

ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
	AFFILIATE NAME	SHARON HOSPITAL HOLDING CO, INC.
1	Affiliate Description	Subsidiary of Essent Healthcare, Inc and ECHO
2	Affiliate type of service	Parent Corporation
3	Tax Status	For Profit
4	Street Address	3100 West End Avenue, Suite 90
5	Town	Nashville
6	State	Tennessee
7	Zip Code	37203 -
8	CEO Name	Michael W. Browder
9	CEO Title	President/CEO
10	CT Agent Name	Carolyn Allen
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 Hospital Hill Rd
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -
B. AFFILIATE NAME		
	AFFILIATE NAME	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL
1	Affiliate Description	Acute care hospital
2	Affiliate type of service	Hospital
3	Tax Status	For Profit
4	Street Address	50 Hospital Hill Road
5	Town	Sharon
6	State	Connecticut
7	Zip Code	06069 -
8	CEO Name	Charlie Therrien
9	CEO Title	President/CEO
10	CT Agent Name	Carolyn Allen
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 Hospital Hill Road
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -
C. AFFILIATE NAME		
	AFFILIATE NAME	ESSENT HEALTHCARE, INC
1	Affiliate Description	Parent company to Essent Healthcare of CT, Inc dba Sharon Hospital and ECHO
2	Affiliate type of service	Parent Corporation
3	Tax Status	For Profit
4	Street Address	3100 WEST END AVENUE, SUITE 90
5	Town	Nashville
6	State	Tennessee
7	Zip Code	37203 -
8	CEO Name	MICHAEL W. BROWDER
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Carolyn Allen
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 HOSPITAL HILL ROAD
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -
D. AFFILIATE NAME		
	AFFILIATE NAME	REGIONAL HEALTHCARE ASSOCIATES, LLC
1	Affiliate Description	TO HOUSE OUR EMPLOYED PHYSICIANS AND RELATED PROFESSIONAL FEE BILLING.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	3100 West End Avenue, Suite 90

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Nashville
6	State	Tennessee
7	Zip Code	37203 -
8	CEO Name	Charlie Therrien
9	CEO Title	President/CEO
10	CT Agent Name	Carolyn Allen
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 Hospital Hill Road
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. ESSENT-SHARON HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
B. SHARON HOSPITAL HOLDING CO, INC.			
1		Unrestricted	\$1,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,000
C. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
1		Unrestricted	\$15,453,591
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$15,453,591
D. ESSENT HEALTHCARE, INC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. REGIONAL HEALTHCARE ASSOCIATES, LLC			
1		Unrestricted	(\$2,405,542)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$2,405,542)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$13,049,049
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$13,049,049

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009**

REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	SHARON HOSPITAL HOLDING CO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$3,390,030)
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$3,390,030)
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	ESSENT HEALTHCARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$2,499,970)
1		Salary	09/30/2009	\$838,563
2		Fringe Benefits	09/30/2009	\$2,497,286
3		Insurance	09/30/2009	\$1,564,976
4		Interest	09/30/2009	\$1,365,755
5		Travel	09/30/2009	\$1,800
6		Professional Services	09/30/2009	\$148,586
7		401K	09/30/2009	\$817,291
8		Management Fee	09/30/2009	\$1,264,689
9		Debt	09/30/2009	\$350,000
10		Tax Provision	09/30/2009	\$846,933
11		cash	09/30/2009	(\$13,282,850)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$6,086,941)
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	(\$9,476,971)

ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$0
A.	SHARON HOSPITAL HOLDING CO, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	ESSENT HEALTHCARE, INC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009

REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. SHARON HOSPITAL HOLDING CO, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. ESSENT HEALTHCARE, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D. REGIONAL HEALTHCARE ASSOCIATES, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	SHARON HOSPITAL HOLDING CO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	ESSENT HEALTHCARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

ESSENT-SHARON HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2009		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

ESSENT-SHARON HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2009					
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	18.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	MCCI
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.90%
	Collection Agent	
1	Collection Agent Name	Marcam
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.00%

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Chief Executive Officer	\$261,000	\$56,324	\$317,324
2.	Chief Financial Officer	\$180,000	\$38,844	\$218,844
3.	Chief Nursing Officer	\$140,000	\$30,212	\$170,212
4.	Associate Administrator/Director HR	\$124,990	\$26,973	\$151,963
5.	Chief Quality Officer	\$119,554	\$25,800	\$145,354
6.	Corp Compliance/Director HIM	\$114,462	\$24,701	\$139,163
7.	Director ICU/Medical floor	\$113,339	\$24,459	\$137,798
8.	Assistant Chief Financial Officer	\$112,387	\$24,253	\$136,640
9.	Ultrasound Technician	\$104,394	\$22,528	\$126,922
10.	Director Surgical Services	\$101,920	\$21,994	\$123,914
Grand Total:		\$1,372,046	\$296,088	\$1,668,134

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . SHARON HOSPITAL HOLDING CO, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . ESSENT HEALTHCARE, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$838,563	\$2,497,286	\$3,335,849
D . REGIONAL HEALTHCARE ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$2,256,172	\$93,757	\$2,349,929

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

ESSENT-SHARON HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2009					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	85	70	(15)	-18%
2.	Number of Approved Applicants	83	61	(22)	-27%
3.	Total Charges (A)	\$767,308	\$430,330	(\$336,978)	-44%
	Average Charges	\$9,245	\$7,055	(\$2,190)	-24%
4.	Ratio of Cost to Charges (RCC)	0.462623	0.474964	0.012341	3%
	Total Cost	\$354,974	\$204,391	(\$150,583)	-42%
	Average Cost	\$4,277	\$3,351	(\$926)	-22%
5.	Charity Care - Inpatient Charges	\$442,157	\$195,296	(\$246,861)	-56%
6.	Charity Care - Outpatient Emergency Department Charges	89,035	57,574	(31,461)	-35%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	236,116	177,460	(58,656)	-25%
	Total Charges (A)	\$767,308	\$430,330	(\$336,978)	-44%
8.	Charity Care - Number of Patient Days	181	58	(123)	-68%
9.	Charity Care - Number of Discharges	43	23	(20)	-47%
10.	Charity Care - Number of Outpatient ED Visits	126	147	21	17%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	284	199	(85)	-30%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					