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		
	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
	Affiliate Description	Academic Health Center		
	Affiliate type of service	Parent Corporation		
3		Not for Profit		
4	Street Address	263 Farmington Avenue, Farmington, CT		
5	Town State	Farmington Connecticut		
	Zip Code	06030 -		
	CEO Name	Cato T. Laurencin, M.D., Ph.D.		
	CEO Title	Executive Vice President for Health Affairs		
	CT Agent Name	Richard Blumenthal, Attorney General		
11	CT Agent Company	State of CT		
12		55 Elm Street, Hartford, CT		
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06106 -		
В.	AFFILIATE NAME	CENTRAL ADMINISTRATIVE SERVICES		
1	Affiliate Description	Statutory Entity		
	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	263 Farmington Avenue		
5	Town	Farminton		
6	State	Connecticut		
	Zip Code	06030 -		
	CEO Name	Carolle Andrews		
	CEO Title	Chief Administrative Officer (Interim)		
	CT Agent Name	Richard Blumenthal, Attorney General		
	CT Agent Company CT Agent Company Street Address	State of CT 55 Elm Street		
	CT Agent Company Street Address CT Agent Town	Hartford		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06106 -		
C.	AFFILIATE NAME	CORRECTIONAL MANAGED HEALTH CARE		
		MANAGEMENT AND PROVISION OF HEALTH CARE SERVICES FOR THE		
	Affiliate Description	DEPARTMENT OF CORRECTION.		
3	Affiliate type of service Tax Status	Managed Care Not for Profit		
4	Street Address			
5	Town	263 Farmington Avenue, Farmington, CT Farmington		
	State	Connecticut		
	Zip Code	06030 -		
	CEO Name	Robert Trestman		
9	CEO Title	Executive Director		
	CT Agent Name	Richard Blumenthal, Attorney General		
	CT Agent Company	State of CT		
12		55 Elm Street, Hartford, CT		
	CT Agent State	Hartford Connecticut		
14 15	CT Agent State CT Agent Zip Code	O6106 -		
ıυ	O I Agent Zip Oute	00100		
D.	AFFILIATE NAME	DENTAL MSI		
1	Affiliate Description	Implant & Reconstructive Dentistry Center		
2	Affiliate type of service	Physicians Services		
3		Not for Profit		
4	Street Address	263 Farmington Avenue		

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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	Farmington	
	State Zip Code	Connecticut 06030 -	
	CEO Name	R. Lamont MacNeil, DDS, M. Dent. Sc.	
	CEO Title	Dean	
	CT Agent Name	Richard Blumenthal, Attorney General	
11	CT Agent Company	State of CT	
		55 Elm Street	
		Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06106 -	
E.	AFFILIATE NAME	JOHN DEMPSEY HOSPITAL	
1	Affiliate Description	Hospital Operations	
		Hospital	
3	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue	
5	Town	Farmington	
	State Zip Code	Connecticut 06030 -	
	CEO Name	Dr. Mike Summerer	
	CEO Title	Hospital Director	
	CT Agent Name	Richard Blumenthal, Attorney General	
11	CT Agent Company	State of CT	
	CT Agent Company Street Address		
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06106 -	
15	CT Agent Zip Code	00100 -	
F.	AFFILIATE NAME	UCHCFC MUNSON ROAD CORPORATION	
1	Affiliate Description	STATUTORY ENTITY	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue, Farmington, CT	
5	Town	Farmington	
6 7	State Zip Code	Connecticut 06030 -	
	CEO Name	Richard Gray	
	CEO Title	Executive Director	
	CT Agent Name	Richard Blumenthal	
11	CT Agent Company	State of CT	
	CT Agent Company Street Address		
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06106 -	
15	CT Agent Zip Code	00100 -	
G.	AFFILIATE NAME	UCONN MEDICAL GROUP	
1	Affiliate Description	Faculty Group Practice	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue, Farmington, CT	
5	Town	Farmington Connecticut	
6 7	State Zip Code	Connecticut 06030 -	
8	CEO Name	Peter Albertsen, MD	
9	CEO Title	Associate Dean for Clinical Affairs	
	CT Agent Name	Richard Blumenthal, Attorney General	
	or Agent Name		
	CT Agent Company	State of CT 55 Elm Street, Hartford, CT	

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ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	Hartford	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06106 -	
15	C1 Agent zip Code	00100 -	
H.	AFFILIATE NAME	UNIVERSITY DENTISTS	
	Affiliate Description	FACULTY GROUP PRACTICE	
2	Affiliate type of service	Physicians Services	
	Tax Status Street Address	Not for Profit 263 Farmington Avenue, Farmington, CT	
	Town	Farmington	
	State	Connecticut	
	Zip Code	06030 -	
	CEO Name	R. Lamont MacNeil, DDS, M. Dent.Sc.	
	CEO Title	Dean Dishard Blumonthal Attornov Conord	
	CT Agent Name CT Agent Company	Richard Blumenthal, Attorney General State of CT	
12	CT Agent Company Street Address		
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06106 -	
l.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	
	Affiliate Description	STATUTORY ENTITY	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
	Street Address	263 Farmington Avenue, Farmington, CT	
	Town State	Farmington Connecticut	
	Zip Code	06030 -	
	CEO Name	Richard Gray	
	CEO Title	Executive Director	
	CT Agent Name	Richard Blumethal, Attorney General	
	CT Agent Company	State of CT	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06106 -	
		LINING POLITY OF CONNECTION TO COLOR OF DEPARTMENT AND COLOR	
	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE	
	Affiliate Description Affiliate type of service	School of Dental Medicine- Academic and Research Health Education Services	
3	Tax Status	Not for Profit	
	Street Address	263 Farmington Avenue, Farmington,CT	
5	Town	Farmington	
	State	Connecticut	
	Zip Code	06030 -	
	CEO Name CEO Title	R. Lamont MacNeil, DDS, M.Dent. Sc. Dean	
	CT Agent Name	Richard Blumenthal, Attorney General	
11	CT Agent Company	State of CT	
	CT Agent Company Street Address	263 Farmington Avenue, Farmington,CT	
	CT Agent Town	Farmington	
	CT Agent Zip Code	Connecticut 06030 -	
15	CT Agent Zip Code		
K.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	
	Affiliate Description	SCHOOL OF MEDICINE - ACADEMIC AND RESEARCH	
2	Affiliate type of service	Health Education Services	

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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	
3	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue, Farmington, CT	
5	Town	Farmington	
6	State	Connecticut	
7	Zip Code	06030 -	
8	CEO Name	Cato. T. Laurencin, M.D., Ph.D.	
9	CEO Title	Dean	
10	CT Agent Name	Richard Blumenthal, Attorney General	
11	CT Agent Company	State of CT	
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06106 -	

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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	,	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
_	JOHN DEMPSEY HOSPITAL		
A.	JOHN DEMPSET HOSPITAL	Liprostriated	¢55 552 714
2		Unrestricted Temporarily Restricted by Donor	\$55,553,714 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$144,180
5		Intercompany Eliminations	\$0
		Total:	\$55,697,894
B.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
1	CHIVEROTT OF CONNECTION THEALTH CENTER	Unrestricted	\$11,237,357
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$34,885,629
5		Intercompany Eliminations	\$0
		Total:	\$46,122,986
	OFNITO ALL A DIMINIOTO ATIVE OFDIVIOES		
C.	CENTRAL ADMINISTRATIVE SERVICES	I la va atviata d	\$400 F77 004
2		Unrestricted	\$168,577,684
3		Temporarily Restricted by Donor	\$2,452 \$0
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$71.207
5		Intercompany Eliminations	\$71,207
<u> </u>		Total:	\$168,651,343
D.	CORRECTIONAL MANAGED HEALTH CARE		
1		Unrestricted	\$813,182
2		Temporarily Restricted by Donor	\$0
<u>3</u>		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$813,182
	DENTAL MSI		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	(\$958,968)
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
		Total:	(\$958,968)
			(4000,000)
F.	JOHN DEMPSEY 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 Total:	\$0
		Total:	\$0
G.	UCHCFC MUNSON ROAD CORPORATION		
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

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
H.	UCONN MEDICAL GROUP		
1		Unrestricted	\$36,879,370
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$36,879,370
ı.	UNIVERSITY DENTISTS		
1		Unrestricted	\$88,829
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$88,829
			+++++++++++++++++++++++++++++++++++++
J.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
	CONTONATION	Llaractrictod	\$2.244.060
1		Unrestricted	\$2,241,860
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	\$0
5		Total:	\$2,241,860
			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
1		Unrestricted	\$1,835,809
2		Temporarily Restricted by Donor	\$19,891
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,789,858
5		Intercompany Eliminations	\$0
		Total:	\$3,645,558
	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
L.	UNIVERSITY OF CONNECTIONS SCHOOL OF MEDICINE	Harran deleta d	(0.4.770.045)
1		Unrestricted	(\$4,778,815)
2		Temporarily Restricted by Donor	\$39,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$2,562,397
5		Intercompany Eliminations Total:	\$0 (\$2,177,311)
			(+-,:::,0::)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$311,004,743
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$311,004,743

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
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
	UNIVERSITY OF CONNECTICUT HEALTH CENTER	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$12,764,57 3
1		Revenue from Services	09/30/2009	(\$331.609)
2		Purchase of Goods & services	09/30/2009	\$10,424,706
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$22,857,670
			3/30/2003	
В.	CENTRAL ADMINISTRATIVE SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	CORRECTIONAL MANAGED HEALTH CARE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$10,595,431
1		Revenue from Services	09/30/2009	\$9,526,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$20,121,431
D.	DENTAL MSI			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	JOHN DEMPSEY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F.	UCHCFC MUNSON ROAD CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
	HOOMIN MEDICAL OPOUR			
G.	UCONN MEDICAL GROUP	Paginning Ungangelidated Intercompany Delever	0/00/0000	\$1,300,072
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	
1		Revenue from Services Purchase of Goods & services	09/30/2009 09/30/2009	(\$2,484,496) (\$480,812)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$1,665,236)
		Enamy onconsolidated intercompany balance.	9/30/2009	(\$1,003,230)

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

	AFFILIATE NAME			_
	AFFILIATE NAME			
	AFFILIATE NAME		DATE	TRANSFER TO / FROM
H. U		DESCRIPTION OF TRANSFER	DATE	HOSPITAL
H. U				
	UNIVERSITY DENTISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I. U	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$12,021,779
1		Rent	09/30/2009	\$2,356,464
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$14,378,243
J. U	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICIN			(2000)
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$226,195)
1		Purchase of Goods & services	09/30/2009	(\$181,009)
2		Revenue from Services	09/30/2009	(\$147,477)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$554,681)
K. L	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
κ. υ	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	Deninging Hangan didated Intercommunic Delayers	0/20/2000	\$24,042,721
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$24,042,731
1		Purchase of Goods & services	09/30/2009	\$12,753,741
2		Revenue from Services Ending Unconsolidated Intercompany Balance:	09/30/2009	(\$432,626) \$36,363,846
		Ending onconsolidated intercompany Balance:	9/30/2009	\$36,363,846
			Grand Total:	\$91,501,273

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	\$8,385,640
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	CENTRAL ADMINISTRATIVE SERVICES				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2009	\$1,402,227
2		JOHN DEMPSEY HOSPITAL	Rent	09/30/2009	\$14,900,000
			Total:	9/30/2009	\$16,302,227
	CORRECTIONAL MANAGER LIE AL TIL GARE				
C.	CORRECTIONAL MANAGED HEALTH CARE		Nulli to Deci		
			Nothing to Report	2/22/22	\$0
			Total:	9/30/2009	\$0
D.	DENTAL MSI		N. d.: A. D.		
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	JOHN DEMPSEY HOSPITAL	LININ/EDOITY OF CONNECTION THEATTH			
		UNIVERSITY OF CONNECTICUT HEALTH	Dont	00/00/0000	04.040.705
1		CENTER FINANCE CORPORATION	Rent	09/30/2009	\$1,248,785
			Total:	9/30/2009	\$1,248,785
_	LICUICEC MUNICON DOAD CORPORATION				
F.	UCHCFC MUNSON ROAD CORPORATION		Nothing to Report		Φ0
				0/00/0000	\$0
			Total:	9/30/2009	\$0
G.	UCONN MEDICAL GROUP				
G.	OCCININ MEDICAL GROUP	UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Pont	09/30/2009	¢640 474
2		CENTRAL ADMINISTRATIVE SERVICES	Rent Rental Of Space	09/30/2009	\$648,174 \$1,909,449
		SERVICE ADMINISTRATIVE SERVICES	Total:	9/30/2009	\$2,557,623
			Total.	3/30/2009	φ2,331,623
Н.	UNIVERSITY DENTISTS				
П.	ONIVERSITI DENTISTS		Nothing to Report		\$0
			Nothing to Kepolt		\$0

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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
			Total:	9/30/2009	\$0
ı.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2009	\$14,794
			Total:	9/30/2009	\$14,794
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$28,509,069

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JOHN DEMPSEY 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
LINE	DESCRIPTION OF EXPENDITURE	ANIOUN	DAIL
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B.	CENTRAL ADMINISTRATIVE SERVICES	00	
	Nothing to Report Total:	\$0 \$0	9/30/2009
	1000	40	9/30/2003
C.	CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D.	DENTAL MSI		
0	Nothing to Report	\$0	
	Total:	\$ 0	9/30/2009
E.	JOHN DEMPSEY HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F.	UCHCFC MUNSON ROAD CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G.	UCONN MEDICAL GROUP		
0	Nothing to Report Total:	\$0	0/00/000
	Total.	\$0	9/30/2009
Н.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
I.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	¢0	
H	Nothing to Report Total:	\$0 \$0	9/30/2009
			5,53/2000
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	
Ě	Total:	\$0 I	9/30/2009
		-	//=
	Grand Total:	\$0	9/30/2009

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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
Α.	LININ/EDRITY OF CONNECTICUT HEALTH CENTED		
0 0	UNIVERSITY OF CONNECTICUT HEALTH CENTER Nothing to Report	\$0	0
	Total:	\$0	
	CENTRAL ADMINISTRATIVE SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CORRECTIONAL MANAGER LIEALTH CARE		
0.	CORRECTIONAL MANAGED HEALTH CARE Nothing to Report	\$0	0
	Total:	\$0	
	DENTAL MSI		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
E .	JOHN DEMPSEY HOSPITAL Nothing to Report	\$0	0
-	Total:	\$0	0
		**	
F.	UCHCFC MUNSON ROAD CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	UCONN MEDICAL GROUP	90	0
0	Nothing to Report Total:	\$0 \$0	0
	Total	40	
Н.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	LININ/EDOLTY OF CONNECTION T COULOOL OF DENITAL MEDICINE		
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE Nothing to Report	\$0	0
 	Total:	\$0	

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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
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4) FY 2009	(5) AMOUNT	(6)
LINE	DESCRIPTION	FY`2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	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%

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	JOHN DEMPSEY HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPORT 17	- HOSPITAL BED FUNDS HELD OR ADMINISTERS	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Ho	spital Bed Funds	0
2. A. Number of Patients receivi	ng Hospital Bed Fund Grants	0
2. B. The Actual Total Dollar Am	ount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00

		JOHN DEMPSEY	HOSPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR	R 2009		
	REPORT 17 - HOSPITAL	BED FUNDS HELD	OR ADMINISTERED E	BY THE HOSPITAL	
B. B	ED 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 ea	ch individual Hospit	al Bed Fund, or the F	Principal attributable	to each Hospital
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable t	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.		
(6)	Actual Dollar Amount of Earnings avai	lable for Patient Care	•		
(0)	Actual Dollar Amount of Larmings avai	iable for Fatient Care	G.		
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

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	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.18%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	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.	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
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.	The agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.

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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.	22.92%
	Collection Agent	
1	Collection Agent Name	Nair & Levin, P.C.
2	Collection Agent Type	Attorney
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.	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
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.	The agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.02%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CFO	\$338,795	\$128,776	\$467,571
2.	C00	\$209,321	\$79,563	\$288,884
3.	ASSISTANT PROFESSOR / CLINICAL / ER	\$204,883	\$77,876	\$282,759
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$204,396	\$77,691	\$282,087
5.	ASSISTANT PROFESSOR / CLINICAL / ER	\$203,901	\$77,503	\$281,404
6.	ASSOCIATE VP / CLINICAL OPERATION	\$203,108	\$77,201	\$280,309
7.	ASSISTANT PROFESSOR / CLINICAL / ER	\$188,587	\$71,662	\$260,249
8.	MEDICAL PHYSICIST/CLINICAL/RADIOLOGY	\$172,329	\$65,502	\$237,831
9.	PROFESSOR / CLINICAL OPERATION	\$164,991	\$62,713	\$227,704
10.	CEO	\$113,700	\$9,028	\$122,728
	Grand Total:	\$2,004,011	\$727,515	\$2,731,526

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

A. UNIVERSITY OF CONNECTICUT HEALTH CENTER	(1)	(2)	(3)	(4)	(5)
Paid by the Entity Listed Above to Hospital Employees(B) \$0	LINE	DESCRIPTION	, ,	(Directly or	TOTAL
Paid by the Entity Listed Above to Hospital Employees(B) \$0	A	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
Paid by the Hospital to Employees of the Entity Listed Above \$0			\$0	\$0	\$0
B. CENTRAL ADMINISTRATIVE SERVICES 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 C. CORRECTIONAL MANAGED HEALTH CARE 1 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 D. DENTAL MSI 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 5 \$0 \$0 \$0 D. DENTAL MSI 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 E. JOHN DEMPSEY HOSPITAL 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 E. JOHN DEMPSEY HOSPITAL 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 E. JOHN DEMPSEY HOSPITAL 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 E. JOHN DEMPSEY 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 5 \$0 \$0 F. UCHCFC MUNSON ROAD CORPORATION 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 5 \$0 \$0 4 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 5 \$0 \$0 9 \$0 4 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 5 \$0 \$0 5 \$0 \$0 5 \$0 5 \$0 \$0 5	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**		* -
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1. UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE 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 3. UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 50 \$0 50 \$0 K. UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0	2		· ·		
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			\$0	\$0	\$0
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		and by the mospital to Employees of the Entity Listed Above	Ψ	ΨΟ	ΨΟ

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

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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.

JOHN DEMPSEY 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
Α	Transfer of Assets or Operations	
	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	
1.	Nonclinical Services or Functions.	N/A
_	Description of each Transfer of Assets or Operations or Change of Control involving	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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	ANNUAL RI	EY HOSPITAL			
	FISCAL YI				
	REPORT 23 - CHARITY CARE AND REDUCED C		PROVIDED BY	THE HOSPITAL	
	REFORT 25 - CHARTT CARE AND REDUCED O	JOOT GERVICES	TROVIDED BY	THE HOOF HAL	
(1)	(2)	(3)	(4)	(5)	(6)
1.,	\-\-\-	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
Λ	Hospital Charity Care (see Hospital Audited Financial Sta	ntomont Notos)			
<u>A.</u>	MOSPILAL CHARITY CALE (See HOSPILAL AUGILEA I MANGALOLA	atement Notes,			
1.	Number of Applicants	239	464	225	(
2.	Number of Approved Applicants	117	135	18	
3.	Total Charges (A)	\$996,974	\$727,509	(\$269,465)	
<u>. </u>	Average Charges	\$8,521	\$5,389	(\$3,132)	-
		- 700500	- 000105	- 04000	
4.	Ratio of Cost to Charges (RCC)	0.592592	0.606485	0.013893	
	Total Cost	\$590,799	\$441,223	(\$149,576)	
	Average Cost	\$5,050	\$3,268	(\$1,781)	•
5.	Charity Care - Inpatient Charges	\$501,943	\$208,733	(\$293,210)	-
6.	Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department Charges	60,810	64,554	3,744	
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	434,221	454,222	20,001	
	Total Charges (A)	\$996,974	\$727,509	(\$269,465)	
,					
8.	Charity Care - Number of Patient Days	124	146	22	
Λ.	Charity Care - Number of Discharges	21	23	2	
9.					
10.	Charity Care - Number of Outpatient ED Visits	41	71	30	
10.	Charity Care - Number of Outpatient Visits (Excludes ED				
		168	358	190	1
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	168	358	190	1
10.	Charity Care - Number of Outpatient Visits (Excludes ED	168	358	190	1
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	168	358	190	1
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	168 he Hospital Audi	358	190	1
10. 11. A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	168 he Hospital Audi	358 ited Financial St	190 atement Notes.	,
10. 11. A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	he Hospital Audi	358 ited Financial St	190 atement Notes.	,
10. 11. A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	168 he Hospital Audi	358 ited Financial St	190 atement Notes.	,
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Applicants	he Hospital Audi eport 17)	358 ited Financial St - -	atement Notes.	
10. 11. A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	he Hospital Audi eport 17)	358 ited Financial St	atement Notes.	
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Applicants	he Hospital Audi eport 17)	358 ited Financial St - -	atement Notes.	
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	he Hospital Audi eport 17)	358 ited Financial St	atement Notes.	
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	he Hospital Audi eport 17) \$0 \$0	358 ited Financial St \$0 \$0	190 catement Notes. \$0 \$0	
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17)	358 ited Financial St \$0 \$0	190 catement Notes. \$0 \$0 0.000000	
10. 11. A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - ReNumber of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	168 he Hospital Audi eport 17) \$0 \$0 \$0 \$0	358 ited Financial St 50 \$0 \$0 \$0	190 catement Notes.	1
10. 11. A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17) \$0 \$0 \$0 \$0 \$0 \$0	358 ited Financial St \$0 \$0 \$0 \$0 \$0	190 catement Notes.	1
10. 11. 11. B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17) \$0 \$0 \$0 \$0 \$0 \$0 0	358 ited Financial St \$0 \$0 \$0 \$0 \$0 \$0 0 0	190 catement Notes. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1
10. 11. A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17)	358 ited Financial St \$0 \$0 \$0 \$0 0 0 0 0 0 0 0	190 catement Notes. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1
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10. 11. 11. B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17)	358 ited Financial St \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	190 catement Notes.	
10. 11. 11. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	168 he Hospital Audi eport 17)	358 ited Financial St \$0 \$0 \$0 \$0 \$0 0 \$0 0 0 0 0 0	190 atement Notes. \$0 \$0 \$0 \$0 0.000000 \$0 \$0 \$0 \$0 0 \$0	
10. 11. 11. 11. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	358 ited Financial St \$0 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0 0	190 atement Notes. \$0 \$0 \$0 \$0 0.000000 \$0 \$0 \$0 \$0 0 \$0	

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