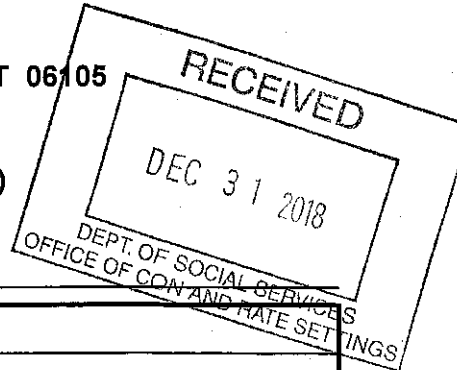


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)



Date Submitted: 11/30/2018 Date Received: _____

1. FQHC Name First Choice Health Centers, Inc.
 Street Address 94 Connecticut Boulevard
 City, State, ZIP East Hartford, CT 06108-3013
 Telephone Number 860-528-1359
 Contact Person Eugene Market
 Title President & CEO

2. FQHC Medicaid Provider Number: Medical <u>4191425</u> Dental <u>4222931</u> Mental Health <u>8071428</u> Other (Specify) _____ _____ _____	3. Reporting Period: From <u>7/1/2017</u> To <u>6/30/2018</u>
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4. Type of Control (Check One Only)
 NONPROFIT ORGANIZATION
 GOVERNMENT
 STATE DISTRICT OTHER
 COUNTY CITY

5. FQHC Owned By:

First Choice Health Centers, Inc. 94 Connecticut Boulevard East Hartford, CT 06108-3013

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
First Choice Health Centers, Inc. 4191425
 (FQHC Name)

For the Reporting Period Beginning 7/1/2017 and Ending 6/30/2018 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6. Signature (Officer or Administrator of FQHC) 	Printed Name Eugene Market
Title President & CEO	Date 12/19/18

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: First Choice Health Centers, Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
G. OVERHEAD - FACILITY COST							
a. Rent		239,848	239,848		239,848	(24,318)	215,530
b. Insurance		134,171	134,171	(95,463)	38,708		38,708
c. Interest on Mortgage or Loans		69,593	69,593	(19,423)	50,170	(156)	50,014
d. Utilities		117,603	117,603	(289,007)	117,603		117,603
e. Depreciation - Building		551,733	551,733		252,726		252,726
f. Depreciation - Equipment			0		0		0
g. Housekeeping & Maintenance		285,770	285,770	118,742	404,512	(53,646)	350,866
h. Other (Specify)							
Property Taxes		48,777	48,777		48,777		48,777
Minor Equipment		424,546	424,546		424,546		424,546
I. Subtotal Overhead - Facility Cost	0	1,872,041	1,872,041	(295,151)	1,576,890	(75,120)	1,498,770
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	9,416,899		9,416,899	(6,120,853)	3,296,046	(20,000)	3,276,046
b. Depreciation - Office Equipment		192,611	192,611	124,463	124,463		124,463
c. Office Supplies		51,632	51,632		51,632	(1,149)	191,469
d. Legal		86,028	86,028		86,028	(9,500)	42,132
e. Accounting				27,853	27,853		86,028
f. Insurance		102,939	102,939		102,939		27,853
g. Telephone		78,943	78,943		78,943		102,939
h. Advertising-Help Wanted			0	19,423	19,423		78,943
i. Interest - Capital Loans							19,423
j. Other (Specify)							
Fringes Benefits & Taxes		1,929,985	1,929,985	(1,929,985)	0		0
Contracted Services		256,624	256,624	18,816	275,440		275,440
Travel & Seminar		125,736	125,736	(2,095)	123,641		123,641
Miscellaneous & Marketing		102,402	102,402		102,402	(44,522)	57,880
Dues & Licenses		196,170	196,170		196,170		196,170
k. Subtotal Overhead - Administrative Cost	9,416,899	3,123,070	12,539,969	(7,862,350)	4,677,619	(75,170)	4,602,449
l. TOTAL OVERHEAD COST (GI+HK)	9,416,899	4,995,111	14,412,010	(8,157,509)	6,254,501	(153,290)	6,101,211
J. GRAND TOTAL COSTS² (F+I)	9,416,899	6,379,784	15,796,683	0	15,796,683	(547,716)	15,248,967

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: First Choice Health Centers, Inc.

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
Provider(s) Identified List (e.g. Physician 1)					
A. PHYSICIAN					
1. <i>Please see form B4</i>	General Practitioner	125,000	1,500	1,040	0.50
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs				0	0
B. PHYSICIAN ASSISTANT					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs				0	0

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: First Choice Health Centers, Inc.

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
Provider/employed independentist (e.g. Physicians)	General Practitioner	125,000.	1,500.	10,400.	0.50	
C. NURSE (APRN, MIDWIFE, RN)						
1. Please see form B4					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner		0	0	0	0.00	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract		0	0	0	0.00	
E. OTHER HEALTH CARE PRACTITIONER						
1.					0.00	
2.					0.00	
3.					0.00	
Total Other Health Care Practitioner		0	0	0	0.00	

STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 ANNUAL REPORT
 FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: First Choice Health Centers, Inc.

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized identified list (e.g., Dentist #)</i>				
A. DENTIST				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: First Choice Health Centers, Inc.

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized and identified list (e.g., Psychologist)</i>	<i>125,000</i>	<i>1,500</i>	<i>10,400</i>	<i>0.50</i>
A. PSYCHOLOGIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. SOCIAL WORKER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: First Choice Health Centers, Inc.

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE									
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover		Employee Total Hours	Employee FTEs (2,080 hrs = 1 FTE)
			High	Low	Hires	Departures	Encounters		
A. HEALTH CARE PRACTITIONERS									
1. PHYSICIAN	8	1,184,958	248,425	145,384		2	17,102	18,407	8.85
2. PHYSICIAN ASSISTANT	7	607,109	134,579	84,404	2	1	17,807	11,369	5.47
3. NURSE (APRN, MIDWIFE, RN)	18	1,057,328	124,600	72,277	8	7	20,678	15,186	7.30
4. PHYSICIAN SERVICES UNDER CONTRACT	3	69,625					1,334		0.00
5. OTHER HEALTH PROFESSIONALS	3	299,616	150,000	4,231	1		5,311	4,731	2.27
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS	63	1,544,948	63,900	353	20	20		79,537	38.24
Total Health Care	102	4,763,583			31	30	62,232	129,230	62.13
B. DENTAL PRACTITIONERS									
1. DENTIST	7	730,372	130,675	66,738	1	2	14,892	11,221	5.39
2. DENTAL HYGIENIST	6	388,354	83,975	32,843	0	0	7,501	10,201	4.90
3. OTHER DENTAL PRACTITIONERS	1	44,222			0		422		0.00
Total Dental	14	1,162,948			1	2	22,815	21,422	10.29
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST									0.00
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	8	375,266	120,951	2,307	4	1	5,023	10,327	4.96
4. PSYCHIATRIC APRN	2	68,071					994		0.00
5. OTHER MENTAL HEALTH PRACTITIONERS	2	88,665	54,915	33,750	1		698	3,214	1.55
Total Mental Health	12	532,002			5	1	6,715	13,541	6.51

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	First Choice Health Centers, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,715,590
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	432,178
C.	Total Direct Costs (A+B)	9,147,767
D.	Portion of Title XIX Services (A/C)	95.28%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,101,211
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,813,234
G.	Total Title XIX Services Cost (A+F)	14,528,824
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,358,647
I.	Cost Adjustment (Lower of H-F or Zero)	(1,454,587)
J.	Allowable Title XIX Overhead Cost (F+I)	4,358,647
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,861,874
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,256,294
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	597,421
	4. Total Direct Costs (K1 thru K3)	8,715,590
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	67.26%
	2. Dental Services (K2/K4)	25.89%
	3. Mental Health Services (K3/K4)	6.85%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,931,626
	2. Dental Services (JxL2)	1,128,454
	3. Mental Health Services (JxL3)	298,567
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,358,647

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	First Choice Health Centers, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	5,861,874
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,931,626
C. Total Allowable Health Care Cost (A+B)	8,793,500
D. Encounters (P12 - Form B-4, Health Care Total)	62,232
E. Allowable Health Care Cost Per Encounter (C/D)	141.30
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,256,294
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,128,454
C. Total Allowable Dental Cost (A+B)	3,384,748
D. Encounters (P12 - Form B-4, Dental Total)	22,815
E. Allowable Dental Cost Per Encounter (C/D)	148.36
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	597,421
B. Allowable Overhead Cost (P13 - Form C, Line M3)	298,567
C. Total Allowable Mental Health Cost (A+B)	895,988
D. Encounters (P12 - Form B-4, Mental Health Total)	6,715
E. Allowable Mental Health Cost Per Encounter (C/D)	133.43

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: First Choice Health Centers, Inc.

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue						
1. Medicaid		5,452,812	1,997,233	668,223		8,118,268
2. Private		1,313,247	371,764	82,526		1,767,537
3. Medicare		549,221	0	92,610		641,831
4. Patient Cash/Self Pay		347,764	218,905	13,418		580,087
5. Other - Specify	provision for uncollectible accts				(33,358)	(33,358)
6. Total (1 thru 5)		7,663,044	2,587,902	856,777	(33,358)	11,074,365
B. Other Revenue						
1. Contributions					88,421	88,421
2. Grants					4,694,636	4,694,636
3. Interest						0
4. Donations						0
5. Other - Specify	Net assets released				48,620	48,620
6. Other - Specify	Varolus-Misc				134,720	134,720
7. Other - Specify	In-Kind Rent				15,672	15,672
8. Other - Specify						0
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		0	0	0	4,982,069	4,982,069
C. Other Revenue (Include revenue generated by non-approved FQHC sites)						
1. Other - Specify						0
2. Other - Specify						0
3. Other - Specify						0
4. Other - Specify						0
5. Other - Specify						0
6. Other - Specify						0
7. Total (1 thru 7)		0	0	0	0	0
D. Total Revenue (A6+B11+C7)		7,663,044	2,587,902	856,777	4,948,711	16,056,434

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	First Choice Health Centers, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<i>Excluding</i> Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Hartford Foundation for Public Giving</u>	25,000
	Other - Specify <u>Yale Grant</u>	32,000
	Other - Specify <u>In-Kind Rent</u>	15,672
	Other - Specify <u>Hoffman Foundation</u>	25,000
	Other - Specify <u>Connecticare Wellness& Long Wellness</u>	5,000
	5. Total (1 thru 4)	102,672
B.	Grants (<i>Excluding</i> PHS)	
	1. Services (<i>Excluding</i> Dental, Mental Health and Other)	
	2. Dental	37,858
	3. Mental Health	
	4. Other - Specify <u>Capital Grant</u>	517,354
	Other - Specify <u>CT OPM -Construction Bond</u>	45,000
	Other - Specify <u>CT Dept of Public Health: CHC/ IT Bond Grant</u>	146,799
	Other - Specify <u>CT DSS Maternal, Infant, and Early Childhood Home Visiting Program</u>	272,602
	Other - Specify <u>CHCACT Supplemental Nutrition Assistance Program</u>	46,987
	Other - Specify <u>CT Dept of Public Health: Immunization</u>	315,548
	Other - Specify <u>Vaccines - Children's Health Insurance Program</u>	18,343
	Other - Specify <u>Vaccines - Vaccines for Children Program</u>	54,132
	Other - Specify <u>Dpmt of Social Services: PCMH+</u>	69,750
	Other - Specify <u>CHCACT Medical Outreach</u>	20,000
	Other - Specify <u>CHCACT Transforming Clinic Practice Innovation</u>	122,765
	Other - Specify <u>Community Health Resources SAMSHA</u>	26,342
	Other - Specify _____	
	5. Total (1 thru 4)	1,738,480

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	First Choice Health Centers, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	(35,404)	
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	(9,500)	
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions	(900)	
	12. Membership dues for public relations		
	13. Cost not related to patient care	(85,084)	
	14. Interest	(156)	
	15. Pass through expenses		
	16. Total (1 thru 15)		(131,044)
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach	(20,000)	
	2. Rent Income	(8,646)	
	3. In-Kind Medical Supplies	(388,025)	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		(416,671)
C.	Total Cost Disallowance and Offset (A16+B7)		(547,715)

OK

Reclassification of Expenses

Line No.	Code	Explanation of Entry	Increase		Decrease		Line No.	Amount	Line No.	Amount		
			Cost Center	2	Cost Center	5					6	7
1	A	To reclassify administrative costs					HA		247,251	Physician	A1A	194,608
2										Clinical Social Worker	CIB	24,190
3										Dentist	BIA	28,453
4												
5	B	To reclassify salaries					GG		98,952	Office Salaries	HA	6,985,944
7	B	Housekeeping & Maintenance					AID3					
8	B	Case Management					A1A		1,484,574			
9	B	Physician					A1A					
10	B	Physician Asst.					A1B		607,109			
11	B	Nurse					A1C		1,057,328			
12	B	Nurse					A1C					
13	B	Nurse					A1C					
14	B	Psychiatric APRN					C1C1					
15	B	Other Nursing Staff					A1D1		1,544,948			
16	B	Clinical Social Worker					C1B		375,266			
17	B	Dentist					B1A		790,372			
18	B	Dental Hygienist					B1B		388,354			
19	B	Dental Assistant					B1C1		376,331			
20	B	Transportation					B2B		31,707			
21	B	Education					EH3					
22	B	Office Salaries					HA					
23	B	Parents as Teachers					EH2		202,338			
24	B	Alcohol and Drug Counselor					C1C2		88,665			
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
Total									7,233,194			7,233,195

Line No.	Code	Explanation of Entry	Increase Cost Center		Line No.	Amount	Decrease Cost Center		Line No.	Amount
			2	3			5	6		
42	C	To reclassify fringe benefits			GG	19,791	Fringe Bene & Payroll Tax	HH	1,964,592	
43	C	Housekeeping & Maintenance			AID3					
44	C	Case Management			HA					
45	C	Office Salaries			AIA	257,996				
46	C	Physician			AIA					
47	C	Physician Asst.			AIB	121,423				
48	C	Nurse			AIC	211,468				
49	C	Nurse			AIC					
50	C	Nurse			AIC					
51	C	Psychiatric APRN			CIC1					
52	C	Other Nursing Staff			AID1	308,993				
53	C	Clinical Social Worker			CIB	70,216				
54	C	Dentist			BIA	140,385				
55	C	Dental Hygienist			BIB	71,672				
56	C	Dental Assistant			BIC1	75,267				
57	C	Transportation			B2B	5,340				
58	C	Education			EIH3					
59	C	Office Salaries			HA	617,840				
60	C	Parents as Teachers			EIH2	40,468				
61	C	Alcohol and Drug Counselor			CIC2	17,733				
62	C	Office Salaries			HA					
63										
64	D	To reclassify depreciation			A2C	80,232	Depreciation-Bldgs & Fixt	GE	299,007	
65	D	Depreciation-Medical Equipment			A2C					
66	D	Depreciation-Office Equip			HB	124,483				
67	D	Depreciation-Dental Equip			B2C	94,292				
68										
69	E	To reclassify CME			AIA	12,591	Conference	HH	2,095	
70	E	Physician Asst.			AIB	6,215	Fringe Bene & Payroll Tax	HH	33,003	
71	E	Nurse			AIC	3,208				
72	E	Other Nursing Staff			AID1					
73	E	CDE			B2E1	11,426				
74	E	Clinical Social Worker			CIB	1,659				
75	E	Office Salaries			HA					
76										
77										
78										
79										
80										
Total, This Page						2,298,697				2,298,697
Total, Previous Page						7,233,194				7,233,195

	Explanation of Entry	Code	Increase		Decrease		Line No.	Amount	Line No.	Amount	
			Cost Center	2	3	4					5
81	To reclassify physician contracted services	F	Other Contracted Health Care Providers	AID4	Other Contracted Health Care Providers	AID4	131,110	81			
82		F	Other Contracted Health Care Providers	AID4				82			
83		F	Other Contracted Mental Health Providers	C1C3				83			
84		F	Other Contracted Health Care Providers	AID4			68,072	84			
85		F	Contact Dental	B1C2			44,222	85			
86		F	Contracted Services	HJ3			18,816	86			
87	To reclassify hospital expense	G	Hospital	E1H1			15,558	87			
88								88		15,558	
89	To reclassify contracted services	H	Parents as Teachers	E1H2			242,747	89			
90								90		242,747	
91		I	Fringe Bene & Payroll Tax	HH	Insurance		67,610	91		95,463	
92		I	Insurance	HF	Interest on Mortgage/Loan		27,853	92		19,423	
93		I	Insurance	GB				93			
94		I	Interest-Capital Loans	HI			19,423	94			
95								95			
96								96			
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118								118			
119								119			
120								120			
Total, This Page							504,301		504,301		504,301
Total, Previous Pages							9,531,892		9,531,892		9,531,892
Grand Total							10,036,192		10,036,192		10,036,192

First Choice Health Centers, Inc.

Reporting
Period:

From 7/1/2017
To 6/30/2018

Adjustments to Expenses

	Expense Classification to be Adjusted (1)	Line No. (2)	Amount (3)	Basis for Adjustment (4)	Description of Adjustment (5)	
Note: Enter positive adjustments as positive numbers and negative adjustments as negative numbers.						
1	Advertising	HJ4	(35,404)	A	Promotional Advertising	1
2	Medical Supplies	A2A	(388,025)	A	In-kind Vaccines	2
3	Rent	GA	(8,646)	A	Rent Income	3
4	Miscellaneous	HJ2	(8,218)	A	Company Events	4
5	Miscellaneous	HJ2	(900)	A	Donations	5
6	Legal	Hd	(9,500)	A	Legal Settlements	6
7	Rent	GA	(15,672)	A	In-Kind Rent	7
8	Various Miscellaneous Income	A1a	(6,400)	B	Misc. Income-Physician	8
9	Various Miscellaneous Income	GG	(53,646)	B	Property Damage Insurance Reimbursement	9
10	Interest Income	GC	(156)	B	Interest Income	10
11	Office Salaries	HA	(20,000)	B	Medicaid Outreach	11
12	Office Supplies	HC	(1,148)	B	Medical Records	12
13						13
14						14
15						15
16						16
17						17
18						18
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51						51
52	Total		(547,715)			52