.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	X	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00900	Other	554,942.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	X	
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	376,764.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	X	
00600	Reclassifications	00700	Line Number	35.	
00600	Reclassifications	00900	Other	7,526.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	X	
00700	Reclassifications	00700	Line Number	50.	
00700	Reclassifications	00900	Other	12,439,994.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	X	

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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				
A60	**Wkst A-6 Reclassifications**				
00800	Reclassifications	00700	Line Number	53.	
00800	Reclassifications	00900	Other	137,631.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	X	
00900	Reclassifications	00700	Line Number	54.	
00900	Reclassifications	00900	Other	2,568,108.	
01000	CHARGEABLE SUPPLIES	00000	Description		
01000	Reclassifications	00100	Code	X	
01000	Reclassifications	00700	Line Number	54.01	
01000	Reclassifications	00900	Other	31,044.	
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	X	
01100	Reclassifications	00700	Line Number	54.02	
01100	Reclassifications	00900	Other	115,797.	
01200	CHARGEABLE SUPPLIES	00000	Description		
01200	Reclassifications	00100	Code	X	
01200	Reclassifications	00700	Line Number	56.	
01200	Reclassifications	00900	Other	1,342.	
01300	CHARGEABLE SUPPLIES	00000	Description		
01300	Reclassifications	00100	Code	X	
01300	Reclassifications	00700	Line Number	60.	
01300	Reclassifications	00900	Other	52,277.	
01400	CHARGEABLE SUPPLIES	00000	Description		
01400	Reclassifications	00100	Code	X	
01400	Reclassifications	00700	Line Number	65.	
01400	Reclassifications	00900	Other	105,610.	
01500	CHARGEABLE SUPPLIES	00000	Description		
01500	Reclassifications	00100	Code	X	
01500	Reclassifications	00700	Line Number	66.	
01500	Reclassifications	00900	Other	2,295.	
01600	CHARGEABLE SUPPLIES	00000	Description		
01600	Reclassifications	00100	Code	X	
01600	Reclassifications	00700	Line Number	68.	
01600	Reclassifications	00900	Other	1.	

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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				
A60	**Wkst A-6 Reclassifications**				
01700	CHARGEABLE SUPPLIES	00000	Description		
01700	Reclassifications	00100	Code	X	
01700	Reclassifications	00700	Line Number	69.	
01700	Reclassifications	00900	Other	5,467.	
01800	CHARGEABLE SUPPLIES	00000	Description		
01800	Reclassifications	00100	Code	X	
01800	Reclassifications	00700	Line Number	69.02	
01800	Reclassifications	00900	Other	2,369,396.	
01900	CHARGEABLE SUPPLIES	00000	Description		
01900	Reclassifications	00100	Code	X	
01900	Reclassifications	00700	Line Number	70.	
01900	Reclassifications	00900	Other	1,492.	
02000	CHARGEABLE SUPPLIES	00000	Description		
02000	Reclassifications	00100	Code	X	
02000	Reclassifications	00700	Line Number	74.	
02000	Reclassifications	00900	Other	2,631.	
02100	CHARGEABLE SUPPLIES	00000	Description		
02100	Reclassifications	00100	Code	X	
02100	Reclassifications	00700	Line Number	76.01	
02100	Reclassifications	00900	Other	115,874.	
02200	CHARGEABLE SUPPLIES	00000	Description		
02200	Reclassifications	00100	Code	X	
02200	Reclassifications	00700	Line Number	90.01	
02200	Reclassifications	00900	Other	2,716.	
02300	CHARGEABLE SUPPLIES	00000	Description		
02300	Reclassifications	00100	Code	X	
02300	Reclassifications	00700	Line Number	90.03	
02300	Reclassifications	00900	Other	8,783.	
02400	CHARGEABLE SUPPLIES	00000	Description		
02400	Reclassifications	00100	Code	X	
02400	Reclassifications	00700	Line Number	90.05	
02400	Reclassifications	00900	Other	13,878.	
02500	CHARGEABLE SUPPLIES	00000	Description		
02500	Reclassifications	00100	Code	X	

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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				
A60	**Wkst A-6 Reclassifications**				
02500	Reclassifications	00700	Line Number	90.06	
02500	Reclassifications	00900	Other	7,207.	
02600	CHARGEABLE SUPPLIES	00000	Description		
02600	Reclassifications	00100	Code	X	
02600	Reclassifications	00700	Line Number	90.07	
02600	Reclassifications	00900	Other	76,703.	
02700	CHARGEABLE SUPPLIES	00000	Description		
02700	Reclassifications	00100	Code	X	
02700	Reclassifications	00700	Line Number	90.08	
02700	Reclassifications	00900	Other	6,655.	
02800	CHARGEABLE SUPPLIES	00000	Description		
02800	Reclassifications	00100	Code	X	
02800	Reclassifications	00700	Line Number	91.	
02800	Reclassifications	00900	Other	236,683.	
50000	Reclassifications	00500	Other	19,312,890.	
50000	Reclassifications	00900	Other	19,312,890.	
00Y	**Adjustment Reference**				
00100	CHARGEABLE DRUGS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Y	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	6,503,701.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	8,166.	
00200	CHARGEABLE DRUGS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Y	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	97.	
00300	CHARGEABLE DRUGS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Y	
00300	Reclassifications	00700	Line Number	15.	
00300	Reclassifications	00900	Other	6,243,228.	
00400	CHARGEABLE DRUGS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Y	
00400	Reclassifications	00700	Line Number	30.	

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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				
A60	**Wkst A-6 Reclassifications**				
00400	Reclassifications	00900	Other	9,053.	
00500	CHARGEABLE DRUGS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Y	
00500	Reclassifications	00700	Line Number	31.	
00500	Reclassifications	00900	Other	3,931.	
00600	CHARGEABLE DRUGS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Y	
00600	Reclassifications	00700	Line Number	50.	
00600	Reclassifications	00900	Other	15,953.	
00700	CHARGEABLE DRUGS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Y	
00700	Reclassifications	00700	Line Number	53.	
00700	Reclassifications	00900	Other	78,647.	
00800	CHARGEABLE DRUGS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Y	
00800	Reclassifications	00700	Line Number	54.	
00800	Reclassifications	00900	Other	213.	
00900	CHARGEABLE DRUGS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Y	
00900	Reclassifications	00700	Line Number	66.	
00900	Reclassifications	00900	Other	32.	
01000	CHARGEABLE DRUGS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Y	
01000	Reclassifications	00700	Line Number	69.02	
01000	Reclassifications	00900	Other	19.	
01100	CHARGEABLE DRUGS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Y	
01100	Reclassifications	00700	Line Number	90.03	
01100	Reclassifications	00900	Other	24,522.	
01200	CHARGEABLE DRUGS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Y	
01200	Reclassifications	00700	Line Number	90.05	
01200	Reclassifications	00900	Other	13,098.	
01300	CHARGEABLE DRUGS PER G/L	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
01300	Reclassifications	00100	Code	Y	
01300	Reclassifications	00700	Line Number	90.06	
01300	Reclassifications	00900	Other	28,737.	
01400	CHARGEABLE DRUGS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Y	
01400	Reclassifications	00700	Line Number	90.07	
01400	Reclassifications	00900	Other	38,690.	
01500	CHARGEABLE DRUGS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Y	
01500	Reclassifications	00700	Line Number	90.08	
01500	Reclassifications	00900	Other	39,258.	
01600	CHARGEABLE DRUGS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Y	
01600	Reclassifications	00700	Line Number	91.	
01600	Reclassifications	00900	Other	57.	
50000	Reclassifications	00500	Other	6,503,701.	
50000	Reclassifications	00900	Other	6,503,701.	
00Z	**Adjustment Reference**				
00100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Z	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	802,065.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	12,879.	
00200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Z	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	260.	
00300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Z	
00300	Reclassifications	00700	Line Number	14.	
00300	Reclassifications	00900	Other	984.	
00400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Z	

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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				
A60	**Wkst A-6 Reclassifications**				
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	171,304.	
00500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Z	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	205,538.	
00600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Z	
00600	Reclassifications	00700	Line Number	31.	
00600	Reclassifications	00900	Other	65,042.	
00700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Z	
00700	Reclassifications	00700	Line Number	35.	
00700	Reclassifications	00900	Other	2,134.	
00800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Z	
00800	Reclassifications	00700	Line Number	50.	
00800	Reclassifications	00900	Other	100,522.	
00900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Z	
00900	Reclassifications	00700	Line Number	53.	
00900	Reclassifications	00900	Other	15,705.	
01000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Z	
01000	Reclassifications	00700	Line Number	54.	
01000	Reclassifications	00900	Other	19,945.	
01100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Z	
01100	Reclassifications	00700	Line Number	54.01	
01100	Reclassifications	00900	Other	557.	
01200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Z	
01200	Reclassifications	00700	Line Number	54.02	
01200	Reclassifications	00900	Other	5,321.	

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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				
A60	**Wkst A-6 Reclassifications**				
01300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	Z	
01300	Reclassifications	00700	Line Number	56.	
01300	Reclassifications	00900	Other	1,246.	
01400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Z	
01400	Reclassifications	00700	Line Number	60.	
01400	Reclassifications	00900	Other	3,091.	
01500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Z	
01500	Reclassifications	00700	Line Number	65.	
01500	Reclassifications	00900	Other	458.	
01600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Z	
01600	Reclassifications	00700	Line Number	69.	
01600	Reclassifications	00900	Other	29.	
01700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01700	Reclassifications	00100	Code	Z	
01700	Reclassifications	00700	Line Number	69.02	
01700	Reclassifications	00900	Other	30,804.	
01800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01800	Reclassifications	00100	Code	Z	
01800	Reclassifications	00700	Line Number	76.01	
01800	Reclassifications	00900	Other	516.	
01900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01900	Reclassifications	00100	Code	Z	
01900	Reclassifications	00700	Line Number	90.01	
01900	Reclassifications	00900	Other	5.	
02000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02000	Reclassifications	00100	Code	Z	
02000	Reclassifications	00700	Line Number	90.03	
02000	Reclassifications	00900	Other	2,416.	
02100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02100	Reclassifications	00100	Code	Z	

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				
A60	**Wkst A-6 Reclassifications**				
02100	Reclassifications	00700	Line Number	90.05	
02100	Reclassifications	00900	Other	2,709.	
02200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02200	Reclassifications	00100	Code	Z	
02200	Reclassifications	00700	Line Number	90.06	
02200	Reclassifications	00900	Other	1,073.	
02300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02300	Reclassifications	00100	Code	Z	
02300	Reclassifications	00700	Line Number	90.07	
02300	Reclassifications	00900	Other	2,342.	
02400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02400	Reclassifications	00100	Code	Z	
02400	Reclassifications	00700	Line Number	90.08	
02400	Reclassifications	00900	Other	2,978.	
02500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02500	Reclassifications	00100	Code	Z	
02500	Reclassifications	00700	Line Number	91.	
02500	Reclassifications	00900	Other	154,207.	
50000	Reclassifications	00500	Other	802,065.	
50000	Reclassifications	00900	Other	802,065.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	12,714,732.	
00100	Land	00600	Ending Balance	12,714,732.	
00200	Land Improvements	00100	Beginning Balances	409,540.	
00200	Land Improvements	00600	Ending Balance	409,540.	
00200	Land Improvements	00700	Fully Depreciated Assets	29,326.	
00300	Buildings and Fixtures	00100	Beginning Balances	57,473,151.	
00300	Buildings and Fixtures	00200	Purchases	2,900,675.	
00300	Buildings and Fixtures	00400	Total	2,900,675.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	1,361,396.	
00300	Buildings and Fixtures	00600	Ending Balance	59,012,430.	
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	116,796.	
00400	Building Improvements	00100	Beginning Balances	2,706,422.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00400	Building Improvements	00200	Purchases	921,523.	
00400	Building Improvements	00400	Total	921,523.	
00400	Building Improvements	00600	Ending Balance	3,627,945.	
00400	Building Improvements	00700	Fully Depreciated Assets	2,704,734.	
00500	Fixed Equipment	00100	Beginning Balances	7,106,855.	
00500	Fixed Equipment	00200	Purchases	627,029.	
00500	Fixed Equipment	00400	Total	627,029.	
00500	Fixed Equipment	00500	Disposals/Retirements	480,822.	
00500	Fixed Equipment	00600	Ending Balance	7,253,062.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	9,832.	
00600	Movable Equipment	00100	Beginning Balances	66,962,901.	
00600	Movable Equipment	00200	Purchases	18,444,221.	
00600	Movable Equipment	00400	Total	18,444,221.	
00600	Movable Equipment	00500	Disposals/Retirements	13,146,307.	
00600	Movable Equipment	00600	Ending Balance	72,260,815.	
00600	Movable Equipment	00700	Fully Depreciated Assets	42,760,034.	
00700	HIT-designated Assets	00100	Beginning Balances	9,729,337.	
00700	HIT-designated Assets	00600	Ending Balance	9,729,337.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	157,102,938.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	22,893,448.	
00800	Sub Total (Lines 01 To 07)	00400	Total	22,893,448.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	14,988,525.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	165,007,861.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	45,620,722.	
00900	Reconciling Items	00100	Beginning Balances	4,285,912.	
00900	Reconciling Items	00200	Purchases	13,737,550.	
00900	Reconciling Items	00400	Total	13,737,550.	
00900	Reconciling Items	00500	Disposals/Retirements	10,060,728.	
00900	Reconciling Items	00600	Ending Balance	7,962,734.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	152,817,026.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	9,155,898.	
01000	Worksheet A-7 Part 1 Total	00400	Total	9,155,898.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	4,927,797.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	157,045,127.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	45,620,722.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	4,595,372.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	4,595,372.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	3,306,784.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	3,306,784.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	7,902,156.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	7,902,156.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	75,764,647.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	75,764,647.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.459158	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	171,834.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	591,595.	
00100	Capital Related Cost - Land and Buildings	00800	Total	763,429.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	4,525,520.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	171,834.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	591,595.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	9,405.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	5,298,354.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	89,243,214.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	89,243,214.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.540842	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	202,404.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	696,840.	
00200	Capital Related Cost - Movable Equipment	00800	Total	899,244.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,553,718.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01000	Lease	914,101.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	27,199.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	202,404.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	696,840.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	-116,801.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	6,277,461.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	165,007,861.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	165,007,861.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	374,238.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	1,288,435.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	1,662,673.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	9,079,238.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	914,101.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	27,199.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	374,238.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	1,288,435.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	-107,396.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	11,575,815.	
A80	**Wkst A-8 Adjustment to Expenses**				
00300	Investment Income - Other (Chapter 2)	00100	Basis/Code	B	
00300	Investment Income - Other (Chapter 2)	00200	Amount	-458.	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
00300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00300	Investment Income - Other (Chapter 2)	00400	Line Number	5.	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-2,888.	
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-116,045.	
00500	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	2.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00500	Wkst A-8 Reference	14.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-43,728.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-55,907.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-3,057,456.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-5,296,557.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-562,598.	
01400	CAFETERIA	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	11.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-835.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-2,001.	
02000	CAFETERIA	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	11.	
02600	Depreciation - Buildings and Fixtures	00100	Basis/Code	A	
02600	Depreciation - Buildings and Fixtures	00200	Amount	-957,458.	
02600	Depreciation - Buildings and Fixtures	00500	Wkst A-8 Reference	9.	
02700	Depreciation - Old Movable Equipment	00100	Basis/Code	A	
02700	Depreciation - Old Movable Equipment	00200	Amount	1,253,006.	
02700	Depreciation - Old Movable Equipment	00500	Wkst A-8 Reference	9.	
03300	5270.XXXX OTHER EDUCATIONAL REV	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-5,278.	03303
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03303
03300	8770.XXXX CENSUS DEVELOPMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-93,673.	03309
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	MOB EXP. 8140 8141 8142 8143 81	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-90,295.	03311
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03311
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	81,093.	03316
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03316
03300	8610.6760 + 8610.6761 + 8610.67	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-71,964.	03323

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	WORKMENS COMP ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	154,946.	03324
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03324
03300	ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-10,233.	03327
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03327
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-756.	03400
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03400
03300	Adjustments	00500	Wkst A-8 Reference	14.	03400
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	958,384.	03401
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03401
03300	AMORTIZATION OF IMPACT ASSETS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	9,405.	03402
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03402
03300	Adjustments	00500	Wkst A-8 Reference	14.	03402
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-45,463.	03409
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03409

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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	LEGAL FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-182,122.	03410
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03410
03300	SET UP MOB AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	592.	03411
03300	PHYSICIANS PRIVATE OFFICES	00300	Cost Center		
03300	Adjustments	00400	Line Number	192.	03411
03300	SET UP MOB AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	89,402.	03412
03300	MOB II	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.32	03412
03300	ADMIN COSTS-NON-PATIENT CARE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-182,657.	03416
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03416
03300	NURSING RESIDENCY PROGRAM REVEN	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-4,200.	03420
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03420
03300	COMPLIMENTARY LOCAL TRANSPORTAT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-44,280.	03426
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03426
03300	COMPLIMENTARY LOCAL TRANSPORTAT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-56,104.	03427
03300	EMERGENCY	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	91.	03427
03300	CATERING REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-13,908.	03429
03300	CAFETERIA	00300	Cost Center		
03300	Adjustments	00400	Line Number	11.	03429
03300	SET UP HOSPICE AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	301.	03432
03300	HOSPICE OF PALM BEACH	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.13	03432
03300	NONALLOWABLE MARKETING/TELEMARK	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-885.	03433
03300	FARRIS IMAGING CENTER	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.05	03433
03300	CSO EXPENSE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-85,987.	03500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03500
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-35.	03804
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03804
03300	Adjustments	00500	Wkst A-8 Reference	9.	03804
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-6,072.	03805
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03805
03300	Adjustments	00500	Wkst A-8 Reference	9.	03805
03300	COMMUNITY BASED ER PRE OPENING	00000	Description		

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-519,827.	03806
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03806
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-8,962,541.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE SHARED SRVCS	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	HOME OFFICE - DRCT CAP COST	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCOMPANY JOURNAL ENTRIES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00401
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00402
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00403
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	20,987,559.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	26,284,116.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-5,296,557.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	TENET HEALTHCARE CORPORATION	00400	Allowable Cost		Symbol
00600	PARENT COMPANY	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CONIFER	00400	Allowable Cost		
00700	CREDIT AND COLLECTION	00600	Net Adjustments		
00800	C	00100	Line No		
00800	Interrelationship to Related Organization	00300	Expense Items		
00800	CARDIAC VASCULAR MGT	00400	Allowable Cost		
00800	CARDIOLOGY SERVICES	00600	Net Adjustments		
00900	B	00100	Line No		
00900	Interrelationship to Related Organization	00300	Expense Items		
00900	FLORIDA REGIONAL OFFICE	00400	Allowable Cost		
00900	HOSPITAL SERVICES	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	50.	
00100	OPERATING ROOM	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	66,407.	

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100287	**GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401**				
	Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00100	Adjustment	00500	Provider Amount	66,407.	
00100	Adjustment	00600	RCE Amount	246,400.	
00100	Adjustment	00700	Physician Hours	324.	Hours
00100	Adjustment	00800	Unadj RCE Limit	38,381.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	1,919.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	38,381.	
00100	Adjustment	01700	Limit Disallowance	28,026.	
00100	Adjustment	01800	Adjustment	28,026.	
00200	Adjustment	00100	Wkst A Line No.	69.02	
00200	CARDIOVASCULAR LAB	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	14,475.	
00200	Adjustment	00400	Professional Amount	14,475.	
00200	Adjustment	01800	Adjustment	14,475.	
00300	Adjustment	00100	Wkst A Line No.	70.	
00300	ELECTROENCEPHALOGRAPHY	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	5,985.	
00300	Adjustment	00500	Provider Amount	5,985.	
00300	Adjustment	00600	RCE Amount	211,500.	
00300	Adjustment	00700	Physician Hours	28.	Hours
00300	Adjustment	00800	Unadj RCE Limit	2,847.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	142.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	2,847.	
00300	Adjustment	01700	Limit Disallowance	3,138.	
00300	Adjustment	01800	Adjustment	3,138.	
00400	Adjustment	00100	Wkst A Line No.	90.03	
00400	MIDTOWN IMAGING WEST PALM BEACH	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	4,360.	
00400	Adjustment	00400	Professional Amount	4,360.	
00400	Adjustment	01800	Adjustment	4,360.	
00500	Adjustment	00100	Wkst A Line No.	90.06	
00500	MIDTOWN IMAGING LAKE WORTH	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	18,560.	
00500	Adjustment	00400	Professional Amount	18,560.	
00500	Adjustment	01800	Adjustment	18,560.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00600	Adjustment	00100	Wkst A Line No.	90.07	
00600	MIDTOWN IMAGING ROYAL PALM	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	7,345.	
00600	Adjustment	00400	Professional Amount	7,345.	
00600	Adjustment	01800	Adjustment	7,345.	
00700	Adjustment	00100	Wkst A Line No.	76.01	
00700	BREAST CANCER	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	20,325.	
00700	Adjustment	00500	Provider Amount	20,325.	
00700	Adjustment	00600	RCE Amount	197,500.	
00700	Adjustment	00700	Physician Hours	22.	Hours
00700	Adjustment	00800	Unadj RCE Limit	2,089.	Limit
00700	Adjustment	00900	5% Unadj RCE Limit	104.	Limit
00700	Adjustment	01600	Adjusted RCE Limit	2,089.	
00700	Adjustment	01700	Limit Disallowance	18,236.	
00700	Adjustment	01800	Adjustment	18,236.	
00800	Adjustment	00100	Wkst A Line No.	90.08	
00800	MIDTOWN IMAGING PALM BEACH GARD	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	9,475.	
00800	Adjustment	00400	Professional Amount	9,475.	
00800	Adjustment	01800	Adjustment	9,475.	
00900	Adjustment	00100	Wkst A Line No.	91.	
00900	EMERGENCY	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	2,804,079.	
00900	Adjustment	00400	Professional Amount	2,802,879.	
00900	Adjustment	00500	Provider Amount	1,200.	
00900	Adjustment	00600	RCE Amount	211,500.	
00900	Adjustment	00700	Physician Hours	8.	Hours
00900	Adjustment	00800	Unadj RCE Limit	813.	Limit
00900	Adjustment	00900	5% Unadj RCE Limit	41.	Limit
00900	Adjustment	01600	Adjusted RCE Limit	813.	
00900	Adjustment	01700	Limit Disallowance	387.	
00900	Adjustment	01800	Adjustment	2,803,266.	
01000	Adjustment	00100	Wkst A Line No.	5.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01000	ADMINISTRATIVE & GENERAL	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	224,833.	
01000	Adjustment	00500	Provider Amount	224,833.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	00700	Physician Hours	1,466.	Hours
01000	Adjustment	00800	Unadj RCE Limit	149,067.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	7,453.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	149,067.	
01000	Adjustment	01700	Limit Disallowance	75,766.	
01000	Adjustment	01800	Adjustment	75,766.	
01100	Adjustment	00100	Wkst A Line No.	5.	
01100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	68,761.	
01100	Adjustment	00500	Provider Amount	68,761.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	00700	Physician Hours	806.	Hours
01100	Adjustment	00800	Unadj RCE Limit	81,956.	Limit
01100	Adjustment	00900	5% Unadj RCE Limit	4,098.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	81,956.	
01200	Adjustment	00100	Wkst A Line No.	5.	
01200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	74,809.	
01200	Adjustment	00400	Professional Amount	74,809.	
01200	Adjustment	01800	Adjustment	74,809.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	3,319,414.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	2,931,903.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	387,511.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	2,654.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	275,153.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	13,757.	Limit

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	275,153.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	125,553.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	3,057,456.	
100288	**ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**				
	Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	2,289,637.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	2,289,637.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	989,033.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	3,278,670.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	1,241,076.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	4,519,746.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	4,420,001.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	4,420,001.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	3,068,149.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	7,488,150.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	1,516,151.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	9,004,301.	
00300	Other Capital Related Cost	00200	Other Cost	7,716,529.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	7,716,529.	
00300	Other Capital Related Cost	00400	Reclassifications	-7,716,529.	
00400	Employee Benefits	00100	Salaries	587,121.	
00400	Employee Benefits	00200	Other Cost	16,522,321.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	17,109,442.	
00400	Employee Benefits	00400	Reclassifications	-40,106.	
00400	Employee Benefits	00500	Reclassified T/B	17,069,336.	
00400	Employee Benefits	00700	Net Expense for Alloc	17,069,336.	
00500	Administrative and General	00100	Salaries	12,527,943.	
00500	Administrative and General	00200	Other Cost	72,262,358.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	84,790,301.	
00500	Administrative and General	00400	Reclassifications	4,733,801.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00500	Administrative and General	00500	Reclassified T/B	89,524,102.	
00500	Administrative and General	00600	Adjustments	-25,058,768.	
00500	Administrative and General	00700	Net Expense for Alloc	64,465,334.	
00700	Plant Operation	00100	Salaries	2,364,611.	
00700	Plant Operation	00200	Other Cost	10,393,160.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	12,757,771.	
00700	Plant Operation	00400	Reclassifications	-74,467.	
00700	Plant Operation	00500	Reclassified T/B	12,683,304.	
00700	Plant Operation	00600	Adjustments	-90,775.	
00700	Plant Operation	00700	Net Expense for Alloc	12,592,529.	
00800	Laundry and Linen Service	00200	Other Cost	919,017.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	919,017.	
00800	Laundry and Linen Service	00500	Reclassified T/B	919,017.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	919,017.	
00900	Housekeeping	00200	Other Cost	3,708,862.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	3,708,862.	
00900	Housekeeping	00500	Reclassified T/B	3,708,862.	
00900	Housekeeping	00700	Net Expense for Alloc	3,708,862.	
01000	Dietary	00200	Other Cost	3,260,309.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	3,260,309.	
01000	Dietary	00400	Reclassifications	-1,482,976.	
01000	Dietary	00500	Reclassified T/B	1,777,333.	
01000	Dietary	00700	Net Expense for Alloc	1,777,333.	
01100	Cafeteria	00400	Reclassifications	1,096,960.	
01100	Cafeteria	00500	Reclassified T/B	1,096,960.	
01100	Cafeteria	00600	Adjustments	-362.	
01100	Cafeteria	00700	Net Expense for Alloc	1,096,598.	
01300	Nursing Administration	00100	Salaries	1,893,537.	
01300	Nursing Administration	00200	Other Cost	298,508.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	2,192,045.	
01300	Nursing Administration	00400	Reclassifications	-219.	
01300	Nursing Administration	00500	Reclassified T/B	2,191,826.	
01300	Nursing Administration	00600	Adjustments	-6,027.	
01300	Nursing Administration	00700	Net Expense for Alloc	2,185,799.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01400	Central Service and Supply	00100	Salaries	701,206.	
01400	Central Service and Supply	00200	Other Cost	1,820,836.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	2,522,042.	
01400	Central Service and Supply	00400	Reclassifications	-918,901.	
01400	Central Service and Supply	00500	Reclassified T/B	1,603,141.	
01400	Central Service and Supply	00700	Net Expense for Alloc	1,603,141.	
01500	Pharmacy	00100	Salaries	4,725,749.	
01500	Pharmacy	00200	Other Cost	8,847,059.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	13,572,808.	
01500	Pharmacy	00400	Reclassifications	-8,131,728.	
01500	Pharmacy	00500	Reclassified T/B	5,441,080.	
01500	Pharmacy	00600	Adjustments	-150.	
01500	Pharmacy	00700	Net Expense for Alloc	5,440,930.	
01600	Medical Records and Library	00100	Salaries	1,441,760.	
01600	Medical Records and Library	00200	Other Cost	815,589.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	2,257,349.	
01600	Medical Records and Library	00500	Reclassified T/B	2,257,349.	
01600	Medical Records and Library	00600	Adjustments	-25.	
01600	Medical Records and Library	00700	Net Expense for Alloc	2,257,324.	
02200	Intern and Residents Other Program Cost (Approved Program)	00200	Other Cost	1,038,550.	
02200	Intern and Residents Other Program Cost (Approved Program)	00300	Total Cost (Col 01 & 02)	1,038,550.	
02200	Intern and Residents Other Program Cost (Approved Program)	00500	Reclassified T/B	1,038,550.	
02200	Intern and Residents Other Program Cost (Approved Program)	00700	Net Expense for Alloc	1,038,550.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	24,814,563.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	6,275,396.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	31,089,959.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-2,564,935.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	28,525,024.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-1,269,212.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	27,255,812.	
03100	Intensive Care Unit	00100	Salaries	4,526,023.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03100	Intensive Care Unit	00200	Other Cost	1,845,892.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	6,371,915.	
03100	Intensive Care Unit	00400	Reclassifications	-844,480.	
03100	Intensive Care Unit	00500	Reclassified T/B	5,527,435.	
03100	Intensive Care Unit	00600	Adjustments	-189,332.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	5,338,103.	
03500	Other Special Care	00100	Salaries	7,442,519.	
03500	Other Special Care	00200	Other Cost	2,204,663.	
03500	Other Special Care	00300	Total Cost (Col 01 & 02)	9,647,182.	
03500	Other Special Care	00400	Reclassifications	-898,733.	
03500	Other Special Care	00500	Reclassified T/B	8,748,449.	
03500	Other Special Care	00600	Adjustments	-100,010.	
03500	Other Special Care	00700	Net Expense for Alloc	8,648,439.	
04000	Subprovider - IPF	00100	Salaries	3,076,896.	
04000	Subprovider - IPF	00200	Other Cost	624,690.	
04000	Subprovider - IPF	00300	Total Cost (Col 01 & 02)	3,701,586.	
04000	Subprovider - IPF	00400	Reclassifications	61,481.	
04000	Subprovider - IPF	00500	Reclassified T/B	3,763,067.	
04000	Subprovider - IPF	00600	Adjustments	-239,805.	
04000	Subprovider - IPF	00700	Net Expense for Alloc	3,523,262.	
04100	Subprovider - IRF	00100	Salaries	2,942,888.	
04100	Subprovider - IRF	00200	Other Cost	656,973.	
04100	Subprovider - IRF	00300	Total Cost (Col 01 & 02)	3,599,861.	
04100	Subprovider - IRF	00400	Reclassifications	-183,428.	
04100	Subprovider - IRF	00500	Reclassified T/B	3,416,433.	
04100	Subprovider - IRF	00600	Adjustments	-15,510.	
04100	Subprovider - IRF	00700	Net Expense for Alloc	3,400,923.	
04300	Nursery	00400	Reclassifications	797,804.	
04300	Nursery	00500	Reclassified T/B	797,804.	
04300	Nursery	00700	Net Expense for Alloc	797,804.	
05000	Operating Room	00100	Salaries	6,305,148.	
05000	Operating Room	00200	Other Cost	24,633,052.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	30,938,200.	
05000	Operating Room	00400	Reclassifications	-21,467,809.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05000	Operating Room	00500	Reclassified T/B	9,470,391.	
05000	Operating Room	00600	Adjustments	-2,817.	
05000	Operating Room	00700	Net Expense for Alloc	9,467,574.	
05100	Recovery Room	00100	Salaries	1,824,034.	
05100	Recovery Room	00200	Other Cost	359,932.	
05100	Recovery Room	00300	Total Cost (Col 01 & 02)	2,183,966.	
05100	Recovery Room	00400	Reclassifications	-140,580.	
05100	Recovery Room	00500	Reclassified T/B	2,043,386.	
05100	Recovery Room	00700	Net Expense for Alloc	2,043,386.	
05200	Delivery Room and Labor Room	00100	Salaries	4,025,964.	
05200	Delivery Room and Labor Room	00200	Other Cost	2,557,501.	
05200	Delivery Room and Labor Room	00300	Total Cost (Col 01 & 02)	6,583,465.	
05200	Delivery Room and Labor Room	00400	Reclassifications	-1,132,124.	
05200	Delivery Room and Labor Room	00500	Reclassified T/B	5,451,341.	
05200	Delivery Room and Labor Room	00600	Adjustments	-1,515.	
05200	Delivery Room and Labor Room	00700	Net Expense for Alloc	5,449,826.	
05300	Anesthesiology	00100	Salaries	89,206.	
05300	Anesthesiology	00200	Other Cost	700,746.	
05300	Anesthesiology	00300	Total Cost (Col 01 & 02)	789,952.	
05300	Anesthesiology	00400	Reclassifications	-663,372.	
05300	Anesthesiology	00500	Reclassified T/B	126,580.	
05300	Anesthesiology	00700	Net Expense for Alloc	126,580.	
05400	Radiology - Diagnositc	00100	Salaries	2,477,709.	
05400	Radiology - Diagnositc	00200	Other Cost	589,319.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	3,067,028.	
05400	Radiology - Diagnositc	00400	Reclassifications	29,851.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	3,096,879.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	3,096,879.	
05400	Radiology - Diagnositc	00100	Salaries	562,080.	05401
05400	Radiology - Diagnositc	00200	Other Cost	107,217.	05401
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	669,297.	05401
05400	Radiology - Diagnositc	00400	Reclassifications	-29,917.	05401
05400	Radiology - Diagnositc	00500	Reclassified T/B	639,380.	05401
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	639,380.	05401

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05400	Radiology - Diagnositc	00100	Salaries	257,278.	05402
05400	Radiology - Diagnositc	00200	Other Cost	213,038.	05402
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	470,316.	05402
05400	Radiology - Diagnositc	00400	Reclassifications	-93,916.	05402
05400	Radiology - Diagnositc	00500	Reclassified T/B	376,400.	05402
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	376,400.	05402
05600	Radioisotope	00100	Salaries	154,818.	
05600	Radioisotope	00200	Other Cost	366,279.	
05600	Radioisotope	00300	Total Cost (Col 01 & 02)	521,097.	
05600	Radioisotope	00400	Reclassifications	-3,143.	
05600	Radioisotope	00500	Reclassified T/B	517,954.	
05600	Radioisotope	00700	Net Expense for Alloc	517,954.	
06000	Laboratory	00100	Salaries	6,232,950.	
06000	Laboratory	00200	Other Cost	3,433,891.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	9,666,841.	
06000	Laboratory	00400	Reclassifications	-115,616.	
06000	Laboratory	00500	Reclassified T/B	9,551,225.	
06000	Laboratory	00600	Adjustments	-1,258.	
06000	Laboratory	00700	Net Expense for Alloc	9,549,967.	
06500	Respiratory Therapy	00100	Salaries	2,318,609.	
06500	Respiratory Therapy	00200	Other Cost	999,789.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	3,318,398.	
06500	Respiratory Therapy	00400	Reclassifications	-628,246.	
06500	Respiratory Therapy	00500	Reclassified T/B	2,690,152.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	2,690,152.	
06600	Physical Therapy	00100	Salaries	4,734,296.	
06600	Physical Therapy	00200	Other Cost	562,132.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	5,296,428.	
06600	Physical Therapy	00400	Reclassifications	-69,648.	
06600	Physical Therapy	00500	Reclassified T/B	5,226,780.	
06600	Physical Therapy	00600	Adjustments	311,106.	
06600	Physical Therapy	00700	Net Expense for Alloc	5,537,886.	
06600	Physical Therapy	00100	Salaries	91,512.	06602
06600	Physical Therapy	00200	Other Cost	14,244.	06602

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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	105,756.	06602
06600	Physical Therapy	00400	Reclassifications	-423.	06602
06600	Physical Therapy	00500	Reclassified T/B	105,333.	06602
06600	Physical Therapy	00700	Net Expense for Alloc	105,333.	06602
06900	Electrocardiology	00100	Salaries	90,638.	
06900	Electrocardiology	00200	Other Cost	13,040.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	103,678.	
06900	Electrocardiology	00400	Reclassifications	-3,950.	
06900	Electrocardiology	00500	Reclassified T/B	99,728.	
06900	Electrocardiology	00700	Net Expense for Alloc	99,728.	
06900	Electrocardiology	00100	Salaries	294,637.	06902
06900	Electrocardiology	00200	Other Cost	40,924.	06902
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	335,561.	06902
06900	Electrocardiology	00400	Reclassifications	-22,902.	06902
06900	Electrocardiology	00500	Reclassified T/B	312,659.	06902
06900	Electrocardiology	00700	Net Expense for Alloc	312,659.	06902
07000	Electroencephalography	00100	Salaries	154,911.	
07000	Electroencephalography	00200	Other Cost	140,857.	
07000	Electroencephalography	00300	Total Cost (Col 01 & 02)	295,768.	
07000	Electroencephalography	00400	Reclassifications	-7,969.	
07000	Electroencephalography	00500	Reclassified T/B	287,799.	
07000	Electroencephalography	00600	Adjustments	-9,898.	
07000	Electroencephalography	00700	Net Expense for Alloc	277,901.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	13,728,915.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	13,728,915.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	13,728,915.	
07200	Implantable Devices Charged to Patients	00400	Reclassifications	18,047,863.	
07200	Implantable Devices Charged to Patients	00500	Reclassified T/B	18,047,863.	
07200	Implantable Devices Charged to Patients	00700	Net Expense for Alloc	18,047,863.	
07300	Drugs Charged to Patients	00400	Reclassifications	10,800,881.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	10,800,881.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	10,800,881.	
07400	Renal Dialysis	00100	Salaries	2,890,391.	
07400	Renal Dialysis	00200	Other Cost	992,405.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	3,882,796.	
07400	Renal Dialysis	00400	Reclassifications	-2,030,343.	
07400	Renal Dialysis	00500	Reclassified T/B	1,852,453.	
07400	Renal Dialysis	00600	Adjustments	-19,082.	
07400	Renal Dialysis	00700	Net Expense for Alloc	1,833,371.	
07600	Other Ancillary Cost	00100	Salaries	476,038.	07606
07600	Other Ancillary Cost	00200	Other Cost	137,631.	07606
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	613,669.	07606
07600	Other Ancillary Cost	00400	Reclassifications	62,500.	07606
07600	Other Ancillary Cost	00500	Reclassified T/B	676,169.	07606
07600	Other Ancillary Cost	00600	Adjustments	-179,015.	07606
07600	Other Ancillary Cost	00700	Net Expense for Alloc	497,154.	07606
07600	Other Ancillary Cost	00100	Salaries	1,143,349.	07607
07600	Other Ancillary Cost	00200	Other Cost	834,536.	07607
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	1,977,885.	07607
07600	Other Ancillary Cost	00400	Reclassifications	-709,770.	07607
07600	Other Ancillary Cost	00500	Reclassified T/B	1,268,115.	07607
07600	Other Ancillary Cost	00700	Net Expense for Alloc	1,268,115.	07607
07600	Other Ancillary Cost	00100	Salaries	203,688.	07608
07600	Other Ancillary Cost	00200	Other Cost	349,574.	07608
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	553,262.	07608
07600	Other Ancillary Cost	00400	Reclassifications	-343,464.	07608
07600	Other Ancillary Cost	00500	Reclassified T/B	209,798.	07608
07600	Other Ancillary Cost	00600	Adjustments	-7,957.	07608
07600	Other Ancillary Cost	00700	Net Expense for Alloc	201,841.	07608
07600	Other Ancillary Cost	00100	Salaries	291,168.	07698
07600	Other Ancillary Cost	00200	Other Cost	32,152.	07698
07600	Other Ancillary Cost	00300	Total Cost (Col 01 & 02)	323,320.	07698
07600	Other Ancillary Cost	00400	Reclassifications	-950.	07698
07600	Other Ancillary Cost	00500	Reclassified T/B	322,370.	07698
07600	Other Ancillary Cost	00700	Net Expense for Alloc	322,370.	07698
09000	Clinic	00100	Salaries	977,048.	09001
09000	Clinic	00200	Other Cost	713,138.	09001
09000	Clinic	00300	Total Cost (Col 01 & 02)	1,690,186.	09001

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
09000	Clinic	00400	Reclassifications	-564,317.	09001
09000	Clinic	00500	Reclassified T/B	1,125,869.	09001
09000	Clinic	00700	Net Expense for Alloc	1,125,869.	09001
09000	Clinic	00100	Salaries	1,231,833.	09003
09000	Clinic	00200	Other Cost	2,559,461.	09003
09000	Clinic	00300	Total Cost (Col 01 & 02)	3,791,294.	09003
09000	Clinic	00400	Reclassifications	-2,381,353.	09003
09000	Clinic	00500	Reclassified T/B	1,409,941.	09003
09000	Clinic	00700	Net Expense for Alloc	1,409,941.	09003
09000	Clinic	00100	Salaries	308,625.	09004
09000	Clinic	00200	Other Cost	139,584.	09004
09000	Clinic	00300	Total Cost (Col 01 & 02)	448,209.	09004
09000	Clinic	00400	Reclassifications	-8,656.	09004
09000	Clinic	00500	Reclassified T/B	439,553.	09004
09000	Clinic	00600	Adjustments	-43,268.	09004
09000	Clinic	00700	Net Expense for Alloc	396,285.	09004
09000	Clinic	00100	Salaries	297,424.	09005
09000	Clinic	00200	Other Cost	45,589.	09005
09000	Clinic	00300	Total Cost (Col 01 & 02)	343,013.	09005
09000	Clinic	00400	Reclassifications	-690.	09005
09000	Clinic	00500	Reclassified T/B	342,323.	09005
09000	Clinic	00600	Adjustments	45,865.	09005
09000	Clinic	00700	Net Expense for Alloc	388,188.	09005
09100	Emergency	00100	Salaries	8,241,272.	
09100	Emergency	00200	Other Cost	10,385,135.	
09100	Emergency	00300	Total Cost (Col 01 & 02)	18,626,407.	
09100	Emergency	00400	Reclassifications	-764,260.	
09100	Emergency	00500	Reclassified T/B	17,862,147.	
09100	Emergency	00600	Adjustments	-8,402,115.	
09100	Emergency	00700	Net Expense for Alloc	9,460,032.	
11300	Interest Expense	00200	Other Cost	102,400.	
11300	Interest Expense	00300	Total Cost (Col 01 & 02)	102,400.	
11300	Interest Expense	00400	Reclassifications	-102,400.	
11800	Sub Total (Lines 01-117)	00100	Salaries	112,719,442.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
11800	Sub Total (Lines 01-117)	00200	Other Cost	196,943,916.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	309,663,358.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-725,082.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	308,938,276.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-32,522,703.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	276,415,573.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	333,655.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	333,655.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	333,655.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	391,427.	19405
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	391,427.	19405
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	391,427.	19405
19400	Other Nonreimbursable Cost	00600	Adjustments	1,152,598.	19431
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	1,152,598.	19431
19400	Other Nonreimbursable Cost	00600	Adjustments	7,288.	19432
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	7,288.	19432
20000	Worksheet A Total (Line 118-199)	00100	Salaries	112,719,442.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	196,943,916.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	309,663,358.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	309,663,358.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-31,362,817.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	278,300,541.	
A60	**Wkst A-6 Reclassifications**				
00C	**Adjustment Reference**				
00100	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	88,682.	
00100	Reclassifications	00700	Line Number	113.	
00100	Reclassifications	00900	Other	102,400.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
00200	RECLASS OF NON INTERCOMPANY INTEREST	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00300	Line Number	5.	
00200	Reclassifications	00500	Other	13,718.	
50000	Reclassifications	00500	Other	102,400.	
50000	Reclassifications	00900	Other	102,400.	
00D	**Adjustment Reference**				
00100	RECLASS OF OTHER COC COSTS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	5,645,703.	
00100	Reclassifications	00700	Line Number	3.	
00100	Reclassifications	00900	Other	5,645,703.	
50000	Reclassifications	00500	Other	5,645,703.	
50000	Reclassifications	00900	Other	5,645,703.	
00E	**Adjustment Reference**				
00100	RECLASS OFFEROR/VENDER REBATES	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	14.	
00100	Reclassifications	00500	Other	160.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	160.	
00200	RECLASS OFFEROR/VENDER REBATES	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00300	Line Number	15.	
00200	Reclassifications	00500	Other	307,101.	
00200	Reclassifications	00700	Line Number	73.	
00200	Reclassifications	00900	Other	307,101.	
50000	Reclassifications	00500	Other	307,261.	
50000	Reclassifications	00900	Other	307,261.	
00F	**Adjustment Reference**				
00100	NON-ROUTINE DIETARY COSTS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	1,096,960.	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	1,430,615.	
00200	NON-ROUTINE DIETARY COSTS	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00300	Line Number	194.	
00200	Reclassifications	00500	Other	333,655.	
50000	Reclassifications	00500	Other	1,430,615.	
50000	Reclassifications	00900	Other	1,430,615.	
00G	**Adjustment Reference**				
00100	NURSERY EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	43.	
00100	Reclassifications	00400	Salary	680,071.	
00100	Reclassifications	00500	Other	117,733.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	680,071.	
00100	Reclassifications	00900	Other	117,733.	
50000	Reclassifications	00400	Salary	680,071.	
50000	Reclassifications	00500	Other	117,733.	
50000	Reclassifications	00800	Salary	680,071.	
50000	Reclassifications	00900	Other	117,733.	
00H	**Adjustment Reference**				
00100	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	50.	
00100	Reclassifications	00500	Other	2,817.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	80,559.	
00200	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00300	Line Number	70.	
00200	Reclassifications	00500	Other	13,050.	
00300	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00300	Reclassifications	00100	Code	H	

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				
A60	**Wkst A-6 Reclassifications**				
00300	Reclassifications	00300	Line Number	76.06	
00300	Reclassifications	00500	Other	62,500.	
00400	RECLASS OF DIRECTORSHIP FEES	00000	Description		
00400	Reclassifications	00100	Code	H	
00400	Reclassifications	00300	Line Number	76.08	
00400	Reclassifications	00500	Other	2,192.	
50000	Reclassifications	00500	Other	80,559.	
50000	Reclassifications	00900	Other	80,559.	
00I	**Adjustment Reference**				
00100	RECLASS OF HIGH COST IMPLANTABLES	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	72.	
00100	Reclassifications	00500	Other	18,227,621.	
00100	Reclassifications	00700	Line Number	71.	
00100	Reclassifications	00900	Other	18,227,621.	
50000	Reclassifications	00500	Other	18,227,621.	
50000	Reclassifications	00900	Other	18,227,621.	
00J	**Adjustment Reference**				
00100	SITTER EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	40.	
00100	Reclassifications	00400	Salary	76,337.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00800	Salary	98,578.	
00200	SITTER EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	J	
00200	Reclassifications	00300	Line Number	91.	
00200	Reclassifications	00400	Salary	22,241.	
50000	Reclassifications	00400	Salary	98,578.	
50000	Reclassifications	00800	Salary	98,578.	
00K	**Adjustment Reference**				
00100	IMPLANTABLES DEVICES EQUIPMENT RENTA	00000	Description		
00100	Reclassifications	00100	Code	K	

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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				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	179,758.	
00100	Reclassifications	00700	Line Number	72.	
00100	Reclassifications	00900	Other	179,758.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
50000	Reclassifications	00500	Other	179,758.	
50000	Reclassifications	00900	Other	179,758.	
00L	**Adjustment Reference**				
00100	REGIONAL OFFICE EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	L	
00100	Reclassifications	00300	Line Number	4.	
00100	Reclassifications	00400	Salary	5,509.	
00100	Reclassifications	00500	Other	3,140.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	49,196.	
00100	Reclassifications	00900	Other	112,565.	
00200	REGIONAL OFFICE EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	L	
00200	Reclassifications	00300	Line Number	54.	
00200	Reclassifications	00400	Salary	43,687.	
00200	Reclassifications	00500	Other	109,425.	
50000	Reclassifications	00400	Salary	49,196.	
50000	Reclassifications	00500	Other	112,565.	
50000	Reclassifications	00800	Salary	49,196.	
50000	Reclassifications	00900	Other	112,565.	
00W	**Adjustment Reference**				
00100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00100	Reclassifications	00100	Code	W	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	1,717,916.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	282,644.	
00100	Reclassifications	01000	Wkst A-6 Reference	10.	
00200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00100	Code	W	
00200	Reclassifications	00700	Line Number	7.	
00200	Reclassifications	00900	Other	74,467.	
00300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00300	Reclassifications	00100	Code	W	
00300	Reclassifications	00700	Line Number	13.	
00300	Reclassifications	00900	Other	190.	
00400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00400	Reclassifications	00100	Code	W	
00400	Reclassifications	00700	Line Number	14.	
00400	Reclassifications	00900	Other	679,919.	
00500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00500	Reclassifications	00100	Code	W	
00500	Reclassifications	00700	Line Number	15.	
00500	Reclassifications	00900	Other	397,637.	
00600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00600	Reclassifications	00100	Code	W	
00600	Reclassifications	00700	Line Number	31.	
00600	Reclassifications	00900	Other	660.	
00700	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00700	Reclassifications	00100	Code	W	
00700	Reclassifications	00700	Line Number	35.	
00700	Reclassifications	00900	Other	7,980.	
00800	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00800	Reclassifications	00100	Code	W	
00800	Reclassifications	00700	Line Number	50.	
00800	Reclassifications	00900	Other	113,466.	
00900	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
00900	Reclassifications	00100	Code	W	
00900	Reclassifications	00700	Line Number	53.	
00900	Reclassifications	00900	Other	3,209.	
01000	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01000	Reclassifications	00100	Code	W	
01000	Reclassifications	00700	Line Number	60.	

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100288	**ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**				
	Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01000	Reclassifications	00900	Other	27,964.	
01100	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01100	Reclassifications	00100	Code	W	
01100	Reclassifications	00700	Line Number	65.	
01100	Reclassifications	00900	Other	29,952.	
01200	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01200	Reclassifications	00100	Code	W	
01200	Reclassifications	00700	Line Number	69.02	
01200	Reclassifications	00900	Other	2,198.	
01300	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01300	Reclassifications	00100	Code	W	
01300	Reclassifications	00700	Line Number	74.	
01300	Reclassifications	00900	Other	66,821.	
01400	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01400	Reclassifications	00100	Code	W	
01400	Reclassifications	00700	Line Number	76.07	
01400	Reclassifications	00900	Other	7,431.	
01500	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01500	Reclassifications	00100	Code	W	
01500	Reclassifications	00700	Line Number	76.08	
01500	Reclassifications	00900	Other	13,695.	
01600	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01600	Reclassifications	00100	Code	W	
01600	Reclassifications	00700	Line Number	90.01	
01600	Reclassifications	00900	Other	8,572.	
01700	RECLASS OF RENTAL/LEASE EQUIP	00000	Description		
01700	Reclassifications	00100	Code	W	
01700	Reclassifications	00700	Line Number	91.	
01700	Reclassifications	00900	Other	1,111.	
50000	Reclassifications	00500	Other	1,717,916.	
50000	Reclassifications	00900	Other	1,717,916.	
00X	**Adjustment Reference**				
00100	CHARGEABLE SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	X	

Line	Line Description	Col	Column Desc	Line Value	Type

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A60	Wkst A-6 Reclassifications				
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	31,956,696.	
00100	Reclassifications	00700	Line Number	14.	
00100	Reclassifications	00900	Other	235,724.	
00200	CHARGEABLE SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	X	
00200	Reclassifications	00700	Line Number	15.	
00200	Reclassifications	00900	Other	184,821.	
00300	CHARGEABLE SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	X	
00300	Reclassifications	00700	Line Number	30.	
00300	Reclassifications	00900	Other	1,371,209.	
00400	CHARGEABLE SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	X	
00400	Reclassifications	00700	Line Number	31.	
00400	Reclassifications	00900	Other	743,265.	
00500	CHARGEABLE SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	X	
00500	Reclassifications	00700	Line Number	35.	
00500	Reclassifications	00900	Other	265,282.	
00600	CHARGEABLE SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	X	
00600	Reclassifications	00700	Line Number	40.	
00600	Reclassifications	00900	Other	11,869.	
00700	CHARGEABLE SUPPLIES	00000	Description		
00700	Reclassifications	00100	Code	X	
00700	Reclassifications	00700	Line Number	41.	
00700	Reclassifications	00900	Other	169,909.	
00800	CHARGEABLE SUPPLIES	00000	Description		
00800	Reclassifications	00100	Code	X	
00800	Reclassifications	00700	Line Number	50.	
00800	Reclassifications	00900	Other	21,128,892.	
00900	CHARGEABLE SUPPLIES	00000	Description		
00900	Reclassifications	00100	Code	X	

Line	Line Description	Col	Column Desc	Line Value	Type

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A60	Wkst A-6 Reclassifications				
00900	Reclassifications	00700	Line Number	51.	
00900	Reclassifications	00900	Other	131,071.	
01000	CHARGEABLE SUPPLIES	00000	Description		
01000	Reclassifications	00100	Code	X	
01000	Reclassifications	00700	Line Number	52.	
01000	Reclassifications	00900	Other	1,093,445.	
01100	CHARGEABLE SUPPLIES	00000	Description		
01100	Reclassifications	00100	Code	X	
01100	Reclassifications	00700	Line Number	53.	
01100	Reclassifications	00900	Other	482,804.	
01200	CHARGEABLE SUPPLIES	00000	Description		
01200	Reclassifications	00100	Code	X	
01200	Reclassifications	00700	Line Number	54.	
01200	Reclassifications	00900	Other	24,010.	
01300	CHARGEABLE SUPPLIES	00000	Description		
01300	Reclassifications	00100	Code	X	
01300	Reclassifications	00700	Line Number	54.01	
01300	Reclassifications	00900	Other	29,795.	
01400	CHARGEABLE SUPPLIES	00000	Description		
01400	Reclassifications	00100	Code	X	
01400	Reclassifications	00700	Line Number	54.02	
01400	Reclassifications	00900	Other	65,566.	
01500	CHARGEABLE SUPPLIES	00000	Description		
01500	Reclassifications	00100	Code	X	
01500	Reclassifications	00700	Line Number	56.	
01500	Reclassifications	00900	Other	1,242.	
01600	CHARGEABLE SUPPLIES	00000	Description		
01600	Reclassifications	00100	Code	X	
01600	Reclassifications	00700	Line Number	60.	
01600	Reclassifications	00900	Other	86,813.	
01700	CHARGEABLE SUPPLIES	00000	Description		
01700	Reclassifications	00100	Code	X	
01700	Reclassifications	00700	Line Number	65.	
01700	Reclassifications	00900	Other	595,393.	

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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				
A60	**Wkst A-6 Reclassifications**				
01800	CHARGEABLE SUPPLIES	00000	Description		
01800	Reclassifications	00100	Code	X	
01800	Reclassifications	00700	Line Number	66.	
01800	Reclassifications	00900	Other	69,357.	
01900	CHARGEABLE SUPPLIES	00000	Description		
01900	Reclassifications	00100	Code	X	
01900	Reclassifications	00700	Line Number	66.02	
01900	Reclassifications	00900	Other	423.	
02000	CHARGEABLE SUPPLIES	00000	Description		
02000	Reclassifications	00100	Code	X	
02000	Reclassifications	00700	Line Number	69.	
02000	Reclassifications	00900	Other	3,905.	
02100	CHARGEABLE SUPPLIES	00000	Description		
02100	Reclassifications	00100	Code	X	
02100	Reclassifications	00700	Line Number	69.02	
02100	Reclassifications	00900	Other	19,491.	
02200	CHARGEABLE SUPPLIES	00000	Description		
02200	Reclassifications	00100	Code	X	
02200	Reclassifications	00700	Line Number	70.	
02200	Reclassifications	00900	Other	21,004.	
02300	CHARGEABLE SUPPLIES	00000	Description		
02300	Reclassifications	00100	Code	X	
02300	Reclassifications	00700	Line Number	74.	
02300	Reclassifications	00900	Other	735,943.	
02400	CHARGEABLE SUPPLIES	00000	Description		
02400	Reclassifications	00100	Code	X	
02400	Reclassifications	00700	Line Number	76.07	
02400	Reclassifications	00900	Other	701,684.	
02500	CHARGEABLE SUPPLIES	00000	Description		
02500	Reclassifications	00100	Code	X	
02500	Reclassifications	00700	Line Number	76.08	
02500	Reclassifications	00900	Other	329,481.	
02600	CHARGEABLE SUPPLIES	00000	Description		
02600	Reclassifications	00100	Code	X	

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100288	**ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**				
	Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
02600	Reclassifications	00700	Line Number	76.98	
02600	Reclassifications	00900	Other	637.	
02700	CHARGEABLE SUPPLIES	00000	Description		
02700	Reclassifications	00100	Code	X	
02700	Reclassifications	00700	Line Number	90.01	
02700	Reclassifications	00900	Other	547,068.	
02800	CHARGEABLE SUPPLIES	00000	Description		
02800	Reclassifications	00100	Code	X	
02800	Reclassifications	00700	Line Number	90.03	
02800	Reclassifications	00900	Other	2,263,104.	
02900	CHARGEABLE SUPPLIES	00000	Description		
02900	Reclassifications	00100	Code	X	
02900	Reclassifications	00700	Line Number	90.04	
02900	Reclassifications	00900	Other	6,493.	
03000	CHARGEABLE SUPPLIES	00000	Description		
03000	Reclassifications	00100	Code	X	
03000	Reclassifications	00700	Line Number	90.05	
03000	Reclassifications	00900	Other	669.	
03100	CHARGEABLE SUPPLIES	00000	Description		
03100	Reclassifications	00100	Code	X	
03100	Reclassifications	00700	Line Number	91.	
03100	Reclassifications	00900	Other	636,327.	
50000	Reclassifications	00500	Other	31,956,696.	
50000	Reclassifications	00900	Other	31,956,696.	
00Y	**Adjustment Reference**				
00100	CHARGEABLE DRUGS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Y	
00100	Reclassifications	00300	Line Number	10.	
00100	Reclassifications	00500	Other	6,909.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	48,755.	
00200	CHARGEABLE DRUGS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Y	
00200	Reclassifications	00300	Line Number	73.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00500	Other	8,874,049.	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	214.	
00300	CHARGEABLE DRUGS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Y	
00300	Reclassifications	00700	Line Number	13.	
00300	Reclassifications	00900	Other	29.	
00400	CHARGEABLE DRUGS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Y	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	7,357,750.	
00500	CHARGEABLE DRUGS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Y	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	21,710.	
00600	CHARGEABLE DRUGS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Y	
00600	Reclassifications	00700	Line Number	31.	
00600	Reclassifications	00900	Other	1,953.	
00700	CHARGEABLE DRUGS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Y	
00700	Reclassifications	00700	Line Number	35.	
00700	Reclassifications	00900	Other	673.	
00800	CHARGEABLE DRUGS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Y	
00800	Reclassifications	00700	Line Number	40.	
00800	Reclassifications	00900	Other	2,600.	
00900	CHARGEABLE DRUGS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Y	
00900	Reclassifications	00700	Line Number	41.	
00900	Reclassifications	00900	Other	318.	
01000	CHARGEABLE DRUGS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Y	
01000	Reclassifications	00700	Line Number	50.	

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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				
A60	**Wkst A-6 Reclassifications**				
01000	Reclassifications	00900	Other	121,926.	
01100	CHARGEABLE DRUGS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Y	
01100	Reclassifications	00700	Line Number	51.	
01100	Reclassifications	00900	Other	143.	
01200	CHARGEABLE DRUGS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Y	
01200	Reclassifications	00700	Line Number	52.	
01200	Reclassifications	00900	Other	2,951.	
01300	CHARGEABLE DRUGS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	Y	
01300	Reclassifications	00700	Line Number	53.	
01300	Reclassifications	00900	Other	154,016.	
01400	CHARGEABLE DRUGS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Y	
01400	Reclassifications	00700	Line Number	54.	
01400	Reclassifications	00900	Other	96,612.	
01500	CHARGEABLE DRUGS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Y	
01500	Reclassifications	00700	Line Number	54.02	
01500	Reclassifications	00900	Other	87.	
01600	CHARGEABLE DRUGS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Y	
01600	Reclassifications	00700	Line Number	56.	
01600	Reclassifications	00900	Other	1,461.	
01700	CHARGEABLE DRUGS PER G/L	00000	Description		
01700	Reclassifications	00100	Code	Y	
01700	Reclassifications	00700	Line Number	60.	
01700	Reclassifications	00900	Other	6.	
01800	CHARGEABLE DRUGS PER G/L	00000	Description		
01800	Reclassifications	00100	Code	Y	
01800	Reclassifications	00700	Line Number	65.	
01800	Reclassifications	00900	Other	2,354.	
01900	CHARGEABLE DRUGS PER G/L	00000	Description		

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100288	**ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407**				
	Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
01900	Reclassifications	00100	Code	Y	
01900	Reclassifications	00700	Line Number	69.02	
01900	Reclassifications	00900	Other	196.	
02000	CHARGEABLE DRUGS PER G/L	00000	Description		
02000	Reclassifications	00100	Code	Y	
02000	Reclassifications	00700	Line Number	74.	
02000	Reclassifications	00900	Other	968,622.	
02100	CHARGEABLE DRUGS PER G/L	00000	Description		
02100	Reclassifications	00100	Code	Y	
02100	Reclassifications	00700	Line Number	76.08	
02100	Reclassifications	00900	Other	120.	
02200	CHARGEABLE DRUGS PER G/L	00000	Description		
02200	Reclassifications	00100	Code	Y	
02200	Reclassifications	00700	Line Number	76.98	
02200	Reclassifications	00900	Other	1.	
02300	CHARGEABLE DRUGS PER G/L	00000	Description		
02300	Reclassifications	00100	Code	Y	
02300	Reclassifications	00700	Line Number	90.01	
02300	Reclassifications	00900	Other	8,039.	
02400	CHARGEABLE DRUGS PER G/L	00000	Description		
02400	Reclassifications	00100	Code	Y	
02400	Reclassifications	00700	Line Number	90.03	
02400	Reclassifications	00900	Other	82,205.	
02500	CHARGEABLE DRUGS PER G/L	00000	Description		
02500	Reclassifications	00100	Code	Y	
02500	Reclassifications	00700	Line Number	90.04	
02500	Reclassifications	00900	Other	509.	
02600	CHARGEABLE DRUGS PER G/L	00000	Description		
02600	Reclassifications	00100	Code	Y	
02600	Reclassifications	00700	Line Number	90.05	
02600	Reclassifications	00900	Other	6.	
02700	CHARGEABLE DRUGS PER G/L	00000	Description		
02700	Reclassifications	00100	Code	Y	
02700	Reclassifications	00700	Line Number	91.	

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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				
A60	**Wkst A-6 Reclassifications**				
02700	Reclassifications	00900	Other	7,702.	
50000	Reclassifications	00500	Other	8,880,958.	
50000	Reclassifications	00900	Other	8,880,958.	
00Z	**Adjustment Reference**				
00100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00100	Reclassifications	00100	Code	Z	
00100	Reclassifications	00300	Line Number	73.	
00100	Reclassifications	00500	Other	2,233,933.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	9,015.	
00200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00200	Reclassifications	00100	Code	Z	
00200	Reclassifications	00700	Line Number	10.	
00200	Reclassifications	00900	Other	59,270.	
00300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00300	Reclassifications	00100	Code	Z	
00300	Reclassifications	00700	Line Number	14.	
00300	Reclassifications	00900	Other	3,418.	
00400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00400	Reclassifications	00100	Code	Z	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	498,621.	
00500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00500	Reclassifications	00100	Code	Z	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	275,634.	
00600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00600	Reclassifications	00100	Code	Z	
00600	Reclassifications	00700	Line Number	31.	
00600	Reclassifications	00900	Other	98,602.	
00700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00700	Reclassifications	00100	Code	Z	
00700	Reclassifications	00700	Line Number	35.	
00700	Reclassifications	00900	Other	624,798.	

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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				
A60	**Wkst A-6 Reclassifications**				
00800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00800	Reclassifications	00100	Code	Z	
00800	Reclassifications	00700	Line Number	40.	
00800	Reclassifications	00900	Other	387.	
00900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
00900	Reclassifications	00100	Code	Z	
00900	Reclassifications	00700	Line Number	41.	
00900	Reclassifications	00900	Other	13,201.	
01000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01000	Reclassifications	00100	Code	Z	
01000	Reclassifications	00700	Line Number	50.	
01000	Reclassifications	00900	Other	106,342.	
01100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01100	Reclassifications	00100	Code	Z	
01100	Reclassifications	00700	Line Number	51.	
01100	Reclassifications	00900	Other	9,366.	
01200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01200	Reclassifications	00100	Code	Z	
01200	Reclassifications	00700	Line Number	52.	
01200	Reclassifications	00900	Other	35,728.	
01300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01300	Reclassifications	00100	Code	Z	
01300	Reclassifications	00700	Line Number	53.	
01300	Reclassifications	00900	Other	23,343.	
01400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01400	Reclassifications	00100	Code	Z	
01400	Reclassifications	00700	Line Number	54.	
01400	Reclassifications	00900	Other	2,639.	
01500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01500	Reclassifications	00100	Code	Z	
01500	Reclassifications	00700	Line Number	54.01	
01500	Reclassifications	00900	Other	122.	
01600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01600	Reclassifications	00100	Code	Z	

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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				
A60	**Wkst A-6 Reclassifications**				
01600	Reclassifications	00700	Line Number	54.02	
01600	Reclassifications	00900	Other	28,263.	
01700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01700	Reclassifications	00100	Code	Z	
01700	Reclassifications	00700	Line Number	56.	
01700	Reclassifications	00900	Other	440.	
01800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01800	Reclassifications	00100	Code	Z	
01800	Reclassifications	00700	Line Number	60.	
01800	Reclassifications	00900	Other	833.	
01900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
01900	Reclassifications	00100	Code	Z	
01900	Reclassifications	00700	Line Number	65.	
01900	Reclassifications	00900	Other	547.	
02000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02000	Reclassifications	00100	Code	Z	
02000	Reclassifications	00700	Line Number	66.	
02000	Reclassifications	00900	Other	291.	
02100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02100	Reclassifications	00100	Code	Z	
02100	Reclassifications	00700	Line Number	69.	
02100	Reclassifications	00900	Other	45.	
02200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02200	Reclassifications	00100	Code	Z	
02200	Reclassifications	00700	Line Number	69.02	
02200	Reclassifications	00900	Other	1,017.	
02300	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02300	Reclassifications	00100	Code	Z	
02300	Reclassifications	00700	Line Number	70.	
02300	Reclassifications	00900	Other	15.	
02400	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02400	Reclassifications	00100	Code	Z	
02400	Reclassifications	00700	Line Number	74.	
02400	Reclassifications	00900	Other	258,957.	

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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				
A60	**Wkst A-6 Reclassifications**				
02500	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02500	Reclassifications	00100	Code	Z	
02500	Reclassifications	00700	Line Number	76.07	
02500	Reclassifications	00900	Other	655.	
02600	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02600	Reclassifications	00100	Code	Z	
02600	Reclassifications	00700	Line Number	76.08	
02600	Reclassifications	00900	Other	2,360.	
02700	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02700	Reclassifications	00100	Code	Z	
02700	Reclassifications	00700	Line Number	76.98	
02700	Reclassifications	00900	Other	312.	
02800	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02800	Reclassifications	00100	Code	Z	
02800	Reclassifications	00700	Line Number	90.01	
02800	Reclassifications	00900	Other	638.	
02900	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
02900	Reclassifications	00100	Code	Z	
02900	Reclassifications	00700	Line Number	90.03	
02900	Reclassifications	00900	Other	36,044.	
03000	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
03000	Reclassifications	00100	Code	Z	
03000	Reclassifications	00700	Line Number	90.04	
03000	Reclassifications	00900	Other	1,654.	
03100	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
03100	Reclassifications	00100	Code	Z	
03100	Reclassifications	00700	Line Number	90.05	
03100	Reclassifications	00900	Other	15.	
03200	CHARGEABLE IV SOLUTIONS PER G/L	00000	Description		
03200	Reclassifications	00100	Code	Z	
03200	Reclassifications	00700	Line Number	91.	
03200	Reclassifications	00900	Other	141,361.	
50000	Reclassifications	00500	Other	2,233,933.	
50000	Reclassifications	00900	Other	2,233,933.	

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				
A60	**Wkst A-6 Reclassifications**				
0PR	**Adjustment Reference**				
00100	PUBLIC RELATIONS OTHER EXPENSE	00000	Description		
00100	Reclassifications	00100	Code	PR	
00100	Reclassifications	00300	Line Number	194.05	
00100	Reclassifications	00400	Salary	72,158.	
00100	Reclassifications	00500	Other	285,536.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	72,158.	
00100	Reclassifications	00900	Other	285,536.	
00200	PUBLIC RELATIONS OTHER EXPENSE	00000	Description		
00200	Reclassifications	00100	Code	PR	
00200	Reclassifications	00300	Line Number	194.05	
00200	Reclassifications	00400	Salary	15,354.	
00200	Reclassifications	00500	Other	18,379.	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00800	Salary	15,354.	
00200	Reclassifications	00900	Other	18,379.	
50000	Reclassifications	00400	Salary	87,512.	
50000	Reclassifications	00500	Other	303,915.	
50000	Reclassifications	00800	Salary	87,512.	
50000	Reclassifications	00900	Other	303,915.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	14,057,185.	
00100	Land	00600	Ending Balance	14,057,185.	
00200	Land Improvements	00100	Beginning Balances	599,884.	
00200	Land Improvements	00600	Ending Balance	599,884.	
00200	Land Improvements	00700	Fully Depreciated Assets	83,196.	
00300	Buildings and Fixtures	00100	Beginning Balances	77,188,641.	
00300	Buildings and Fixtures	00200	Purchases	5,320,563.	
00300	Buildings and Fixtures	00400	Total	5,320,563.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	391,167.	
00300	Buildings and Fixtures	00600	Ending Balance	82,118,037.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00300	Buildings and Fixtures	00700	Fully Depreciated Assets	11,800.	
00400	Building Improvements	00100	Beginning Balances	398,163.	
00400	Building Improvements	00200	Purchases	50,776.	
00400	Building Improvements	00400	Total	50,776.	
00400	Building Improvements	00500	Disposals/Retirements	50,776.	
00400	Building Improvements	00600	Ending Balance	398,163.	
00400	Building Improvements	00700	Fully Depreciated Assets	347,095.	
00500	Fixed Equipment	00100	Beginning Balances	11,587,443.	
00500	Fixed Equipment	00200	Purchases	3,406,741.	
00500	Fixed Equipment	00400	Total	3,406,741.	
00500	Fixed Equipment	00500	Disposals/Retirements	170,977.	
00500	Fixed Equipment	00600	Ending Balance	14,823,207.	
00500	Fixed Equipment	00700	Fully Depreciated Assets	9,210.	
00600	Movable Equipment	00100	Beginning Balances	76,482,358.	
00600	Movable Equipment	00200	Purchases	7,036,730.	
00600	Movable Equipment	00400	Total	7,036,730.	
00600	Movable Equipment	00500	Disposals/Retirements	3,235,479.	
00600	Movable Equipment	00600	Ending Balance	80,283,609.	
00600	Movable Equipment	00700	Fully Depreciated Assets	41,516,160.	
00700	HIT-designated Assets	00100	Beginning Balances	10,970,393.	
00700	HIT-designated Assets	00200	Purchases	209,941.	
00700	HIT-designated Assets	00400	Total	209,941.	
00700	HIT-designated Assets	00600	Ending Balance	11,180,334.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	191,284,067.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	16,024,751.	
00800	Sub Total (Lines 01 To 07)	00400	Total	16,024,751.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	3,848,399.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	203,460,419.	
00800	Sub Total (Lines 01 To 07)	00700	Fully Depreciated Assets	41,967,461.	
00900	Reconciling Items	00100	Beginning Balances	98,595.	
00900	Reconciling Items	00200	Purchases	4,198,492.	
00900	Reconciling Items	00400	Total	4,198,492.	
00900	Reconciling Items	00500	Disposals/Retirements	371,765.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00900	Reconciling Items	00600	Ending Balance	3,925,322.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	191,185,472.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	11,826,259.	
01000	Worksheet A-7 Part 1 Total	00400	Total	11,826,259.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	3,476,634.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	199,535,097.	
01000	Worksheet A-7 Part 1 Total	00700	Fully Depreciated Assets	41,967,461.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	2,516,022.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	-226,385.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	2,289,637.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	4,420,001.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	4,420,001.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	6,936,023.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01000	Lease	-226,385.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	6,709,638.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	97,173,269.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	97,173,269.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.477603	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	259,151.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	729,882.	
00100	Capital Related Cost - Land and Buildings	00800	Total	989,033.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	3,745,704.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	-226,385.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	259,151.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	729,882.	
00100	Capital Related Cost - Land and Buildings	01400	Other Capial Related Cost	11,394.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	4,519,746.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	106,287,150.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	106,287,150.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.522397	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	283,456.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	798,337.	
00200	Capital Related Cost - Movable Equipment	00800	Total	1,081,793.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	5,951,129.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	1,897,674.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	88,682.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	283,456.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	798,337.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	-14,977.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	9,004,301.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	203,460,419.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	203,460,419.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	542,607.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	1,528,219.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	2,070,826.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	9,696,833.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	1,671,289.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01100	Interest	88,682.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	542,607.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	1,528,219.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	-3,583.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	13,524,047.	
A80	**Wkst A-8 Adjustment to Expenses**				
00300	Investment Income - Other (Chapter 2)	00100	Basis/Code	B	
00300	Investment Income - Other (Chapter 2)	00200	Amount	-2,925.	
00300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00300	Investment Income - Other (Chapter 2)	00400	Line Number	5.	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-3,696.	
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-143,287.	
00500	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	2.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00500	Wkst A-8 Reference	9.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-25,955.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-90,421.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	

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

A80	Wkst A-8 Adjustment to Expenses				
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-11,223,318.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-22,432,258.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-362.	
01400	CAFETERIA	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	11.	
02600	Depreciation - Buildings and Fixtures	00100	Basis/Code	A	
02600	Depreciation - Buildings and Fixtures	00200	Amount	440,471.	
02600	Depreciation - Buildings and Fixtures	00500	Wkst A-8 Reference	9.	
02700	Depreciation - Old Movable Equipment	00100	Basis/Code	A	
02700	Depreciation - Old Movable Equipment	00200	Amount	1,676,194.	
02700	Depreciation - Old Movable Equipment	00500	Wkst A-8 Reference	9.	
03300	5270.XXXX OTHER EDUCATIONAL REV	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-5,604.	03303
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03303
03300	8770.XXXX CENSUS DEVELOPMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-422,882.	03309
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03309
03300	MOB EXP. 8140 8141 8142 8143 81	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,459,192.	03311
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03311
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-68,605.	03316
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03316
03300	5753.XXXX COST RECOVERY ITEMS	00000	Description		

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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-25.	03318
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03318
03300	MOB REV. 5140 5141 5142 5143 51	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-133,310.	03320
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03320
03300	8610.6760 + 8610.6761 + 8610.67	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-46,359.	03323
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-18,293.	03332
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03332
03300	NONALLOWABLE LEGAL FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-34,959.	03333
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03333
03300	COMPLIMENTARY LOCAL TRANSPORTAT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-79,685.	03334
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03334
03300	COMPLIMENTARY LOCAL TRANSPORTAT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-90,025.	03335
03300	ADVANCED ORTHOPEDIC INSTITUTE	00300	Cost Center		
03300	Adjustments	00400	Line Number	76.06	03335

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	TELEVISOIN SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,275.	03336
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03336
03300	TELEVISION SERVICE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,515.	03337
03300	DELIVERY ROOM & LABOR ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	52.	03337
03300	WORKERS COMP ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	643,173.	03341
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03341
03300	PHYSICIAN EDUCATION	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,169.	03343
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03343
03300	TELEPHONE SERVICES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,779.	03405
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03405
03300	Adjustments	00500	Wkst A-8 Reference	9.	03405
03300	SET UP MOBI AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,152,598.	03408
03300	MOB I	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.31	03408
03300	SET UP MOBII AS NRCC	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	7,288.	03409

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	MOB II	00300	Cost Center		
03300	Adjustments	00400	Line Number	194.32	03409
03300	HOSPITAL USE OF MOB	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	45,865.	03415
03300	CONCUSSION CLINIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.05	03415
03300	HOSPITAL USE OF MOB	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	311,106.	03416
03300	PHYSICAL THERAPY	00300	Cost Center		
03300	Adjustments	00400	Line Number	66.	03416
03300	HOSPITAL USE OF MOB	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	14,365.	03417
03300	PEDIATRIC CYSTIC FIBROSIS CLINIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	90.04	03417
03300	ADMIN COSTS NON PATIENT CARE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,329.	03418
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03418
03300	ADMIN COSTS NON PATIENT CARE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-55,570.	03419
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03419
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-27,616.	03422
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03422
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-354.	03423
03300	OPERATION OF PLANT	00300	Cost Center		
03300	Adjustments	00400	Line Number	7.	03423
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-150.	03424
03300	PHARMACY	00300	Cost Center		
03300	Adjustments	00400	Line Number	15.	03424
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,395.	03425
03300	SUBPROVIDER - IRF	00300	Cost Center		
03300	Adjustments	00400	Line Number	41.	03425
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-45.	03426
03300	SUBPROVIDER - IPF	00300	Cost Center		
03300	Adjustments	00400	Line Number	40.	03426
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,258.	03427
03300	LABORATORY	00300	Cost Center		
03300	Adjustments	00400	Line Number	60.	03427
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-8,257.	03428
03300	EMERGENCY	00300	Cost Center		
03300	Adjustments	00400	Line Number	91.	03428
03300	NONALLOWABLE ASSOCIATION FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-423.	03429
03300	NURSING ADMINISTRATION	00300	Cost Center		
03300	Adjustments	00400	Line Number	13.	03429
03300	OTHER REVENUE	00000	Description		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-228.	03431
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03431
03300	RESEARCH /IRB CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-351,737.	03435
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03435
03300	AMORTIZATION OF IMPACT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	1,251,734.	03437
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03437
03300	AMORTIZATION OF IMPACT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-14,977.	03441
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03441
03300	Adjustments	00500	Wkst A-8 Reference	14.	03441
03300	AMORTIZATION OF IMPACT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	11,394.	03442
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03442
03300	Adjustments	00500	Wkst A-8 Reference	14.	03442
03300	NONALLOWABLE CSO EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-160,767.	03500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03500
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-31,362,817.	

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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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE SHARED SRVCS	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	CAP REL COSTS-BLDG & FIXT	00200	Cost Center		
00300	HOME OFFICE - DRCT CAP COST	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	INTERCOMPANY JOURNAL ENTRIES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00401
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00402
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	RADIOLOGY-DIAGNOSTIC	00200	Cost Center		
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00403
00400	Costs Incurred and Adjustments Required	00100	Line No		00404
00400	PUBLIC RELATIONS	00200	Cost Center		

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00400	REGIONAL ALLOCATION	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00404
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00404
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	30,928,289.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	53,360,547.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-22,432,258.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol
00600	TENET HEALTHCARE CORPORATION	00400	Allowable Cost		Symbol
00600	PARENT COMPANY	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CONIFER	00400	Allowable Cost		
00700	CREDIT AND COLLECTION	00600	Net Adjustments		
00800	B	00100	Line No		
00800	Interrelationship to Related Organization	00300	Expense Items		
00800	FLORIDA REGIONAL OFFICE	00400	Allowable Cost		
00800	HOSPITAL SERVICES	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	31.	
00100	INTENSIVE CARE UNIT	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	189,332.	
00100	Adjustment	00400	Professional Amount	189,332.	
00100	Adjustment	01800	Adjustment	189,332.	
00200	Adjustment	00100	Wkst A Line No.	30.	
00200	ADULTS & PEDIATRICS	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	61,768.	
00200	Adjustment	00400	Professional Amount	37,000.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00200	Adjustment	00500	Provider Amount	24,768.	
00200	Adjustment	00600	RCE Amount	211,500.	
00200	Adjustment	00700	Physician Hours	120.	Hours
00200	Adjustment	00800	Unadj RCE Limit	12,202.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	610.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	12,202.	
00200	Adjustment	01700	Limit Disallowance	12,566.	
00200	Adjustment	01800	Adjustment	49,566.	
00300	Adjustment	00100	Wkst A Line No.	30.	
00300	ADULTS & PEDIATRICS	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	70,000.	
00300	Adjustment	00400	Professional Amount	70,000.	
00300	Adjustment	01800	Adjustment	70,000.	
00400	Adjustment	00100	Wkst A Line No.	30.	
00400	ADULTS & PEDIATRICS	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	23,400.	
00400	Adjustment	00500	Provider Amount	23,400.	
00400	Adjustment	00600	RCE Amount	169,700.	
00400	Adjustment	00700	Physician Hours	236.	Hours
00400	Adjustment	00800	Unadj RCE Limit	19,255.	Limit
00400	Adjustment	00900	5% Unadj RCE Limit	963.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	19,255.	
00400	Adjustment	01700	Limit Disallowance	4,145.	
00400	Adjustment	01800	Adjustment	4,145.	
00500	Adjustment	00100	Wkst A Line No.	35.	
00500	NICU	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	41,374.	
00500	Adjustment	00400	Professional Amount	41,374.	
00500	Adjustment	01800	Adjustment	41,374.	
00600	Adjustment	00100	Wkst A Line No.	35.	
00600	NICU	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	58,636.	
00600	Adjustment	00400	Professional Amount	58,636.	
00600	Adjustment	01800	Adjustment	58,636.	

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00700	Adjustment	00100	Wkst A Line No.	40.	
00700	SUBPROVIDER - IPF	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	239,760.	
00700	Adjustment	00400	Professional Amount	239,760.	
00700	Adjustment	01800	Adjustment	239,760.	
00800	Adjustment	00100	Wkst A Line No.	41.	
00800	SUBPROVIDER - IRF	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	50,144.	
00800	Adjustment	00500	Provider Amount	50,144.	
00800	Adjustment	00600	RCE Amount	211,500.	
00800	Adjustment	00700	Physician Hours	374.	Hours
00800	Adjustment	00800	Unadj RCE Limit	38,029.	Limit
00800	Adjustment	00900	5% Unadj RCE Limit	1,901.	Limit
00800	Adjustment	01600	Adjusted RCE Limit	38,029.	
00800	Adjustment	01700	Limit Disallowance	12,115.	
00800	Adjustment	01800	Adjustment	12,115.	
00900	Adjustment	00100	Wkst A Line No.	50.	
00900	OPERATING ROOM	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	2,817.	
00900	Adjustment	00400	Professional Amount	2,817.	
00900	Adjustment	01800	Adjustment	2,817.	
01000	Adjustment	00100	Wkst A Line No.	70.	
01000	ELECTROENCEPHALOGRAPHY	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	13,050.	
01000	Adjustment	00500	Provider Amount	13,050.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	00700	Physician Hours	31.	Hours
01000	Adjustment	00800	Unadj RCE Limit	3,152.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	158.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	3,152.	
01000	Adjustment	01700	Limit Disallowance	9,898.	
01000	Adjustment	01800	Adjustment	9,898.	
01100	Adjustment	00100	Wkst A Line No.	74.	
01100	RENAL DIALYSIS	00200	Cost Center		

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01100	Adjustment	00300	Total Remuneration	39,600.	
01100	Adjustment	00500	Provider Amount	39,600.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	00700	Physician Hours	242.	Hours
01100	Adjustment	00800	Unadj RCE Limit	24,607.	Limit
01100	Adjustment	00900	5% Unadj RCE Limit	1,230.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	24,607.	
01100	Adjustment	01700	Limit Disallowance	14,993.	
01100	Adjustment	01800	Adjustment	14,993.	
01200	Adjustment	00100	Wkst A Line No.	91.	
01200	EMERGENCY	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	6,401,347.	
01200	Adjustment	00400	Professional Amount	6,396,911.	
01200	Adjustment	00500	Provider Amount	4,436.	
01200	Adjustment	00600	RCE Amount	211,500.	
01200	Adjustment	00700	Physician Hours	26.	Hours
01200	Adjustment	00800	Unadj RCE Limit	2,644.	Limit
01200	Adjustment	00900	5% Unadj RCE Limit	132.	Limit
01200	Adjustment	01600	Adjusted RCE Limit	2,644.	
01200	Adjustment	01700	Limit Disallowance	1,792.	
01200	Adjustment	01800	Adjustment	6,398,703.	
01300	Adjustment	00100	Wkst A Line No.	91.	
01300	EMERGENCY	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	1,247,458.	
01300	Adjustment	00400	Professional Amount	1,247,458.	
01300	Adjustment	01800	Adjustment	1,247,458.	
01400	Adjustment	00100	Wkst A Line No.	91.	
01400	EMERGENCY	00200	Cost Center		
01400	Adjustment	00300	Total Remuneration	807,334.	
01400	Adjustment	00400	Professional Amount	688,390.	
01400	Adjustment	00500	Provider Amount	118,944.	
01400	Adjustment	00600	RCE Amount	211,500.	
01400	Adjustment	00700	Physician Hours	1,133.	Hours
01400	Adjustment	00800	Unadj RCE Limit	115,207.	Limit

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01400	Adjustment	00900	5% Unadj RCE Limit	5,760.	Limit
01400	Adjustment	01600	Adjusted RCE Limit	115,207.	
01400	Adjustment	01700	Limit Disallowance	3,737.	
01400	Adjustment	01800	Adjustment	692,127.	
01500	Adjustment	00100	Wkst A Line No.	30.	
01500	ADULTS & PEDIATRICS	00200	Cost Center		
01500	Adjustment	00300	Total Remuneration	1,144,226.	
01500	Adjustment	00400	Professional Amount	1,144,226.	
01500	Adjustment	01800	Adjustment	1,144,226.	
01600	Adjustment	00100	Wkst A Line No.	76.08	
01600	PICC	00200	Cost Center		
01600	Adjustment	00300	Total Remuneration	14,465.	
01600	Adjustment	00400	Professional Amount	2,192.	
01600	Adjustment	00500	Provider Amount	12,273.	
01600	Adjustment	00600	RCE Amount	211,500.	
01600	Adjustment	00700	Physician Hours	64.	Hours
01600	Adjustment	00800	Unadj RCE Limit	6,508.	Limit
01600	Adjustment	00900	5% Unadj RCE Limit	325.	Limit
01600	Adjustment	01600	Adjusted RCE Limit	6,508.	
01600	Adjustment	01700	Limit Disallowance	5,765.	
01600	Adjustment	01800	Adjustment	7,957.	
01700	Adjustment	00100	Wkst A Line No.	74.	
01700	RENAL DIALYSIS	00200	Cost Center		
01700	Adjustment	00300	Total Remuneration	10,800.	
01700	Adjustment	00500	Provider Amount	10,800.	
01700	Adjustment	00600	RCE Amount	211,500.	
01700	Adjustment	00700	Physician Hours	66.	Hours
01700	Adjustment	00800	Unadj RCE Limit	6,711.	Limit
01700	Adjustment	00900	5% Unadj RCE Limit	336.	Limit
01700	Adjustment	01600	Adjusted RCE Limit	6,711.	
01700	Adjustment	01700	Limit Disallowance	4,089.	
01700	Adjustment	01800	Adjustment	4,089.	
01800	Adjustment	00100	Wkst A Line No.	76.06	
01800	ADVANCED ORTHOPEDIC INSTITUTE	00200	Cost Center		

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01800	Adjustment	00300	Total Remuneration	150,000.	
01800	Adjustment	00500	Provider Amount	150,000.	
01800	Adjustment	00600	RCE Amount	211,500.	
01800	Adjustment	00700	Physician Hours	600.	Hours
01800	Adjustment	00800	Unadj RCE Limit	61,010.	Limit
01800	Adjustment	00900	5% Unadj RCE Limit	3,051.	Limit
01800	Adjustment	01600	Adjusted RCE Limit	61,010.	
01800	Adjustment	01700	Limit Disallowance	88,990.	
01800	Adjustment	01800	Adjustment	88,990.	
01900	Adjustment	00100	Wkst A Line No.	90.04	
01900	PEDIATRIC CYSTIC FIBROSIS CLINIC	00200	Cost Center		
01900	Adjustment	00300	Total Remuneration	97,773.	
01900	Adjustment	00500	Provider Amount	97,773.	
01900	Adjustment	00600	RCE Amount	169,700.	
01900	Adjustment	00700	Physician Hours	492.	Hours
01900	Adjustment	00800	Unadj RCE Limit	40,140.	Limit
01900	Adjustment	00900	5% Unadj RCE Limit	2,007.	Limit
01900	Adjustment	01600	Adjusted RCE Limit	40,140.	
01900	Adjustment	01700	Limit Disallowance	57,633.	
01900	Adjustment	01800	Adjustment	57,633.	
02000	Adjustment	00100	Wkst A Line No.	5.	
02000	ADMINISTRATIVE & GENERAL	00200	Cost Center		
02000	Adjustment	00300	Total Remuneration	163,932.	
02000	Adjustment	00400	Professional Amount	163,932.	
02000	Adjustment	01800	Adjustment	163,932.	
02100	Adjustment	00100	Wkst A Line No.	5.	
02100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
02100	Adjustment	00300	Total Remuneration	84,889.	
02100	Adjustment	00400	Professional Amount	46,639.	
02100	Adjustment	00500	Provider Amount	38,250.	
02100	Adjustment	00600	RCE Amount	211,500.	
02100	Adjustment	00700	Physician Hours	148.	Hours
02100	Adjustment	00800	Unadj RCE Limit	15,049.	Limit
02100	Adjustment	00900	5% Unadj RCE Limit	752.	Limit

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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
02100	Adjustment	01600	Adjusted RCE Limit	15,049.	
02100	Adjustment	01700	Limit Disallowance	23,201.	
02100	Adjustment	01800	Adjustment	69,840.	
02200	Adjustment	00100	Wkst A Line No.	5.	
02200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
02200	Adjustment	00300	Total Remuneration	655,727.	
02200	Adjustment	00400	Professional Amount	655,727.	
02200	Adjustment	01800	Adjustment	655,727.	
02300	Adjustment	00100	Wkst A Line No.	5.	
02300	ADMINISTRATIVE & GENERAL	00200	Cost Center		
02300	Adjustment	00300	Total Remuneration	218,492.	
02300	Adjustment	00500	Provider Amount	218,492.	
02300	Adjustment	00600	RCE Amount	211,500.	
02300	Adjustment	00700	Physician Hours	2,442.	Hours
02300	Adjustment	00800	Unadj RCE Limit	248,309.	Limit
02300	Adjustment	00900	5% Unadj RCE Limit	12,415.	Limit
02300	Adjustment	01600	Adjusted RCE Limit	248,309.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	11,786,324.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	10,984,394.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	801,930.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	5,974.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	592,823.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	29,640.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	592,823.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	238,924.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	11,223,318.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	722,497.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	722,497.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	722,497.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	5,788,885.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	5,788,885.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	-4,451,804.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	1,337,081.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	97,002.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	1,434,083.	
00400	Employee Benefits	00100	Salaries	61,888.	
00400	Employee Benefits	00200	Other Cost	12,376.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	74,264.	
00400	Employee Benefits	00400	Reclassifications	31,677.	
00400	Employee Benefits	00500	Reclassified T/B	105,941.	
00400	Employee Benefits	00700	Net Expense for Alloc	105,941.	
00500	Administrative and General	00100	Salaries	1,550,784.	
00500	Administrative and General	00200	Other Cost	2,554,055.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	4,104,839.	
00500	Administrative and General	00400	Reclassifications	3,631,226.	
00500	Administrative and General	00500	Reclassified T/B	7,736,065.	
00500	Administrative and General	00600	Adjustments	1,077,808.	
00500	Administrative and General	00700	Net Expense for Alloc	8,813,873.	
00700	Plant Operation	00100	Salaries	448,840.	
00700	Plant Operation	00200	Other Cost	512,281.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	961,121.	
00700	Plant Operation	00500	Reclassified T/B	961,121.	
00700	Plant Operation	00700	Net Expense for Alloc	961,121.	
00800	Laundry and Linen Service	00200	Other Cost	175,280.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	175,280.	
00800	Laundry and Linen Service	00500	Reclassified T/B	175,280.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	175,280.	
00900	Housekeeping	00100	Salaries	294,361.	
00900	Housekeeping	00200	Other Cost	270,552.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	564,913.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00900	Housekeeping	00500	Reclassified T/B	564,913.	
00900	Housekeeping	00700	Net Expense for Alloc	564,913.	
01000	Dietary	00100	Salaries	472,941.	
01000	Dietary	00200	Other Cost	501,152.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	974,093.	
01000	Dietary	00400	Reclassifications	-313,182.	
01000	Dietary	00500	Reclassified T/B	660,911.	
01000	Dietary	00700	Net Expense for Alloc	660,911.	
01100	Cafeteria	00400	Reclassifications	313,182.	
01100	Cafeteria	00500	Reclassified T/B	313,182.	
01100	Cafeteria	00600	Adjustments	-66,778.	
01100	Cafeteria	00700	Net Expense for Alloc	246,404.	
01300	Nursing Administration	00100	Salaries	470,176.	
01300	Nursing Administration	00200	Other Cost	99,228.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	569,404.	
01300	Nursing Administration	00500	Reclassified T/B	569,404.	
01300	Nursing Administration	00700	Net Expense for Alloc	569,404.	
01600	Medical Records and Library	00100	Salaries	133,212.	
01600	Medical Records and Library	00200	Other Cost	38,134.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	171,346.	
01600	Medical Records and Library	00500	Reclassified T/B	171,346.	
01600	Medical Records and Library	00600	Adjustments	-4,329.	
01600	Medical Records and Library	00700	Net Expense for Alloc	167,017.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	6,516,065.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	2,784,495.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	9,300,560.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	9,300,560.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-200,370.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	9,100,190.	
05000	Operating Room	00100	Salaries	319,729.	
05000	Operating Room	00200	Other Cost	174,221.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	493,950.	
05000	Operating Room	00500	Reclassified T/B	493,950.	
05000	Operating Room	00700	Net Expense for Alloc	493,950.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
05400	Radiology - Diagnositc	00100	Salaries	211,536.	
05400	Radiology - Diagnositc	00200	Other Cost	43,376.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	254,912.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	254,912.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	254,912.	
06000	Laboratory	00200	Other Cost	630,806.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	630,806.	
06000	Laboratory	00500	Reclassified T/B	630,806.	
06000	Laboratory	00700	Net Expense for Alloc	630,806.	
06500	Respiratory Therapy	00100	Salaries	1,273,019.	
06500	Respiratory Therapy	00200	Other Cost	394,894.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	1,667,913.	
06500	Respiratory Therapy	00500	Reclassified T/B	1,667,913.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	1,667,913.	
06600	Physical Therapy	00100	Salaries	456,135.	
06600	Physical Therapy	00200	Other Cost	96,668.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	552,803.	
06600	Physical Therapy	00500	Reclassified T/B	552,803.	
06600	Physical Therapy	00700	Net Expense for Alloc	552,803.	
06700	Occupational Therapy	00100	Salaries	243,498.	
06700	Occupational Therapy	00200	Other Cost	77,783.	
06700	Occupational Therapy	00300	Total Cost (Col 01 & 02)	321,281.	
06700	Occupational Therapy	00500	Reclassified T/B	321,281.	
06700	Occupational Therapy	00700	Net Expense for Alloc	321,281.	
06800	Speech Pathology	00100	Salaries	174,397.	
06800	Speech Pathology	00200	Other Cost	19,269.	
06800	Speech Pathology	00300	Total Cost (Col 01 & 02)	193,666.	
06800	Speech Pathology	00500	Reclassified T/B	193,666.	
06800	Speech Pathology	00700	Net Expense for Alloc	193,666.	
06900	Electrocardiology	00200	Other Cost	28,879.	
06900	Electrocardiology	00300	Total Cost (Col 01 & 02)	28,879.	
06900	Electrocardiology	00500	Reclassified T/B	28,879.	
06900	Electrocardiology	00700	Net Expense for Alloc	28,879.	
07100	Medical Supplies Charged to Patients	00100	Salaries	103,840.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
07100	Medical Supplies Charged to Patients	00200	Other Cost	2,128,297.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	2,232,137.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	2,232,137.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	2,232,137.	
07300	Drugs Charged to Patients	00100	Salaries	567,836.	
07300	Drugs Charged to Patients	00200	Other Cost	1,479,136.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	2,046,972.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	2,046,972.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	2,046,972.	
07400	Renal Dialysis	00200	Other Cost	504,280.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	504,280.	
07400	Renal Dialysis	00500	Reclassified T/B	504,280.	
07400	Renal Dialysis	00700	Net Expense for Alloc	504,280.	
11800	Sub Total (Lines 01-117)	00100	Salaries	13,298,257.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	18,314,047.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	31,612,304.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-66,404.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	31,545,900.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	903,333.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	32,449,233.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	66,404.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	66,404.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	66,404.	
20000	Worksheet A Total (Line 118-199)	00100	Salaries	13,298,257.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	18,314,047.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	31,612,304.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	31,612,304.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	903,333.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	32,515,637.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	EMPLOYEE BENEFITS	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	4.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
00100	Reclassifications	00500	Other	31,677.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	31,677.	
50000	Reclassifications	00500	Other	31,677.	
50000	Reclassifications	00900	Other	31,677.	
00B	**Adjustment Reference**				
00100	CAPITAL RECONCILIATION RECLASS	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	646,742.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	646,742.	
00100	Reclassifications	01000	Wkst A-6 Reference	12.	
50000	Reclassifications	00500	Other	646,742.	
50000	Reclassifications	00900	Other	646,742.	
00C	**Adjustment Reference**				
00100	OPERATING PORTION OF INTEREST	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	3,082,565.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	3,082,565.	
00100	Reclassifications	01000	Wkst A-6 Reference	11.	
50000	Reclassifications	00500	Other	3,082,565.	
50000	Reclassifications	00900	Other	3,082,565.	
00D	**Adjustment Reference**				
00100	PROVIDER RELATION	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	194.	
00100	Reclassifications	00400	Salary	38,497.	
00100	Reclassifications	00500	Other	27,907.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00800	Salary	38,497.	
00100	Reclassifications	00900	Other	27,907.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A60	**Wkst A-6 Reclassifications**				
50000	Reclassifications	00400	Salary	38,497.	
50000	Reclassifications	00500	Other	27,907.	
50000	Reclassifications	00800	Salary	38,497.	
50000	Reclassifications	00900	Other	27,907.	
00E	**Adjustment Reference**				
00100	DIETARY RECLASS TO CAFETERIA	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	11.	
00100	Reclassifications	00500	Other	313,182.	
00100	Reclassifications	00700	Line Number	10.	
00100	Reclassifications	00900	Other	313,182.	
50000	Reclassifications	00500	Other	313,182.	
50000	Reclassifications	00900	Other	313,182.	
00F	**Adjustment Reference**				
00100	FACILITY DEPRECIATION	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	722,497.	
00100	Reclassifications	00700	Line Number	2.	
00100	Reclassifications	00900	Other	722,497.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	722,497.	
50000	Reclassifications	00900	Other	722,497.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	6,661,024.	
00100	Land	00600	Ending Balance	6,661,024.	
00400	Building Improvements	00100	Beginning Balances	20,103,217.	
00400	Building Improvements	00200	Purchases	138,785.	
00400	Building Improvements	00400	Total	138,785.	
00400	Building Improvements	00600	Ending Balance	20,242,002.	
00600	Movable Equipment	00100	Beginning Balances	4,785,685.	
00600	Movable Equipment	00200	Purchases	749,801.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00600	Movable Equipment	00400	Total	749,801.	
00600	Movable Equipment	00600	Ending Balance	5,535,486.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	31,549,926.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	888,586.	
00800	Sub Total (Lines 01 To 07)	00400	Total	888,586.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	32,438,512.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	31,549,926.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	888,586.	
01000	Worksheet A-7 Part 1 Total	00400	Total	888,586.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	32,438,512.	
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	1,159,554.	
00200	Capital Related Cost - Movable Equipment	01100	Interest	3,082,565.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	197,711.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	766,613.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	582,442.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	5,788,885.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	1,159,554.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01100	Interest	3,082,565.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01200	Insurance	197,711.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01300	Taxes	766,613.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	582,442.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	5,788,885.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	26,903,026.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	26,903,026.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.829355	Ratio

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	722,497.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	722,497.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	5,535,486.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	5,535,486.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.170645	Ratio
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	534,059.	
00200	Capital Related Cost - Movable Equipment	01200	Insurance	-449,031.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	766,613.	
00200	Capital Related Cost - Movable Equipment	01400	Other Capial Related Cost	582,442.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	1,434,083.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	32,438,512.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	32,438,512.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	1,256,556.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	-449,031.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	766,613.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01400	Other Capial Related Cost	582,442.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	2,156,580.	
A80	**Wkst A-8 Adjustment to Expenses**				
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-200,370.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	1,181,842.	
03300	OTHER PERSONNEL EXPENSE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-6,024.	03500
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03500
03300	AHA DUES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-1,008.	03600
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03600
03300	MEDICAL RECORDS REVENUE	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-4,329.	03700
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03700
03300	CAFETERIA INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-66,778.	03800
03300	CAFETERIA	00300	Cost Center		
03300	Adjustments	00400	Line Number	11.	03800
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	903,333.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	CAP REL COSTS-MVBLE EQUIP	00200	Cost Center		
00100	HOME OFFICE CAPITAL	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00100	Costs Incurred and Adjustments Required	00700	Wkst A-8-1 Reference		
00200	Costs Incurred and Adjustments Required	00100	Line No		
00200	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00200	HOME OFFICE ADMIN	00300	Expense Items		
00200	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00200	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00200	Costs Incurred and Adjustments Required	00600	Net Adjustments		

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	2,066,295.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	884,453.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	1,181,842.	
00600	B	00100	Line No		Symbol
00600	SELECT MEDICAL	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	HEALTHCARE	00600	Net Adjustments		Symbol
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	7,285.	
00100	Adjustment	00500	Provider Amount	7,285.	
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	00700	Physician Hours	44.	Hours
00100	Adjustment	00800	Unadj RCE Limit	4,474.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	224.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	4,474.	
00100	Adjustment	01700	Limit Disallowance	2,811.	
00100	Adjustment	01800	Adjustment	2,811.	
00200	Adjustment	00100	Wkst A Line No.	30.	
00200	ADULTS & PEDIATRICS	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	13,613.	
00200	Adjustment	00500	Provider Amount	13,613.	
00200	Adjustment	00600	RCE Amount	211,500.	
00200	Adjustment	00700	Physician Hours	83.	Hours
00200	Adjustment	00800	Unadj RCE Limit	8,440.	Limit
00200	Adjustment	00900	5% Unadj RCE Limit	422.	Limit
00200	Adjustment	01600	Adjusted RCE Limit	8,440.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00200	Adjustment	01700	Limit Disallowance	5,173.	
00200	Adjustment	01800	Adjustment	5,173.	
00300	Adjustment	00100	Wkst A Line No.	30.	
00300	ADULTS & PEDIATRICS	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	13,365.	
00300	Adjustment	00500	Provider Amount	13,365.	
00300	Adjustment	00600	RCE Amount	211,500.	
00300	Adjustment	00700	Physician Hours	81.	Hours
00300	Adjustment	00800	Unadj RCE Limit	8,236.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	412.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	8,236.	
00300	Adjustment	01700	Limit Disallowance	5,129.	
00300	Adjustment	01800	Adjustment	5,129.	
00400	Adjustment	00100	Wkst A Line No.	30.	
00400	ADULTS & PEDIATRICS	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	25,200.	
00400	Adjustment	00500	Provider Amount	25,200.	
00400	Adjustment	00600	RCE Amount	211,500.	
00400	Adjustment	00700	Physician Hours	120.	Hours
00400	Adjustment	00800	Unadj RCE Limit	12,202.	Limit
00400	Adjustment	00900	5% Unadj RCE Limit	610.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	12,202.	
00400	Adjustment	01700	Limit Disallowance	12,998.	
00400	Adjustment	01800	Adjustment	12,998.	
00500	Adjustment	00100	Wkst A Line No.	30.	
00500	ADULTS & PEDIATRICS	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	5,390.	
00500	Adjustment	00500	Provider Amount	5,390.	
00500	Adjustment	00600	RCE Amount	211,500.	
00500	Adjustment	00700	Physician Hours	33.	Hours
00500	Adjustment	00800	Unadj RCE Limit	3,355.	Limit
00500	Adjustment	00900	5% Unadj RCE Limit	168.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	3,355.	
00500	Adjustment	01700	Limit Disallowance	2,035.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00500	Adjustment	01800	Adjustment	2,035.	
00600	Adjustment	00100	Wkst A Line No.	30.	
00600	ADULTS & PEDIATRICS	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	16,870.	
00600	Adjustment	00500	Provider Amount	16,870.	
00600	Adjustment	00600	RCE Amount	211,500.	
00600	Adjustment	00700	Physician Hours	77.	Hours
00600	Adjustment	00800	Unadj RCE Limit	7,830.	Limit
00600	Adjustment	00900	5% Unadj RCE Limit	392.	Limit
00600	Adjustment	01600	Adjusted RCE Limit	7,830.	
00600	Adjustment	01700	Limit Disallowance	9,040.	
00600	Adjustment	01800	Adjustment	9,040.	
00700	Adjustment	00100	Wkst A Line No.	30.	
00700	ADULTS & PEDIATRICS	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	27,210.	
00700	Adjustment	00500	Provider Amount	27,210.	
00700	Adjustment	00600	RCE Amount	211,500.	
00700	Adjustment	00700	Physician Hours	181.	Hours
00700	Adjustment	00800	Unadj RCE Limit	18,405.	Limit
00700	Adjustment	00900	5% Unadj RCE Limit	920.	Limit
00700	Adjustment	01600	Adjusted RCE Limit	18,405.	
00700	Adjustment	01700	Limit Disallowance	8,805.	
00700	Adjustment	01800	Adjustment	8,805.	
00800	Adjustment	00100	Wkst A Line No.	30.	
00800	ADULTS & PEDIATRICS	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	142,795.	
00800	Adjustment	00400	Professional Amount	142,795.	
00800	Adjustment	00600	RCE Amount	211,500.	
00800	Adjustment	01800	Adjustment	142,795.	
00900	Adjustment	00100	Wkst A Line No.	30.	
00900	ADULTS & PEDIATRICS	00200	Cost Center		
00900	Adjustment	00300	Total Remuneration	77,000.	
00900	Adjustment	00500	Provider Amount	77,000.	
00900	Adjustment	00600	RCE Amount	211,500.	

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00900	Adjustment	00700	Physician Hours	924.	Hours
00900	Adjustment	00800	Unadj RCE Limit	93,955.	Limit
00900	Adjustment	00900	5% Unadj RCE Limit	4,698.	Limit
00900	Adjustment	01600	Adjusted RCE Limit	93,955.	
01000	Adjustment	00100	Wkst A Line No.	30.	
01000	ADULTS & PEDIATRICS	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	70,000.	
01000	Adjustment	00500	Provider Amount	70,000.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	00700	Physician Hours	840.	Hours
01000	Adjustment	00800	Unadj RCE Limit	85,413.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	4,271.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	85,413.	
01100	Adjustment	00100	Wkst A Line No.	30.	
01100	ADULTS & PEDIATRICS	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	1,904.	
01100	Adjustment	00400	Professional Amount	1,904.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	01800	Adjustment	1,904.	
01200	Adjustment	00100	Wkst A Line No.	30.	
01200	ADULTS & PEDIATRICS	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	77,000.	
01200	Adjustment	00500	Provider Amount	77,000.	
01200	Adjustment	00600	RCE Amount	211,500.	
01200	Adjustment	00700	Physician Hours	924.	Hours
01200	Adjustment	00800	Unadj RCE Limit	93,955.	Limit
01200	Adjustment	00900	5% Unadj RCE Limit	4,698.	Limit
01200	Adjustment	01600	Adjusted RCE Limit	93,955.	
01300	Adjustment	00100	Wkst A Line No.	30.	
01300	ADULTS & PEDIATRICS	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	146,000.	
01300	Adjustment	00500	Provider Amount	146,000.	
01300	Adjustment	00600	RCE Amount	211,500.	
01300	Adjustment	00700	Physician Hours	1,752.	Hours

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Line	Line Description	Col	Column Desc	Line Value	Type
102023	**SSH - PALM BEACH LLC LAKE WORTH, FL 33461**				
	Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01300	Adjustment	00800	Unadj RCE Limit	178,148.	Limit
01300	Adjustment	00900	5% Unadj RCE Limit	8,907.	Limit
01300	Adjustment	01600	Adjusted RCE Limit	178,148.	
01400	Adjustment	00100	Wkst A Line No.	30.	
01400	ADULTS & PEDIATRICS	00200	Cost Center		
01400	Adjustment	00300	Total Remuneration	9,750.	
01400	Adjustment	00500	Provider Amount	9,750.	
01400	Adjustment	00600	RCE Amount	211,500.	
01400	Adjustment	00700	Physician Hours	1,560.	Hours
01400	Adjustment	00800	Unadj RCE Limit	158,625.	Limit
01400	Adjustment	00900	5% Unadj RCE Limit	7,931.	Limit
01400	Adjustment	01600	Adjusted RCE Limit	158,625.	
01500	Adjustment	00100	Wkst A Line No.	30.	
01500	ADULTS & PEDIATRICS	00200	Cost Center		
01500	Adjustment	00300	Total Remuneration	4,290.	
01500	Adjustment	00400	Professional Amount	1,840.	
01500	Adjustment	00500	Provider Amount	2,450.	
01500	Adjustment	00600	RCE Amount	211,500.	
01500	Adjustment	00700	Physician Hours	20.	Hours
01500	Adjustment	00800	Unadj RCE Limit	2,034.	Limit
01500	Adjustment	00900	5% Unadj RCE Limit	102.	Limit
01500	Adjustment	01600	Adjusted RCE Limit	2,034.	
01500	Adjustment	01700	Limit Disallowance	416.	
01500	Adjustment	01800	Adjustment	2,256.	
01600	Adjustment	00100	Wkst A Line No.	30.	
01600	ADULTS & PEDIATRICS	00200	Cost Center		
01600	Adjustment	00300	Total Remuneration	15,050.	
01600	Adjustment	00500	Provider Amount	15,050.	
01600	Adjustment	00600	RCE Amount	211,500.	
01600	Adjustment	00700	Physician Hours	75.	Hours
01600	Adjustment	00800	Unadj RCE Limit	7,626.	Limit
01600	Adjustment	00900	5% Unadj RCE Limit	381.	Limit
01600	Adjustment	01600	Adjusted RCE Limit	7,626.	
01600	Adjustment	01700	Limit Disallowance	7,424.	

Line	Line Description	Col	Column Desc	Line Value	Type

102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

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

A82	Wkst A-8-2 Provider-Based Physician Adjustments				
01600	Adjustment	01800	Adjustment	7,424.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	652,722.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	146,539.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	506,183.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	6,714.	Hours
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	682,698.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	34,136.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	682,698.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	53,831.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	200,370.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
00100	Capital Related Cost - Building & Fixtures	00200	Other Cost	11,066.	
00100	Capital Related Cost - Building & Fixtures	00300	Total Cost (Col 01 & 02)	11,066.	
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	326,650.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	337,716.	
00100	Capital Related Cost - Building & Fixtures	00600	Adjustments	1,217,086.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	1,554,802.	
00200	Capital Related Cost - Moveable Equipment	00200	Other Cost	637,028.	
00200	Capital Related Cost - Moveable Equipment	00300	Total Cost (Col 01 & 02)	637,028.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	53,749.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	690,777.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-88,906.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	601,871.	
00300	Other Capital Related Cost	00200	Other Cost	380,399.	
00300	Other Capital Related Cost	00300	Total Cost (Col 01 & 02)	380,399.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00300	Other Capital Related Cost	00400	Reclassifications	-380,399.	
00400	Employee Benefits	00100	Salaries	31,892.	
00400	Employee Benefits	00200	Other Cost	1,441,563.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	1,473,455.	
00400	Employee Benefits	00500	Reclassified T/B	1,473,455.	
00400	Employee Benefits	00600	Adjustments	-4,399.	
00400	Employee Benefits	00700	Net Expense for Alloc	1,469,056.	
00500	Administrative and General	00100	Salaries	1,124,243.	
00500	Administrative and General	00200	Other Cost	4,460,028.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	5,584,271.	
00500	Administrative and General	00500	Reclassified T/B	5,584,271.	
00500	Administrative and General	00600	Adjustments	-1,176,642.	
00500	Administrative and General	00700	Net Expense for Alloc	4,407,629.	
00700	Plant Operation	00200	Other Cost	1,096,806.	
00700	Plant Operation	00300	Total Cost (Col 01 & 02)	1,096,806.	
00700	Plant Operation	00500	Reclassified T/B	1,096,806.	
00700	Plant Operation	00600	Adjustments	-1,302.	
00700	Plant Operation	00700	Net Expense for Alloc	1,095,504.	
00800	Laundry and Linen Service	00200	Other Cost	115,677.	
00800	Laundry and Linen Service	00300	Total Cost (Col 01 & 02)	115,677.	
00800	Laundry and Linen Service	00500	Reclassified T/B	115,677.	
00800	Laundry and Linen Service	00700	Net Expense for Alloc	115,677.	
00900	Housekeeping	00100	Salaries	236,728.	
00900	Housekeeping	00200	Other Cost	92,137.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	328,865.	
00900	Housekeeping	00500	Reclassified T/B	328,865.	
00900	Housekeeping	00700	Net Expense for Alloc	328,865.	
01000	Dietary	00100	Salaries	360,559.	
01000	Dietary	00200	Other Cost	276,961.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	637,520.	
01000	Dietary	00500	Reclassified T/B	637,520.	
01000	Dietary	00600	Adjustments	-60,063.	
01000	Dietary	00700	Net Expense for Alloc	577,457.	
01300	Nursing Administration	00100	Salaries	954,925.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01300	Nursing Administration	00200	Other Cost	2,800.	
01300	Nursing Administration	00300	Total Cost (Col 01 & 02)	957,725.	
01300	Nursing Administration	00500	Reclassified T/B	957,725.	
01300	Nursing Administration	00700	Net Expense for Alloc	957,725.	
01400	Central Service and Supply	00100	Salaries	94,296.	
01400	Central Service and Supply	00200	Other Cost	-37,308.	
01400	Central Service and Supply	00300	Total Cost (Col 01 & 02)	56,988.	
01400	Central Service and Supply	00500	Reclassified T/B	56,988.	
01400	Central Service and Supply	00700	Net Expense for Alloc	56,988.	
01500	Pharmacy	00100	Salaries	684,990.	
01500	Pharmacy	00200	Other Cost	49,854.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	734,844.	
01500	Pharmacy	00500	Reclassified T/B	734,844.	
01500	Pharmacy	00700	Net Expense for Alloc	734,844.	
01600	Medical Records and Library	00100	Salaries	349,998.	
01600	Medical Records and Library	00200	Other Cost	56,972.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	406,970.	
01600	Medical Records and Library	00500	Reclassified T/B	406,970.	
01600	Medical Records and Library	00600	Adjustments	20,636.	
01600	Medical Records and Library	00700	Net Expense for Alloc	427,606.	
01700	Social Services	00100	Salaries	660,878.	
01700	Social Services	00200	Other Cost	40,736.	
01700	Social Services	00300	Total Cost (Col 01 & 02)	701,614.	
01700	Social Services	00400	Reclassifications	-172,446.	
01700	Social Services	00500	Reclassified T/B	529,168.	
01700	Social Services	00700	Net Expense for Alloc	529,168.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	3,544,229.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	1,353,038.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	4,897,267.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-194,153.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	4,703,114.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	36,190.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	4,739,304.	
03100	Intensive Care Unit	00100	Salaries	1,379,614.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
03100	Intensive Care Unit	00200	Other Cost	80,160.	
03100	Intensive Care Unit	00300	Total Cost (Col 01 & 02)	1,459,774.	
03100	Intensive Care Unit	00400	Reclassifications	-2,460.	
03100	Intensive Care Unit	00500	Reclassified T/B	1,457,314.	
03100	Intensive Care Unit	00700	Net Expense for Alloc	1,457,314.	
05000	Operating Room	00100	Salaries	109,518.	
05000	Operating Room	00200	Other Cost	422,015.	
05000	Operating Room	00300	Total Cost (Col 01 & 02)	531,533.	
05000	Operating Room	00400	Reclassifications	-54,719.	
05000	Operating Room	00500	Reclassified T/B	476,814.	
05000	Operating Room	00600	Adjustments	-219,945.	
05000	Operating Room	00700	Net Expense for Alloc	256,869.	
05400	Radiology - Diagnositc	00100	Salaries	128,826.	
05400	Radiology - Diagnositc	00200	Other Cost	178,009.	
05400	Radiology - Diagnositc	00300	Total Cost (Col 01 & 02)	306,835.	
05400	Radiology - Diagnositc	00500	Reclassified T/B	306,835.	
05400	Radiology - Diagnositc	00600	Adjustments	-323.	
05400	Radiology - Diagnositc	00700	Net Expense for Alloc	306,512.	
06000	Laboratory	00100	Salaries	217,696.	
06000	Laboratory	00200	Other Cost	463,032.	
06000	Laboratory	00300	Total Cost (Col 01 & 02)	680,728.	
06000	Laboratory	00400	Reclassifications	-2.	
06000	Laboratory	00500	Reclassified T/B	680,726.	
06000	Laboratory	00600	Adjustments	-162.	
06000	Laboratory	00700	Net Expense for Alloc	680,564.	
06500	Respiratory Therapy	00100	Salaries	1,041,736.	
06500	Respiratory Therapy	00200	Other Cost	338,445.	
06500	Respiratory Therapy	00300	Total Cost (Col 01 & 02)	1,380,181.	
06500	Respiratory Therapy	00400	Reclassifications	-10,518.	
06500	Respiratory Therapy	00500	Reclassified T/B	1,369,663.	
06500	Respiratory Therapy	00700	Net Expense for Alloc	1,369,663.	
06600	Physical Therapy	00200	Other Cost	1,191,685.	
06600	Physical Therapy	00300	Total Cost (Col 01 & 02)	1,191,685.	
06600	Physical Therapy	00400	Reclassifications	-11,559.	

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

A00	Wkst A - Reclassification and Adjustment of Trial Balance of Expenses				
06600	Physical Therapy	00500	Reclassified T/B	1,180,126.	
06600	Physical Therapy	00600	Adjustments	-64,145.	
06600	Physical Therapy	00700	Net Expense for Alloc	1,115,981.	
07100	Medical Supplies Charged to Patients	00200	Other Cost	130,718.	
07100	Medical Supplies Charged to Patients	00300	Total Cost (Col 01 & 02)	130,718.	
07100	Medical Supplies Charged to Patients	00400	Reclassifications	273,411.	
07100	Medical Supplies Charged to Patients	00500	Reclassified T/B	404,129.	
07100	Medical Supplies Charged to Patients	00700	Net Expense for Alloc	404,129.	
07300	Drugs Charged to Patients	00200	Other Cost	1,189,247.	
07300	Drugs Charged to Patients	00300	Total Cost (Col 01 & 02)	1,189,247.	
07300	Drugs Charged to Patients	00500	Reclassified T/B	1,189,247.	
07300	Drugs Charged to Patients	00700	Net Expense for Alloc	1,189,247.	
07400	Renal Dialysis	00200	Other Cost	607,350.	
07400	Renal Dialysis	00300	Total Cost (Col 01 & 02)	607,350.	
07400	Renal Dialysis	00500	Reclassified T/B	607,350.	
07400	Renal Dialysis	00700	Net Expense for Alloc	607,350.	
09500	Ambulance Services	00200	Other Cost	21.	
09500	Ambulance Services	00300	Total Cost (Col 01 & 02)	21.	
09500	Ambulance Services	00500	Reclassified T/B	21.	
09500	Ambulance Services	00600	Adjustments	-21.	
11800	Sub Total (Lines 01-117)	00100	Salaries	10,920,128.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	14,578,439.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	25,498,567.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-172,446.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	25,326,121.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-341,996.	
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	24,984,125.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	81,185.	
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	81,185.	
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	81,185.	
19400	Other Nonreimbursable Cost	00400	Reclassifications	91,261.	19409
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	91,261.	19409
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	91,261.	19409
19400	Other Nonreimbursable Cost	00200	Other Cost	514.	19410

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102025	**KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418**				
	Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
19400	Other Nonreimbursable Cost	00300	Total Cost (Col 01 & 02)	514.	19410
19400	Other Nonreimbursable Cost	00500	Reclassified T/B	514.	19410
19400	Other Nonreimbursable Cost	00700	Net Expense for Alloc	514.	19410
20000	Worksheet A Total (Line 118-199)	00100	Salaries	10,920,128.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	14,578,953.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	25,499,081.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	25,499,081.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-341,996.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	25,157,085.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	RECLASS NON ALLOWABLE CASE MANAGER	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	194.	
00100	Reclassifications	00400	Salary	75,187.	
00100	Reclassifications	00500	Other	5,998.	
00100	Reclassifications	00700	Line Number	17.	
00100	Reclassifications	00800	Salary	75,187.	
00100	Reclassifications	00900	Other	5,998.	
50000	Reclassifications	00400	Salary	75,187.	
50000	Reclassifications	00500	Other	5,998.	
50000	Reclassifications	00800	Salary	75,187.	
50000	Reclassifications	00900	Other	5,998.	
00B	**Adjustment Reference**				
00100	RECLASS SALES & MARKETING SALARIES	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	194.09	
00100	Reclassifications	00400	Salary	91,261.	
00100	Reclassifications	00700	Line Number	17.	
00100	Reclassifications	00800	Salary	91,261.	
50000	Reclassifications	00400	Salary	91,261.	
50000	Reclassifications	00800	Salary	91,261.	

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				
A60	**Wkst A-6 Reclassifications**				
00C	**Adjustment Reference**				
00100	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	71.	
00100	Reclassifications	00500	Other	273,411.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00900	Other	194,153.	
00200	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00700	Line Number	31.	
00200	Reclassifications	00900	Other	2,460.	
00300	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00300	Reclassifications	00100	Code	C	
00300	Reclassifications	00700	Line Number	50.	
00300	Reclassifications	00900	Other	54,719.	
00400	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00400	Reclassifications	00100	Code	C	
00400	Reclassifications	00700	Line Number	60.	
00400	Reclassifications	00900	Other	2.	
00500	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00500	Reclassifications	00100	Code	C	
00500	Reclassifications	00700	Line Number	65.	
00500	Reclassifications	00900	Other	10,518.	
00600	RECLASS CHARGEABLE MED SUPPLIES	00000	Description		
00600	Reclassifications	00100	Code	C	
00600	Reclassifications	00700	Line Number	66.	
00600	Reclassifications	00900	Other	11,559.	
50000	Reclassifications	00500	Other	273,411.	
50000	Reclassifications	00900	Other	273,411.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	3,852,148.	
00100	Land	00200	Purchases	1,016,174.	

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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00400	Total	1,016,174.	
00100	Land	00500	Disposals/Retirements	3,852,148.	
00100	Land	00600	Ending Balance	1,016,174.	
00200	Land Improvements	00100	Beginning Balances	252,583.	
00200	Land Improvements	00200	Purchases	34,664.	
00200	Land Improvements	00400	Total	34,664.	
00200	Land Improvements	00500	Disposals/Retirements	252,583.	
00200	Land Improvements	00600	Ending Balance	34,664.	
00300	Buildings and Fixtures	00100	Beginning Balances	2,193,855.	
00300	Buildings and Fixtures	00200	Purchases	6,459,363.	
00300	Buildings and Fixtures	00400	Total	6,459,363.	
00300	Buildings and Fixtures	00500	Disposals/Retirements	2,193,855.	
00300	Buildings and Fixtures	00600	Ending Balance	6,459,363.	
00400	Building Improvements	00100	Beginning Balances	23,053,235.	
00400	Building Improvements	00200	Purchases	57,766.	
00400	Building Improvements	00400	Total	57,766.	
00400	Building Improvements	00500	Disposals/Retirements	23,053,236.	
00400	Building Improvements	00600	Ending Balance	57,765.	
00600	Movable Equipment	00100	Beginning Balances	4,560,200.	
00600	Movable Equipment	00200	Purchases	1,288,694.	
00600	Movable Equipment	00400	Total	1,288,694.	
00600	Movable Equipment	00500	Disposals/Retirements	4,603,622.	
00600	Movable Equipment	00600	Ending Balance	1,245,272.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	33,912,021.	
00800	Sub Total (Lines 01 To 07)	00200	Purchases	8,856,661.	
00800	Sub Total (Lines 01 To 07)	00400	Total	8,856,661.	
00800	Sub Total (Lines 01 To 07)	00500	Disposals/Retirements	33,955,444.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	8,813,238.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	33,912,021.	
01000	Worksheet A-7 Part 1 Total	00200	Purchases	8,856,661.	
01000	Worksheet A-7 Part 1 Total	00400	Total	8,856,661.	
01000	Worksheet A-7 Part 1 Total	00500	Disposals/Retirements	33,955,444.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	8,813,238.	

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102025	**KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418**				
	Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
2	**Part 2 - Reconcilation of Amount from Worksheet A, Column 2, Lines 1 and 2**				
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	-14,440.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	25,506.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 2 Tota	11,066.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	175,084.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	461,944.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 2 Tota	637,028.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	00900	Depreciation	160,644.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01000	Lease	487,450.	
00300	Worksheet A-7 Part 2 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 2 Tota	648,094.	
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	7,567,968.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	7,567,968.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.858704	Ratio
00100	Capital Related Cost - Land and Buildings	00500	Insurance	18,823.	
00100	Capital Related Cost - Land and Buildings	00600	Taxes	307,827.	
00100	Capital Related Cost - Land and Buildings	00800	Total	326,650.	
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	1,208,126.	
00100	Capital Related Cost - Land and Buildings	01000	Lease	25,506.	
00100	Capital Related Cost - Land and Buildings	01200	Insurance	13,343.	
00100	Capital Related Cost - Land and Buildings	01300	Taxes	307,827.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	1,554,802.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	1,245,272.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	1,245,272.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.141296	Ratio
00200	Capital Related Cost - Movable Equipment	00500	Insurance	3,097.	
00200	Capital Related Cost - Movable Equipment	00600	Taxes	50,652.	
00200	Capital Related Cost - Movable Equipment	00800	Total	53,749.	
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	86,178.	
00200	Capital Related Cost - Movable Equipment	01000	Lease	461,944.	

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102025	**KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418**				
	Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00200	Capital Related Cost - Movable Equipment	01200	Insurance	3,097.	
00200	Capital Related Cost - Movable Equipment	01300	Taxes	50,652.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	601,871.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	8,813,240.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	8,813,240.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00500	Insurance	21,920.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00600	Taxes	358,479.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00800	Total	380,399.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	1,294,304.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01000	Lease	487,450.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01200	Insurance	16,440.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01300	Taxes	358,479.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	2,156,673.	
A80	**Wkst A-8 Adjustment to Expenses**				
00400	Trade, Quantity and Time Discounts (Chapter 8)	00100	Basis/Code	B	
00400	Trade, Quantity and Time Discounts (Chapter 8)	00200	Amount	-2,980.	
00400	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00400	Trade, Quantity and Time Discounts (Chapter 8)	00400	Line Number	5.	
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00100	Basis/Code	A	

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				
A80	**Wkst A-8 Adjustment to Expenses**				
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00200	Amount	-13,002.	
00700	ADMINISTRATIVE & GENERAL	00300	Cost Center		
00700	Telephone Services (Pay Stations Excluded)-(Chapter 21)	00400	Line Number	5.	
00800	Television and Radio Services - (Chapter 21)	00100	Basis/Code	A	
00800	Television and Radio Services - (Chapter 21)	00200	Amount	-1,302.	
00800	OPERATION OF PLANT	00300	Cost Center		
00800	Television and Radio Services - (Chapter 21)	00400	Line Number	7.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-279,226.	
01200	Related Organization Transactions (Wkst A-8-1)	00200	Amount	-355,466.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	
01400	Cafeteria - Employees and Guests	00200	Amount	-59,912.	
01400	DIETARY	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	10.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-9,056.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
02000	Vending Machimes	00100	Basis/Code	B	
02000	Vending Machimes	00200	Amount	-151.	
02000	DIETARY	00300	Cost Center		
02000	Vending Machimes	00400	Line Number	10.	
03300	MISCELLANEOUS INCOME	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-11,100.	03301
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03301
03300	MEDICARE BAD DEBT - PART A	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-440,163.	03308
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03308

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	OTHER MEDICARE NON ALLOWABLE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-10,477.	03310
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03310
03300	OTHER OPERATING - PATIENT RELATIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-21.	03311
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03311
03300	OTHER OPERATING - PUBLIC RELATIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-3,010.	03312
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03312
03300	OTHER OPERATING - MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-96,074.	03313
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03313
03300	OTHER OPERATING - TRADE SHOW BOOTH	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-43.	03320
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03320
03300	CHARITABLE CONTRIBUTIONS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,650.	03323
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03323
03300	AGGREGATE CAPITAL EROSION	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-135,089.	03328
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00400	Line Number	5.	03328
03300	CABLE TV AND SATELLITE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-11,112.	03329
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03329
03300	MALPRACTICE TAIL LIABILITY	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	12,990.	03334
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03334
03300	NON ALLOW AMBULANCE COSTS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-21.	03341
03300	AMBULANCE SERVICES	00300	Cost Center		
03300	Adjustments	00400	Line Number	95.	03341
03300	DISTRICT OFFICE SALES AND MARKETING	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-45,843.	03343
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03343
03300	DISTRICT OFC SALES AND MKT BENEFITS	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-974.	03344
03300	EMPLOYEE BENEFITS DEPARTMENT	00300	Cost Center		
03300	Adjustments	00400	Line Number	4.	03344
03300	BUSINESS INTERRUPTIONS INS PREMIUM	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-5,480.	03345
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03345
03300	Adjustments	00500	Wkst A-8 Reference	12.	03345
03300	MEDICARE VS BOOK BLDG	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	1,217,930.	03400
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03400
03300	Adjustments	00500	Wkst A-8 Reference	9.	03400
03300	MEDICARE VS BOOK MOV EQUIP	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-106,506.	03401
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03401
03300	Adjustments	00500	Wkst A-8 Reference	9.	03401
03300	ASSET ADD-ON BLDG	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	4,636.	03403
03300	CAP REL COSTS-BLDG & FIXT	00300	Cost Center		
03300	Adjustments	00400	Line Number	1.	03403
03300	Adjustments	00500	Wkst A-8 Reference	9.	03403
03300	ASSET ADD-ON MOV EQUIP	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	17,600.	03404
03300	CAP REL COSTS-MVBLE EQUIP	00300	Cost Center		
03300	Adjustments	00400	Line Number	2.	03404
03300	Adjustments	00500	Wkst A-8 Reference	9.	03404
03300	NON ALLOWABLE LOBBYING FEES	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-2,171.	03408
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03408
03300	NONALLOWABLE UNCOMPENSATED CARE	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-323.	03425
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03425
03300	PHYSICIAN FEE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	

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				
A80	**Wkst A-8 Adjustment to Expenses**				
03300	Adjustments	00200	Amount	-125,001.	03501
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	03501
03300	PHYSICIAN FEE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	46,083.	03509
03300	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
03300	Adjustments	00400	Line Number	16.	03509
03300	PHYSICIAN FEE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	92,338.	03511
03300	ADULTS & PEDIATRICS	00300	Cost Center		
03300	Adjustments	00400	Line Number	30.	03511
03300	PHYSICIAN FEE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	-21,645.	03514
03300	OPERATING ROOM	00300	Cost Center		
03300	Adjustments	00400	Line Number	50.	03514
03300	PHYSICIAN FEE ADJUSTMENT	00000	Description		
03300	Adjustments	00100	Basis/Code	A	
03300	Adjustments	00200	Amount	8,225.	03515
03300	RADIOLOGY-DIAGNOSTIC	00300	Cost Center		
03300	Adjustments	00400	Line Number	54.	03515
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-341,996.	
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00100	Costs Incurred and Adjustments Required	00100	Line No		
00100	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00100	HOME OFFICE COSTS	00300	Expense Items		
00100	Costs Incurred and Adjustments Required	00400	Allowable Cost		
00100	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00100	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00300	Costs Incurred and Adjustments Required	00100	Line No		
00300	EMPLOYEE BENEFITS DEPARTMENT	00200	Cost Center		

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00300	WORKERS COMP PREMIUM	00300	Expense Items		
00300	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00300	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	LIABILITY INSURANCE	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		
00400	Costs Incurred and Adjustments Required	00100	Line No		00401
00400	PHYSICAL THERAPY	00200	Cost Center		
00400	THERAPY SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00401
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00401
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00401
00400	Costs Incurred and Adjustments Required	00100	Line No		00402
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	AFTERCARE SERVICES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00402
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00402
00400	Costs Incurred and Adjustments Required	00100	Line No		00403
00400	ADMINISTRATIVE & GENERAL	00200	Cost Center		
00400	SPONSOR FEES	00300	Expense Items		
00400	Costs Incurred and Adjustments Required	00400	Allowable Cost		00403
00400	Costs Incurred and Adjustments Required	00500	Amount Wkst A		00403
00400	Costs Incurred and Adjustments Required	00600	Net Adjustments		00403
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00400	Allowable Cost	2,908,052.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00500	Amount Wkst A	3,263,518.	
00500	Worksheet A-8-1 Total (Sum Lines 01-04) (Transfer Column 6 Line 5 to Worksheet A-8 Col 2 Line 12)	00600	Net Adjustments	-355,466.	
00600	B	00100	Line No		Symbol
00600	Interrelationship to Related Organization	00300	Expense Items		Symbol

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				
A81	**Wkst A-8-1 Statement of Cost of Services from Related Organizations and Home Office Costs**				
00600	KHOLLC	00400	Allowable Cost		Symbol
00600	Interrelationship to Related Organization	00500	Amount Wkst A		Symbol
00600	HOMEOFFICE COST	00600	Net Adjustments		Symbol
00700	B	00100	Line No		
00700	Interrelationship to Related Organization	00300	Expense Items		
00700	CORNERSTONE	00400	Allowable Cost		
00700	Interrelationship to Related Organization	00500	Amount Wkst A		
00700	WORKER COMP INS	00600	Net Adjustments		
00800	B	00100	Line No		
00800	Interrelationship to Related Organization	00300	Expense Items		
00800	CORNERSTONE	00400	Allowable Cost		
00800	Interrelationship to Related Organization	00500	Amount Wkst A		
00800	LIABILITY INSUR	00600	Net Adjustments		
00900	B	00100	Line No		
00900	Interrelationship to Related Organization	00300	Expense Items		
00900	REHABCARE	00400	Allowable Cost		
00900	Interrelationship to Related Organization	00500	Amount Wkst A		
00900	THERAPY SVCS	00600	Net Adjustments		
01000	B	00100	Line No		
01000	Interrelationship to Related Organization	00300	Expense Items		
01000	LACUNA	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		
01000	AFTERCARE SVCS	00600	Net Adjustments		
01000	B	00100	Line No		
01000	Interrelationship to Related Organization	00300	Expense Items		01001
01000	TPG/WCAS	00400	Allowable Cost		
01000	Interrelationship to Related Organization	00500	Amount Wkst A		01001
01000	INVESTORS	00600	Net Adjustments		
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	DR. A	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	343,800.	
00100	Adjustment	00500	Provider Amount	343,800.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00100	Adjustment	00600	RCE Amount	211,500.	
00100	Adjustment	00700	Physician Hours	4,584.	Hours
00100	Adjustment	00800	Unadj RCE Limit	466,113.	Limit
00100	Adjustment	00900	5% Unadj RCE Limit	23,306.	Limit
00100	Adjustment	01600	Adjusted RCE Limit	466,113.	
00300	Adjustment	00100	Wkst A Line No.	60.	
00300	DR. C	00200	Cost Center		
00300	Adjustment	00300	Total Remuneration	788.	
00300	Adjustment	00500	Provider Amount	788.	
00300	Adjustment	00600	RCE Amount	260,300.	
00300	Adjustment	00700	Physician Hours	5.	Hours
00300	Adjustment	00800	Unadj RCE Limit	626.	Limit
00300	Adjustment	00900	5% Unadj RCE Limit	31.	Limit
00300	Adjustment	01600	Adjusted RCE Limit	626.	
00300	Adjustment	01700	Limit Disallowance	162.	
00300	Adjustment	01800	Adjustment	162.	
00400	Adjustment	00100	Wkst A Line No.	30.	
00400	DR. D	00200	Cost Center		
00400	Adjustment	00300	Total Remuneration	675.	
00400	Adjustment	00500	Provider Amount	675.	
00400	Adjustment	00600	RCE Amount	211,500.	
00400	Adjustment	00700	Physician Hours	5.	Hours
00400	Adjustment	00800	Unadj RCE Limit	508.	Limit
00400	Adjustment	00900	5% Unadj RCE Limit	25.	Limit
00400	Adjustment	01600	Adjusted RCE Limit	508.	
00400	Adjustment	01700	Limit Disallowance	167.	
00400	Adjustment	01800	Adjustment	167.	
00500	Adjustment	00100	Wkst A Line No.	16.	
00500	DR. E	00200	Cost Center		
00500	Adjustment	00300	Total Remuneration	25,500.	
00500	Adjustment	00500	Provider Amount	25,500.	
00500	Adjustment	00600	RCE Amount	211,500.	
00500	Adjustment	00700	Physician Hours	170.	Hours
00500	Adjustment	00800	Unadj RCE Limit	17,286.	Limit

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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
00500	Adjustment	00900	5% Unadj RCE Limit	864.	Limit
00500	Adjustment	01600	Adjusted RCE Limit	17,286.	
00500	Adjustment	01700	Limit Disallowance	8,214.	
00500	Adjustment	01800	Adjustment	8,214.	
00600	Adjustment	00100	Wkst A Line No.	50.	
00600	DR. F	00200	Cost Center		
00600	Adjustment	00300	Total Remuneration	198,300.	
00600	Adjustment	00400	Professional Amount	198,300.	
00600	Adjustment	00600	RCE Amount	239,400.	
00600	Adjustment	01800	Adjustment	198,300.	
00700	Adjustment	00100	Wkst A Line No.	30.	
00700	DR. G	00200	Cost Center		
00700	Adjustment	00300	Total Remuneration	35,685.	
00700	Adjustment	00400	Professional Amount	35,685.	
00700	Adjustment	00600	RCE Amount	211,500.	
00700	Adjustment	01800	Adjustment	35,685.	
00800	Adjustment	00100	Wkst A Line No.	54.	
00800	DR. H	00200	Cost Center		
00800	Adjustment	00300	Total Remuneration	8,225.	
00800	Adjustment	00400	Professional Amount	8,225.	
00800	Adjustment	00600	RCE Amount	271,900.	
00800	Adjustment	01800	Adjustment	8,225.	
01000	Adjustment	00100	Wkst A Line No.	16.	
01000	DR. J	00200	Cost Center		
01000	Adjustment	00300	Total Remuneration	12,858.	
01000	Adjustment	00500	Provider Amount	12,858.	
01000	Adjustment	00600	RCE Amount	211,500.	
01000	Adjustment	00700	Physician Hours	70.	Hours
01000	Adjustment	00800	Unadj RCE Limit	7,118.	Limit
01000	Adjustment	00900	5% Unadj RCE Limit	356.	Limit
01000	Adjustment	01600	Adjusted RCE Limit	7,118.	
01000	Adjustment	01700	Limit Disallowance	5,740.	
01000	Adjustment	01800	Adjustment	5,740.	
01100	Adjustment	00100	Wkst A Line No.	16.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
01100	DR. K	00200	Cost Center		
01100	Adjustment	00300	Total Remuneration	7,725.	
01100	Adjustment	00500	Provider Amount	7,725.	
01100	Adjustment	00600	RCE Amount	211,500.	
01100	Adjustment	00700	Physician Hours	52.	Hours
01100	Adjustment	00800	Unadj RCE Limit	5,288.	Limit
01100	Adjustment	00900	5% Unadj RCE Limit	264.	Limit
01100	Adjustment	01600	Adjusted RCE Limit	5,288.	
01100	Adjustment	01700	Limit Disallowance	2,437.	
01100	Adjustment	01800	Adjustment	2,437.	
01200	Adjustment	00100	Wkst A Line No.	30.	
01200	DR. L	00200	Cost Center		
01200	Adjustment	00300	Total Remuneration	33,200.	
01200	Adjustment	00500	Provider Amount	33,200.	
01200	Adjustment	00600	RCE Amount	211,500.	
01200	Adjustment	00700	Physician Hours	166.	Hours
01200	Adjustment	00800	Unadj RCE Limit	16,879.	Limit
01200	Adjustment	00900	5% Unadj RCE Limit	844.	Limit
01200	Adjustment	01600	Adjusted RCE Limit	16,879.	
01200	Adjustment	01700	Limit Disallowance	16,321.	
01200	Adjustment	01800	Adjustment	16,321.	
01300	Adjustment	00100	Wkst A Line No.	30.	
01300	DR. M	00200	Cost Center		
01300	Adjustment	00300	Total Remuneration	3,975.	
01300	Adjustment	00400	Professional Amount	3,975.	
01300	Adjustment	00600	RCE Amount	211,500.	
01300	Adjustment	01800	Adjustment	3,975.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	670,731.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	246,185.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00500	Provider Amount	424,546.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00700	Physician Hours	5,052.	Hours

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00800	Unadj RCE Limit	513,818.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00900	5% Unadj RCE Limit	25,690.	Limit
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01600	Adjusted RCE Limit	513,818.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01700	Limit Disallowance	33,041.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	279,226.	
104008	**JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL 33407**				
	Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00100	Capital Related Cost - Building & Fixtures	00400	Reclassifications	368,254.	
00100	Capital Related Cost - Building & Fixtures	00500	Reclassified T/B	368,254.	
00100	Capital Related Cost - Building & Fixtures	00700	Net Expense for Alloc	368,254.	
00200	Capital Related Cost - Moveable Equipment	00400	Reclassifications	666,826.	
00200	Capital Related Cost - Moveable Equipment	00500	Reclassified T/B	666,826.	
00200	Capital Related Cost - Moveable Equipment	00600	Adjustments	-33,651.	
00200	Capital Related Cost - Moveable Equipment	00700	Net Expense for Alloc	633,175.	
00400	Employee Benefits	00100	Salaries	165,172.	
00400	Employee Benefits	00200	Other Cost	103,183.	
00400	Employee Benefits	00300	Total Cost (Col 01 & 02)	268,355.	
00400	Employee Benefits	00400	Reclassifications	-18,454.	
00400	Employee Benefits	00500	Reclassified T/B	249,901.	
00400	Employee Benefits	00700	Net Expense for Alloc	249,901.	
00500	Administrative and General	00100	Salaries	1,961,716.	
00500	Administrative and General	00200	Other Cost	1,700,609.	
00500	Administrative and General	00300	Total Cost (Col 01 & 02)	3,662,325.	
00500	Administrative and General	00400	Reclassifications	-93,933.	
00500	Administrative and General	00500	Reclassified T/B	3,568,392.	
00500	Administrative and General	00600	Adjustments	-3,240.	
00500	Administrative and General	00700	Net Expense for Alloc	3,565,152.	
00600	Maintenance and Repairs	00100	Salaries	360,165.	
00600	Maintenance and Repairs	00200	Other Cost	474,352.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
00600	Maintenance and Repairs	00300	Total Cost (Col 01 & 02)	834,517.	
00600	Maintenance and Repairs	00400	Reclassifications	-279,734.	
00600	Maintenance and Repairs	00500	Reclassified T/B	554,783.	
00600	Maintenance and Repairs	00700	Net Expense for Alloc	554,783.	
00700	Plant Operation	00400	Reclassifications	467,867.	
00700	Plant Operation	00500	Reclassified T/B	467,867.	
00700	Plant Operation	00700	Net Expense for Alloc	467,867.	
00900	Housekeeping	00100	Salaries	261,843.	
00900	Housekeeping	00200	Other Cost	65,244.	
00900	Housekeeping	00300	Total Cost (Col 01 & 02)	327,087.	
00900	Housekeeping	00400	Reclassifications	-515.	
00900	Housekeeping	00500	Reclassified T/B	326,572.	
00900	Housekeeping	00700	Net Expense for Alloc	326,572.	
01000	Dietary	00200	Other Cost	625,595.	
01000	Dietary	00300	Total Cost (Col 01 & 02)	625,595.	
01000	Dietary	00400	Reclassifications	-23,841.	
01000	Dietary	00500	Reclassified T/B	601,754.	
01000	Dietary	00600	Adjustments	-92,208.	
01000	Dietary	00700	Net Expense for Alloc	509,546.	
01500	Pharmacy	00100	Salaries	347,024.	
01500	Pharmacy	00200	Other Cost	512,061.	
01500	Pharmacy	00300	Total Cost (Col 01 & 02)	859,085.	
01500	Pharmacy	00400	Reclassifications	-14,106.	
01500	Pharmacy	00500	Reclassified T/B	844,979.	
01500	Pharmacy	00600	Adjustments	-202,723.	
01500	Pharmacy	00700	Net Expense for Alloc	642,256.	
01600	Medical Records and Library	00100	Salaries	81,063.	
01600	Medical Records and Library	00200	Other Cost	47,690.	
01600	Medical Records and Library	00300	Total Cost (Col 01 & 02)	128,753.	
01600	Medical Records and Library	00400	Reclassifications	-5,902.	
01600	Medical Records and Library	00500	Reclassified T/B	122,851.	
01600	Medical Records and Library	00600	Adjustments	-27,943.	
01600	Medical Records and Library	00700	Net Expense for Alloc	94,908.	
01800	Other General Service	00100	Salaries	211,259.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
01800	Other General Service	00200	Other Cost	8,642.	
01800	Other General Service	00300	Total Cost (Col 01 & 02)	219,901.	
01800	Other General Service	00400	Reclassifications	-8,049.	
01800	Other General Service	00500	Reclassified T/B	211,852.	
01800	Other General Service	00700	Net Expense for Alloc	211,852.	
03000	Adults and Pediatrics - General Routine Care	00100	Salaries	5,011,731.	
03000	Adults and Pediatrics - General Routine Care	00200	Other Cost	666,853.	
03000	Adults and Pediatrics - General Routine Care	00300	Total Cost (Col 01 & 02)	5,678,584.	
03000	Adults and Pediatrics - General Routine Care	00400	Reclassifications	-34,992.	
03000	Adults and Pediatrics - General Routine Care	00500	Reclassified T/B	5,643,592.	
03000	Adults and Pediatrics - General Routine Care	00600	Adjustments	-465,000.	
03000	Adults and Pediatrics - General Routine Care	00700	Net Expense for Alloc	5,178,592.	
06000	Laboratory	00400	Reclassifications	38.	
06000	Laboratory	00500	Reclassified T/B	38.	
06000	Laboratory	00700	Net Expense for Alloc	38.	
06000	Laboratory	00100	Salaries	144,108.	06001
06000	Laboratory	00200	Other Cost	11,990.	06001
06000	Laboratory	00300	Total Cost (Col 01 & 02)	156,098.	06001
06000	Laboratory	00400	Reclassifications	1,944.	06001
06000	Laboratory	00500	Reclassified T/B	158,042.	06001
06000	Laboratory	00700	Net Expense for Alloc	158,042.	06001
09800	Other Reimburseable Cost Centers	00100	Salaries	3,460,865.	
09800	Other Reimburseable Cost Centers	00200	Other Cost	650,820.	
09800	Other Reimburseable Cost Centers	00300	Total Cost (Col 01 & 02)	4,111,685.	
09800	Other Reimburseable Cost Centers	00400	Reclassifications	-1,445,334.	
09800	Other Reimburseable Cost Centers	00500	Reclassified T/B	2,666,351.	
09800	Other Reimburseable Cost Centers	00600	Adjustments	-489,924.	
09800	Other Reimburseable Cost Centers	00700	Net Expense for Alloc	2,176,427.	
11800	Sub Total (Lines 01-117)	00100	Salaries	12,004,946.	
11800	Sub Total (Lines 01-117)	00200	Other Cost	4,867,039.	
11800	Sub Total (Lines 01-117)	00300	Total Cost (Col 01 & 02)	16,871,985.	
11800	Sub Total (Lines 01-117)	00400	Reclassifications	-419,931.	
11800	Sub Total (Lines 01-117)	00500	Reclassified T/B	16,452,054.	
11800	Sub Total (Lines 01-117)	00600	Adjustments	-1,314,689.	

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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				
A00	**Wkst A - Reclassification and Adjustment of Trial Balance of Expenses**				
11800	Sub Total (Lines 01-117)	00700	Net Expense for Alloc	15,137,365.	
19000	Gifts, Flowers, Coffee Shops and Canteen	00100	Salaries	4,087,624.	19001
19000	Gifts, Flowers, Coffee Shops and Canteen	00200	Other Cost	1,831,903.	19001
19000	Gifts, Flowers, Coffee Shops and Canteen	00300	Total Cost (Col 01 & 02)	5,919,527.	19001
19000	Gifts, Flowers, Coffee Shops and Canteen	00400	Reclassifications	419,931.	19001
19000	Gifts, Flowers, Coffee Shops and Canteen	00500	Reclassified T/B	6,339,458.	19001
19000	Gifts, Flowers, Coffee Shops and Canteen	00700	Net Expense for Alloc	6,339,458.	19001
20000	Worksheet A Total (Line 118-199)	00100	Salaries	16,092,570.	
20000	Worksheet A Total (Line 118-199)	00200	Other Cost	6,698,942.	
20000	Worksheet A Total (Line 118-199)	00300	Total Cost (Col 01 & 02)	22,791,512.	
20000	Worksheet A Total (Line 118-199)	00500	Reclassified T/B	22,791,512.	
20000	Worksheet A Total (Line 118-199)	00600	Adjustments	-1,314,689.	
20000	Worksheet A Total (Line 118-199)	00700	Net Expense for Alloc	21,476,823.	
A60	**Wkst A-6 Reclassifications**				
00A	**Adjustment Reference**				
00100	LAB RECLASS	00000	Description		
00100	Reclassifications	00100	Code	A	
00100	Reclassifications	00300	Line Number	60.	
00100	Reclassifications	00500	Other	38.	
00100	Reclassifications	00700	Line Number	15.	
00100	Reclassifications	00900	Other	38.	
50000	Reclassifications	00500	Other	38.	
50000	Reclassifications	00900	Other	38.	
00B	**Adjustment Reference**				
00100	PATIENT EXPENSE PRECLASS	00000	Description		
00100	Reclassifications	00100	Code	B	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	21,817.	
00100	Reclassifications	00700	Line Number	30.	
00100	Reclassifications	00900	Other	21,817.	
50000	Reclassifications	00500	Other	21,817.	
50000	Reclassifications	00900	Other	21,817.	
00C	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	RENT EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	C	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	56,653.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	3,560.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	RENT EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	C	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	13,184.	
00200	Reclassifications	01000	Wkst A-6 Reference	9.	
00300	RENT EXPENSE RECLASS	00000	Description		
00300	Reclassifications	00100	Code	C	
00300	Reclassifications	00700	Line Number	6.	
00300	Reclassifications	00900	Other	9,272.	
00300	Reclassifications	01000	Wkst A-6 Reference	9.	
00400	RENT EXPENSE RECLASS	00000	Description		
00400	Reclassifications	00100	Code	C	
00400	Reclassifications	00700	Line Number	15.	
00400	Reclassifications	00900	Other	1,640.	
00400	Reclassifications	01000	Wkst A-6 Reference	9.	
00500	RENT EXPENSE RECLASS	00000	Description		
00500	Reclassifications	00100	Code	C	
00500	Reclassifications	00700	Line Number	16.	
00500	Reclassifications	00900	Other	1,134.	
00500	Reclassifications	01000	Wkst A-6 Reference	9.	
00600	RENT EXPENSE RECLASS	00000	Description		
00600	Reclassifications	00100	Code	C	
00600	Reclassifications	00700	Line Number	18.	
00600	Reclassifications	00900	Other	92.	
00600	Reclassifications	01000	Wkst A-6 Reference	9.	
00700	RENT EXPENSE RECLASS	00000	Description		
00700	Reclassifications	00100	Code	C	

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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				
A60	**Wkst A-6 Reclassifications**				
00700	Reclassifications	00700	Line Number	30.	
00700	Reclassifications	00900	Other	14,997.	
00700	Reclassifications	01000	Wkst A-6 Reference	9.	
00800	RENT EXPENSE RECLASS	00000	Description		
00800	Reclassifications	00100	Code	C	
00800	Reclassifications	00700	Line Number	60.01	
00800	Reclassifications	00900	Other	218.	
00800	Reclassifications	01000	Wkst A-6 Reference	9.	
00900	RENT EXPENSE RECLASS	00000	Description		
00900	Reclassifications	00100	Code	C	
00900	Reclassifications	00700	Line Number	98.	
00900	Reclassifications	00900	Other	12,556.	
00900	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	56,653.	
50000	Reclassifications	00900	Other	56,653.	
00D	**Adjustment Reference**				
00100	OPERATION PLANT RECALSS	00000	Description		
00100	Reclassifications	00100	Code	D	
00100	Reclassifications	00300	Line Number	7.	
00100	Reclassifications	00500	Other	467,867.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	7,345.	
00200	OPERATION PLANT RECALSS	00000	Description		
00200	Reclassifications	00100	Code	D	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	91,850.	
00300	OPERATION PLANT RECALSS	00000	Description		
00300	Reclassifications	00100	Code	D	
00300	Reclassifications	00700	Line Number	6.	
00300	Reclassifications	00900	Other	242,548.	
00400	OPERATION PLANT RECALSS	00000	Description		
00400	Reclassifications	00100	Code	D	
00400	Reclassifications	00700	Line Number	10.	
00400	Reclassifications	00900	Other	13,353.	

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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				
A60	**Wkst A-6 Reclassifications**				
00500	OPERATION PLANT RECALSS	00000	Description		
00500	Reclassifications	00100	Code	D	
00500	Reclassifications	00700	Line Number	16.	
00500	Reclassifications	00900	Other	1,628.	
00600	OPERATION PLANT RECALSS	00000	Description		
00600	Reclassifications	00100	Code	D	
00600	Reclassifications	00700	Line Number	18.	
00600	Reclassifications	00900	Other	433.	
00700	OPERATION PLANT RECALSS	00000	Description		
00700	Reclassifications	00100	Code	D	
00700	Reclassifications	00700	Line Number	30.	
00700	Reclassifications	00900	Other	29,961.	
00800	OPERATION PLANT RECALSS	00000	Description		
00800	Reclassifications	00100	Code	D	
00800	Reclassifications	00700	Line Number	60.01	
00800	Reclassifications	00900	Other	5,935.	
00900	OPERATION PLANT RECALSS	00000	Description		
00900	Reclassifications	00100	Code	D	
00900	Reclassifications	00700	Line Number	98.	
00900	Reclassifications	00900	Other	74,814.	
50000	Reclassifications	00500	Other	467,867.	
50000	Reclassifications	00900	Other	467,867.	
00E	**Adjustment Reference**				
00100	INSURANCE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	E	
00100	Reclassifications	00300	Line Number	5.	
00100	Reclassifications	00500	Other	471,898.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	4,201.	
00200	INSURANCE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	E	
00200	Reclassifications	00700	Line Number	6.	
00200	Reclassifications	00900	Other	18,149.	
00300	INSURANCE RECLASS	00000	Description		

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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				
A60	**Wkst A-6 Reclassifications**				
00300	Reclassifications	00100	Code	E	
00300	Reclassifications	00700	Line Number	9.	
00300	Reclassifications	00900	Other	515.	
00400	INSURANCE RECLASS	00000	Description		
00400	Reclassifications	00100	Code	E	
00400	Reclassifications	00700	Line Number	10.	
00400	Reclassifications	00900	Other	3,488.	
00500	INSURANCE RECLASS	00000	Description		
00500	Reclassifications	00100	Code	E	
00500	Reclassifications	00700	Line Number	15.	
00500	Reclassifications	00900	Other	10,463.	
00600	INSURANCE RECLASS	00000	Description		
00600	Reclassifications	00100	Code	E	
00600	Reclassifications	00700	Line Number	16.	
00600	Reclassifications	00900	Other	2,707.	
00700	INSURANCE RECLASS	00000	Description		
00700	Reclassifications	00100	Code	E	
00700	Reclassifications	00700	Line Number	18.	
00700	Reclassifications	00900	Other	7,524.	
00800	INSURANCE RECLASS	00000	Description		
00800	Reclassifications	00100	Code	E	
00800	Reclassifications	00700	Line Number	30.	
00800	Reclassifications	00900	Other	222,684.	
00900	INSURANCE RECLASS	00000	Description		
00900	Reclassifications	00100	Code	E	
00900	Reclassifications	00700	Line Number	60.01	
00900	Reclassifications	00900	Other	3,807.	
01000	INSURANCE RECLASS	00000	Description		
01000	Reclassifications	00100	Code	E	
01000	Reclassifications	00700	Line Number	98.	
01000	Reclassifications	00900	Other	198,360.	
50000	Reclassifications	00500	Other	471,898.	
50000	Reclassifications	00900	Other	471,898.	
00F	**Adjustment Reference**				

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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				
A60	**Wkst A-6 Reclassifications**				
00100	INTEREST EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	F	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	332,785.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	636.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	INTEREST EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	F	
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	329,038.	
00200	Reclassifications	01000	Wkst A-6 Reference	9.	
00300	INTEREST EXPENSE RECLASS	00000	Description		
00300	Reclassifications	00100	Code	F	
00300	Reclassifications	00700	Line Number	6.	
00300	Reclassifications	00900	Other	229.	
00300	Reclassifications	01000	Wkst A-6 Reference	9.	
00400	INTEREST EXPENSE RECLASS	00000	Description		
00400	Reclassifications	00100	Code	F	
00400	Reclassifications	00700	Line Number	16.	
00400	Reclassifications	00900	Other	145.	
00400	Reclassifications	01000	Wkst A-6 Reference	9.	
00500	INTEREST EXPENSE RECLASS	00000	Description		
00500	Reclassifications	00100	Code	F	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	1,436.	
00500	Reclassifications	01000	Wkst A-6 Reference	9.	
00600	INTEREST EXPENSE RECLASS	00000	Description		
00600	Reclassifications	00100	Code	F	
00600	Reclassifications	00700	Line Number	60.01	
00600	Reclassifications	00900	Other	529.	
00600	Reclassifications	01000	Wkst A-6 Reference	9.	
00700	INTEREST EXPENSE RECLASS	00000	Description		
00700	Reclassifications	00100	Code	F	

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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				
A60	**Wkst A-6 Reclassifications**				
00700	Reclassifications	00700	Line Number	98.	
00700	Reclassifications	00900	Other	772.	
00700	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	332,785.	
50000	Reclassifications	00900	Other	332,785.	
00G	**Adjustment Reference**				
00100	CASE MANAGEMENT RECLASS	00000	Description		
00100	Reclassifications	00100	Code	G	
00100	Reclassifications	00300	Line Number	30.	
00100	Reclassifications	00500	Other	358,423.	
00100	Reclassifications	00700	Line Number	98.	
00100	Reclassifications	00900	Other	790,787.	
00200	CASE MANAGEMENT RECLASS	00000	Description		
00200	Reclassifications	00100	Code	G	
00200	Reclassifications	00300	Line Number	60.01	
00200	Reclassifications	00500	Other	12,433.	
00300	CASE MANAGEMENT RECLASS	00000	Description		
00300	Reclassifications	00100	Code	G	
00300	Reclassifications	00300	Line Number	190.01	
00300	Reclassifications	00500	Other	419,931.	
50000	Reclassifications	00500	Other	790,787.	
50000	Reclassifications	00900	Other	790,787.	
00H	**Adjustment Reference**				
00100	BUILDING RECLASS	00000	Description		
00100	Reclassifications	00100	Code	H	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	138,694.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	75,498.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	BUILDING RECLASS	00000	Description		
00200	Reclassifications	00100	Code	H	
00200	Reclassifications	00700	Line Number	6.	
00200	Reclassifications	00900	Other	4,768.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	01000	Wkst A-6 Reference	9.	
00300	BUILDING RECLASS	00000	Description		
00300	Reclassifications	00100	Code	H	
00300	Reclassifications	00700	Line Number	16.	
00300	Reclassifications	00900	Other	144.	
00300	Reclassifications	01000	Wkst A-6 Reference	9.	
00400	BUILDING RECLASS	00000	Description		
00400	Reclassifications	00100	Code	H	
00400	Reclassifications	00700	Line Number	30.	
00400	Reclassifications	00900	Other	51,260.	
00400	Reclassifications	01000	Wkst A-6 Reference	9.	
00500	BUILDING RECLASS	00000	Description		
00500	Reclassifications	00100	Code	H	
00500	Reclassifications	00700	Line Number	98.	
00500	Reclassifications	00900	Other	3,524.	
00500	Reclassifications	01000	Wkst A-6 Reference	9.	
00600	BUILDING RECLASS	00000	Description		
00600	Reclassifications	00100	Code	H	
00600	Reclassifications	00700	Line Number	10.	
00600	Reclassifications	00900	Other	3,500.	
00600	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	138,694.	
50000	Reclassifications	00900	Other	138,694.	
00I	**Adjustment Reference**				
00100	DEPRECIATION EXPENSE RECLASS	00000	Description		
00100	Reclassifications	00100	Code	I	
00100	Reclassifications	00300	Line Number	2.	
00100	Reclassifications	00500	Other	138,694.	
00100	Reclassifications	00700	Line Number	5.	
00100	Reclassifications	00900	Other	75,498.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	DEPRECIATION EXPENSE RECLASS	00000	Description		
00200	Reclassifications	00100	Code	I	
00200	Reclassifications	00700	Line Number	6.	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00900	Other	4,768.	
00200	Reclassifications	01000	Wkst A-6 Reference	9.	
00300	DEPRECIATION EXPENSE RECLASS	00000	Description		
00300	Reclassifications	00100	Code	I	
00300	Reclassifications	00700	Line Number	10.	
00300	Reclassifications	00900	Other	3,500.	
00300	Reclassifications	01000	Wkst A-6 Reference	9.	
00400	DEPRECIATION EXPENSE RECLASS	00000	Description		
00400	Reclassifications	00100	Code	I	
00400	Reclassifications	00700	Line Number	16.	
00400	Reclassifications	00900	Other	144.	
00400	Reclassifications	01000	Wkst A-6 Reference	9.	
00500	DEPRECIATION EXPENSE RECLASS	00000	Description		
00500	Reclassifications	00100	Code	I	
00500	Reclassifications	00700	Line Number	30.	
00500	Reclassifications	00900	Other	51,260.	
00500	Reclassifications	01000	Wkst A-6 Reference	9.	
00600	DEPRECIATION EXPENSE RECLASS	00000	Description		
00600	Reclassifications	00100	Code	I	
00600	Reclassifications	00700	Line Number	98.	
00600	Reclassifications	00900	Other	3,524.	
00600	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	138,694.	
50000	Reclassifications	00900	Other	138,694.	
00J	**Adjustment Reference**				
00100	BUILDING RENT RECLASS	00000	Description		
00100	Reclassifications	00100	Code	J	
00100	Reclassifications	00300	Line Number	1.	
00100	Reclassifications	00500	Other	368,254.	
00100	Reclassifications	00700	Line Number	4.	
00100	Reclassifications	00900	Other	2,712.	
00100	Reclassifications	01000	Wkst A-6 Reference	9.	
00200	BUILDING RENT RECLASS	00000	Description		
00200	Reclassifications	00100	Code	J	

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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				
A60	**Wkst A-6 Reclassifications**				
00200	Reclassifications	00700	Line Number	5.	
00200	Reclassifications	00900	Other	2,580.	
00200	Reclassifications	01000	Wkst A-6 Reference	9.	
00300	BUILDING RENT RECLASS	00000	Description		
00300	Reclassifications	00100	Code	J	
00300	Reclassifications	00700	Line Number	15.	
00300	Reclassifications	00900	Other	1,965.	
00300	Reclassifications	01000	Wkst A-6 Reference	9.	
00400	BUILDING RENT RECLASS	00000	Description		
00400	Reclassifications	00100	Code	J	
00400	Reclassifications	00700	Line Number	98.	
00400	Reclassifications	00900	Other	360,997.	
00400	Reclassifications	01000	Wkst A-6 Reference	9.	
50000	Reclassifications	00500	Other	368,254.	
50000	Reclassifications	00900	Other	368,254.	
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
1	**Part 1 - Analysis of Changes in Capital Asset Balances**				
00100	Land	00100	Beginning Balances	1,568,168.	
00100	Land	00600	Ending Balance	1,568,168.	
00200	Land Improvements	00100	Beginning Balances	135,026.	
00200	Land Improvements	00600	Ending Balance	135,026.	
00300	Buildings and Fixtures	00100	Beginning Balances	10,601,585.	
00300	Buildings and Fixtures	00600	Ending Balance	10,601,585.	
00400	Building Improvements	00100	Beginning Balances	158,789.	
00400	Building Improvements	00600	Ending Balance	158,789.	
00500	Fixed Equipment	00100	Beginning Balances	2,651,992.	
00500	Fixed Equipment	00600	Ending Balance	2,651,992.	
00600	Movable Equipment	00100	Beginning Balances	3,024,956.	
00600	Movable Equipment	00600	Ending Balance	3,024,956.	
00800	Sub Total (Lines 01 To 07)	00100	Beginning Balances	18,140,516.	
00800	Sub Total (Lines 01 To 07)	00600	Ending Balance	18,140,516.	
01000	Worksheet A-7 Part 1 Total	00100	Beginning Balances	18,140,516.	
01000	Worksheet A-7 Part 1 Total	00600	Ending Balance	18,140,516.	

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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				
A70	**Wkst A-7 Reconciliation of Capital Costs Centers**				
3	**Part 3 - Reconciliation of Capital Cost Centers**				
00100	Capital Related Cost - Land and Buildings	00100	Gross Assets	13,116,037.	
00100	Capital Related Cost - Land and Buildings	00300	Gross Assets for Ratio	13,116,037.	
00100	Capital Related Cost - Land and Buildings	00400	Ratio	0.784656	Ratio
00100	Capital Related Cost - Land and Buildings	00900	Depreciation	368,254.	
00100	Capital Related Cost - Land and Buildings	01500	Worksheet A-7 Part 3 Tota	368,254.	
00200	Capital Related Cost - Movable Equipment	00100	Gross Assets	3,599,614.	
00200	Capital Related Cost - Movable Equipment	00300	Gross Assets for Ratio	3,599,614.	
00200	Capital Related Cost - Movable Equipment	00400	Ratio	0.215344	Ratio
00200	Capital Related Cost - Movable Equipment	00900	Depreciation	633,175.	
00200	Capital Related Cost - Movable Equipment	01500	Worksheet A-7 Part 3 Tota	633,175.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00100	Gross Assets	16,715,651.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00300	Gross Assets for Ratio	16,715,651.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00400	Ratio	1.000000	Ratio
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	00900	Depreciation	1,001,429.	
00300	Worksheet A-7 Part 3 Total (Sum of Lines 01 and 02)	01500	Worksheet A-7 Part 3 Tota	1,001,429.	
A80	**Wkst A-8 Adjustment to Expenses**				
00200	Investment Income - Movable Equipment (Chapter 2)	00100	Basis/Code	B	
00200	Investment Income - Movable Equipment (Chapter 2)	00200	Amount	-33,651.	
00200	Investment Income - Movable Equipment (Chapter 2)	00500	Wkst A-8 Reference	9.	
00500	Refunds and Rebates of Expenses (Chapter 8)	00100	Basis/Code	B	
00500	Refunds and Rebates of Expenses (Chapter 8)	00200	Amount	-163,087.	
00500	PHARMACY	00300	Cost Center		
00500	Refunds and Rebates of Expenses (Chapter 8)	00400	Line Number	15.	
01000	Provider Based Physician Adjustment (Wkst A-8-2)	00200	Amount	-954,924.	
01400	Cafeteria - Employees and Guests	00100	Basis/Code	B	

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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				
A80	**Wkst A-8 Adjustment to Expenses**				
01400	Cafeteria - Employees and Guests	00200	Amount	-92,208.	
01400	DIETARY	00300	Cost Center		
01400	Cafeteria - Employees and Guests	00400	Line Number	10.	
01700	Sale of Drugs to Other Than Patients	00100	Basis/Code	B	
01700	Sale of Drugs to Other Than Patients	00200	Amount	-39,636.	
01700	PHARMACY	00300	Cost Center		
01700	Sale of Drugs to Other Than Patients	00400	Line Number	15.	
01800	Sale of Medical Records and Abstracts	00100	Basis/Code	B	
01800	Sale of Medical Records and Abstracts	00200	Amount	-27,943.	
01800	MEDICAL RECORDS & LIBRARY	00300	Cost Center		
01800	Sale of Medical Records and Abstracts	00400	Line Number	16.	
03300	MISC	00000	Description		
03300	Adjustments	00100	Basis/Code	B	
03300	Adjustments	00200	Amount	-3,240.	
03300	ADMINISTRATIVE & GENERAL	00300	Cost Center		
03300	Adjustments	00400	Line Number	5.	
05000	Worksheet A-8 Total (Sum of Lines 01-49) (Transfer to Wkst A Col 6 Line 200)	00200	Amount	-1,314,689.	
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
001	**Unknown Worksheet Type**				
00100	Adjustment	00100	Wkst A Line No.	30.	
00100	AGGREGATE-ADULTS & PEDIATRICS	00200	Cost Center		
00100	Adjustment	00300	Total Remuneration	465,000.	
00100	Adjustment	00400	Professional Amount	465,000.	
00100	Adjustment	01800	Adjustment	465,000.	
00200	Adjustment	00100	Wkst A Line No.	98.	
00200	AGGREGATE-OTHER REIMBURSABLE O/P	00200	Cost Center		
00200	Adjustment	00300	Total Remuneration	489,924.	
00200	Adjustment	00400	Professional Amount	489,924.	
00200	Adjustment	01800	Adjustment	489,924.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00300	Total Remuneration	954,924.	
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	00400	Professional Amount	954,924.	

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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				
A82	**Wkst A-8-2 Provider-Based Physician Adjustments**				
20000	Worksheet A-8-2 Total (Sum of Lines 01 to 199)	01800	Adjustment	954,924.	