2011 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum UID: - Phoebe Worth Medical Center

| | | C | ontractual Adj's | s, Hill Burton, B | ad Debt, Gross | Indigent and C | harity Care, and | d Other Free Car | e | | |
|---|--------------------------|---------------------------------|---------------------------------|------------------------------|----------------------------|----------------|-------------------------------------|---------------------------------|--------------------|--|---------------------------------------|
| HFS Source: | Part C, 1 | Part C, 1 | Part C, 1 | Part C, 1 | Part C, 1 | Part C, 1 | Part E, 1 | Part E, 1 | Part C, 1 | | |
| | Gross Patient Charges | Medicare Contractual Adjs | Medicaid Contractual Adjs | Other Contractual Adjs | Hill Burton Obligations | Bad Debt | Gross Indigent Care (IP & OP) | Gross Charity Care (IP & OP) | Other Free Care | Total Deductions of All Types (Sum Col 2-9) | Net Patient Revenue (Co 1 - 10) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| patient Gross Patient Revenue | | | | | | | | | | | |
| utpatient Gross Patient Revenue | | | | | | | | | | | |
| er Part C, 1. Financial Table | | | | | | | | | | | |
| er Part E, 1. Indigent and Charity Care | | | | | | | | | | | |
| Totals per HFS | 0 | | | | | | | | | 0 | |
| ection 2: Reconciling Items to Financial Statemen | its: | | | <u>.</u> | | | | | (B) | | (B |
| on-Hospital Services: | | | | | | | | | | | |
| Professional Fees | | | | | | | | | | | |
| Home Health Agency | | | | | | | | | | | |
| SNF/NF Swing Bed Services | | | | | | | | | | | |
| Nursing Home | | | | | | | | | | | |
| Hospice | | | | | | | | | | | |
| Freestanding Ambulatory Surg. Centers | | | | | | | | | | | |
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| ad Daht (Evnance per Einensiels) (A) | | | | | | | | | | | |
| ad Debt (Expense per Financials) (A) | | | | | | | | | | | |
| digent Care Trust Fund Income | | | | | | | | | | | |
| ther Reconciling Items: | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Total Reconciling Items | 0 | | | | | | | | | 0 | |
| | | | | | | | | | | | |
| otal Per Form | 0 | | | | | | | | | 0 | |
| | | | | | | | | | | | |
| otal Per Financial Statements | | | | | | | | | | | |