,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tion 1: Costs			10 ( 5: 1 1			
	Reporting Period Contact Information						
			Phone Number:			Title:	Accounting Manager
						Email:	
						Title:	
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Cost accounting Cost to Charge		Other (explain)		
			system	Ratio	Other (explain)		
			Х	Х			
	Community Benefit Categories	Column A	Column B	Column C	Column D		Column E
	Charity Care and Public Programs	Patient Visits	Total community	Direct offsetting	Net community benefit		
Row			benefit expense	revenue	expense (B-C)		
1	Charity care at cost	4,485	\$3,412,135	\$0	\$3,412,135		
	Unreimbursed costs of public programs:	·					
2	Medicaid/Managed Medicaid Plans	153,720	\$147,166,887	\$78,419,455	\$68,747,433		
3	Medicare/Managed Medicare Plans	219 072	\$301,250,965	\$237,397,577	\$63 853,389		
4	Other public programs				\$0		
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	377,277	\$451,829,988	\$315,817,031	\$136,012,957		
	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	50.4%					
				B: 4 # 41			D 10 64 0 0
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		Description of Activities
7	Community health improvement services		\$886,234	\$129,812	\$756,422		
	Research	n/a			\$0		
	Health professions education	n/a			\$0		
10	Subsidized health services	n/a	\$2,092,688	\$1,957,374	\$135,314		
11	Cash and in-kind contributions to other community groups	n/a	\$592,902	\$48	\$592,854		
	Community building activities	n/a	\$9,058		\$9,058		
	Community benefit operations Other Benefits Totals (sum of lines 7 through 13)	n/a	#0 F00 000	#0 007 00 t	\$0		
14	Other benefits Lotals (sum of lines / through 13)	-	\$3,580,882	\$2,087,234	\$1,493,648	1	
15	Community Benefits Totals (line 5 plus line 14)	377,277	\$455,410,870	\$317,904,265	\$137,506,605		