

Section 1: Costs

<table border="1"> <tr> <td>Hospital Name</td> <td colspan="5">CURRY HEALTH DISTRICT</td> </tr> <tr> <td>Hospital System</td> <td colspan="5">CPSI</td> </tr> <tr> <td>Reporting Period</td> <td colspan="5">6/30/2020</td> </tr> <tr> <td>Contact Information</td> <td colspan="2">Name of Person Completing This Form: KYLIE MCCLOSKEY</td> <td>Title: CONTROLLER</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2">Phone Number: [REDACTED]</td> <td>Email: [REDACTED]</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2">Reviewed By:</td> <td colspan="3">Title:</td> </tr> </table>						Hospital Name	CURRY HEALTH DISTRICT					Hospital System	CPSI					Reporting Period	6/30/2020					Contact Information	Name of Person Completing This Form: KYLIE MCCLOSKEY		Title: CONTROLLER				Phone Number: [REDACTED]		Email: [REDACTED]				Reviewed By:		Title:		
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	Reviewed By:		Title:																																						
Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Cost accounting system	Cost to Charge Ratio	Other (explain)																																					
			X																																						
Community Benefit Categories		Column A	Column B	Column C	Column D																																				
Row	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)																																				
	1 Charity care at cost	397	\$303,126		\$303,126																																				
	Unreimbursed costs of public programs:																																								
2	Medicaid/Managed Medicaid Plans				\$0																																				
3	Medicare/Managed Medicare Plans				\$0																																				
4	Other public programs				\$0																																				
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	397	\$303,126	\$0	\$303,126																																				
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	80.0%																																							
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)																																				
7	Community health improvement services				\$0																																				
8	Research	n/a			\$0																																				
9	Health professions education	n/a	\$149		\$149																																				
10	Subsidized health services	n/a	\$428,843		\$428,843																																				
11	Cash and in-kind contributions to other community groups	n/a	\$3,290		\$3,290																																				
12	Community building activities	n/a	\$4,086		\$149																																				
13	Community benefit operations	n/a	\$4,206		\$4,206																																				
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$440,574	\$0	\$436,637																																				
15	Community Benefits Totals (line 5 plus line 14)	397	\$743,700	\$0	\$739,762																																				

Please note: If the amount in Column E is equal to or greater than the amount in Column D, leave Columns D, E and F blank.