MIDSTATE MEDICAL CENTER

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	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES	
	Affiliate Description	PARENT CORP	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
4	Street Address	435 LEWIS AVENUE	
5	Town	MERIDEN	
	State	Connecticut	
	Zip Code CEO Name	06451 - LUCILLE JANATKA	
	CEO Name CEO Title	CEO	
	CT Agent Name	Joan Feldman, Esq.	
11	CT Agent Company	Shipman and Goodwin	
		One Constitution Plaza	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
B.	AFFILIATE NAME	CHS INSURANCE LIMITED	
1	Affiliate Description	Reinsurance	
	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	F.B. Perry Building, 40 Church Street	
5	Town	Hamilton	
<u>6</u> 7	State Zip Code	Bermuda	
	CEO Name	- Elliot Joseph	
	CEO Title	President and CEO	
	CT Agent Name	Joan Feldman, Esq.	
	CT Agent Company	Shipman and Goodwin	
		One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
_		OLINIOAL LAD DADTUEDO	
	AFFILIATE NAME	CLINICAL LAB PARTNERS	
	Affiliate Description	LAB	
2	Affiliate type of service	Lab For Profit	
3	Tax Status Street Address	For Profit 129 PATRICIA GENOVA DRIVE	
5	Town	Newington	
	State	Connecticut	
	Zip Code	06111 -	
	CEO Name	James Fantus	
	CEO Title	PRESIDENT	
10	CT Agent Name	Joan Feldman, Esq.	
11	CT Agent Company	Shipman and Goodwin	
	0 1 7	One Constitution Plaza	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
	AEEU IATE NAME	EASTERN REHABILITATION NETWORK	
	AFFILIATE NAME		
1	Affiliate Description Affiliate type of service	REHABILITATION SERVICES Rehabilitation Services	
3	Tax Status	Not for Profit	
4	Street Address	181 PATRICIA GENOVA DRIVE	
5	Town	Newington	
<u> </u>			

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MIDSTATE MEDICAL CENTER

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
6	State	Connecticut
	Zip Code	06111 -
	CEO Name CEO Title	RITA PARISI PRESIDENT
	CT Agent Name	Joan Feldman, Esq.
	CT Agent Name CT Agent Company	Shipman and Goodwin
	CT Agent Company Street Address	One Constitution Plaza
		Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
l _		HADTEODD HEALTH CADE CODD
	AFFILIATE NAME	HARTFORD HEALTH CARE CORP
	Affiliate Description	PARENT CORPORATION Parent Corporation
3	Affiliate type of service Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Elliot Joseph
	CEO Title	President
	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
		One Constitution Plaza
	CT Agent Town	Hartford
14 15	CT Agent State CT Agent Zip Code	Connecticut 06103 -
15	CT Agent Zip Code	00103 -
F.	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	HOSPITAL
	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
	Zip Code	06103 -
	CEO Name	Elliot Joseph C.E.O.
	CEO Title CT Agent Name	Joan Feldman, Esq.
	CT Agent Name CT Agent Company	Shipman and Goodwin
12	CT Agent Company CT Agent Company Street Address	
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -
G.	AFFILIATE NAME	MERIDEN IMAGING CENTER, INC
1	Affiliate Description	IMAGING SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	435 LEWIS AVE
5 6	Town State	Meriden Connecticut
	Zip Code	06451 -
	CEO Name	GARY DEE, MD
	CEO Title	PRESIDENT
	CT Agent Name	Michael Kurs, Esq.
11	CT Agent Company	Pullman and Comely
		One Statehouse Sq
		Hartford

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MIDSTATE MEDICAL CENTER

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
14	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -
н.	AFFILIATE NAME	MIDSTATE MSO, LLC
1	Affiliate Description	MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS
2	Affiliate type of service	Managed Services Org. (MSO)
	Tax Status	For Profit
	Street Address	435 Lewis Avenue
5	Town	Meriden
	State	Connecticut
7	Zip Code	06451 -
	CEO Name	Ralph Becker
	CEO Title	President
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
		One Constitution Plaza
	CT Agent Town	Hartford
14	CT Agent State	Connecticut 06103 -
15	CT Agent Zip Code	06103 -
I.	AFFILIATE NAME	MIDSTATE VNA AND HOSPICE INC.
1	Affiliate Description	COMPREHENSIVE HOME HEALTH RELATED SERVICES
2	Affiliate type of service	Home Health/VNAs
	Tax Status	Not for Profit
	Street Address	476 MURDOCK AVE
5	Town	Meriden
6	State	Connecticut
	Zip Code	06450 -
	CEO Name	Ellen Rothberg
	CEO Title	CHIEF EXECUTIVE OFFICER
	CT Agent Name	Joan Feldman, Esq.
	CT Agent Company	Shipman and Goodwin
		One Constitution Plaza
13	CT Agent State	Hartford Connecticut
	CT Agent State CT Agent Zip Code	Connecticut 06103 -
15	OT Agent Zip Code	
	AFFILIATE NAME	RUSHFORD CENTER, INC.
	Affiliate Description	MENTAL HEALTH FACILITY
	Affiliate type of service	Mental Health Facility
		Not for Profit
4	Street Address	1250 Silver Street
5	Town	Middletown
	State	Connecticut
	Zip Code	06457 -
	CEO Name	Jeffrey Walter
	CEO Title	President President Face Face
	CT Agent Name	Richard W Tomo, Esq.
	CT Agent Company	Richard W Tomc and Associates
		49 Main Street
	CT Agent State	Middletown Connecticut
	CT Agent State	Connecticut 06457 -
15	CT Agent Zip Code	00 1 01 -

^{*} 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
Α.	MIDSTATE MEDICAL CENTER		
1		Unrestricted	\$48,490,546
2		Temporarily Restricted by Donor	\$1,630,516
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,786,335
5		Intercompany Eliminations	(\$3,073,290)
		Total:	\$51,834,107
B.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		
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
C.	CHS INSURANCE LIMITED		
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
D.	CLINICAL LAB PARTNERS		
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.	EASTERN REHABILITATION NETWORK		
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
F.	HARTFORD HEALTH CARE CORP		
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
G.	HARTFORD 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
		l otal:	\$

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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
Н.	MERIDEN IMAGING CENTER, INC		
1		Unrestricted	\$2,445,165
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,445,165
I.	MIDSTATE MSO, LLC		
1		Unrestricted	\$3,088,526
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,088,526
J.	MIDSTATE VNA AND HOSPICE 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
K.	RUSHFORD CENTER, 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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$60,441,088
	Intercompany Eliminations		(\$3,073,290)
	Total of all Affiliates	Fund Balance:	\$57,367,798

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Α.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Nothing to report	09/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
B.	CHS INSURANCE LIMITED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys malpractice insurance premiums	09/30/2009	(\$4,663,297)
2		Payments	09/30/2009	\$4,663,297
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	CLINICAL LAB PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		CLP provides testing services	09/30/2009	\$1,345,017
2		Payments	09/30/2009	(\$1,345,017)
3		Hospital buys support staff	09/30/2009	(\$3,082,620)
4		Payments	09/30/2009	\$3,082,620
5		CLP buys Stat testing services	09/30/2009	(\$49,876)
6		Payments	09/30/2009	\$49,876
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	EASTERN REHABILITATION NETWORK			4.0
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys Rehabilitation services from ERN	09/30/2009	(\$618,262)
2		Payments	09/30/2009	\$618,262
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
_	HARTTORR HEALTH CARE CORR			
E.	HARTFORD HEALTH CARE CORP	Designing Unconcelled to distance and any Delevier	0/20/2022	# 0
L_,		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital pays monthly dues to parent	09/30/2009 09/30/2009	\$1,445,192 (\$1,445,102)
2		Payments Ending Unconsolidated Intercompany Balance:		(\$1,445,192) \$0
		Litting Officonsolidated Intercompany Balance:	9/30/2009	\$ 0
F.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$882,178)
1		Hospital buys Laundry service from HH	09/30/2009	(\$560,253)
2		Hospital buys Library services from HH	09/30/2009	(\$144,866)

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

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
_				
3		Hospital buys PA service from HH	09/30/2009	(\$1,949,052)
4		Hospital buys Supplies from HH	09/30/2009	(\$2,430,055)
5		Hospital buys Data services from HH	09/30/2009	(\$4,802,096)
6		Hospital buys various personel from HH	09/30/2009	(\$2,292,448)
7		Hospital buys Infectious Disease from HH	09/30/2009	(\$260,400)
8		Hospital buys Laboratory service from HH	09/30/2009	(\$50,183)
9		Payments	09/30/2009	\$12,337,405
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$1,034,126)
G.	MERIDEN IMAGING CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Nothing to report	09/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
H.	MIDSTATE MSO, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital Invests in MidState MSO LLC	09/30/2009	\$850,000
2		Equity in MidState MSO LLC	09/30/2009	(\$850,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
l.	MIDSTATE VNA AND HOSPICE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,467
1		Hospital sells IT service to VNA	09/30/2009	\$12,059
2		Payments	09/30/2009	(\$23,526)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
J.	RUSHFORD CENTER, INC.			
 •	NOOTH OND GENTER, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys support staff and Program support from R	09/30/2009	(\$971,642)
2		Payments	09/30/2009	\$971,642
-		Ending Unconsolidated Intercompany Balance:		\$971,042
		Ending onconsolidated intercompany balance.	9/30/2009	φ0
			Grand Total:	(\$1,034,126)

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
Α.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	CHS INSURANCE LIMITED				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	CLINICAL LAB PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0 \$0
D.	EASTERN REHABILITATION NETWORK				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0 \$0
E.	HARTFORD HEALTH CARE CORP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
					**
F.	HARTFORD HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
					4.0
G.	MERIDEN IMAGING CENTER, INC				
	, -		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			. Juan	5,55,255	+0
Н.	MIDSTATE MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Total	3,00,2000	Ψ
I.	MIDSTATE VNA AND HOSPICE INC.				
<u> </u>	INDUCATE THA ARD HOU IDE ING.		Nothing to Report		\$0
			Nothing to Nepolt		ΦΟ

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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
J.	RUSHFORD CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

I. MIDSTATE VNA AND HOSPICE INC.	(1)	(2)		(3)	(4)
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES 0 Nothing to Report					
O	LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
O					
Society					
B. CHS INSURANCE LIMITED	0	Nothing to Report			
O			Total:	\$0	9/30/2009
O					
Total:					
C. CLINICAL LAB PARTNERS	0	Nothing to Report			
Nothing to Report \$0 9/30/2008			I otal:	\$0	9/30/2009
Nothing to Report \$0 9/30/2008					
Total: \$0 9/30/2008				00	
D. EASTERN REHABILITATION NETWORK S0 Nothing to Report S0 9/30/2008	U	Nothing to Report	Totali		0/00/0000
Nothing to Report \$0 9/30/2005			TOTAL:	\$0	9/30/2009
Nothing to Report \$0 9/30/2005	_	E A OTERNA DELLA DILITATIONI METIMORIA			
Total: \$0 9/30/2008				C	
E. HARTFORD HEALTH CARE CORP 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 F. HARTFORD HOSPITAL 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 G. MERIDEN IMAGING CENTER, INC 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 H. MIDSTATE MSO, LLC 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 I. MIDSTATE VNA AND HOSPICE INC. 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 I. RUSHFORD CENTER, INC. 0 Nothing to Report \$0 1 Total: \$0 9/30/2005 I. Nothing to Report \$0 1 Total: \$0 9/30/2005	0	Nothing to Report	Total:		0/20/2000
Nothing to Report \$0 9/30/2005			Total.	\$0	9/30/2009
Nothing to Report \$0 9/30/2005	-	HARTEORR HEALTH CARE CORR			
Total: \$0 9/30/2008				\$0	
F. HARTFORD HOSPITAL 0 Nothing to Report 50 G. MERIDEN IMAGING CENTER, INC 0 Nothing to Report Total: 50 9/30/2005 H. MIDSTATE MSO, LLC 0 Nothing to Report Total: 50 9/30/2005 1. MIDSTATE VNA AND HOSPICE INC. 0 Nothing to Report Total: 50 9/30/2005 J. RUSHFORD CENTER, INC. Nothing to Report Total: 50 9/30/2005	_	Nothing to Report	Total:		0/20/2000
Nothing to Report			Total.	30	9/30/2009
Nothing to Report	ļ.,	HARTFORD HOSPITAL			
Total: \$0 9/30/2008				0.2	
G. MERIDEN IMAGING CENTER, INC O Nothing to Report \$0 Fotal: \$0 O Nothing to Report \$0 I. MIDSTATE VNA AND HOSPICE INC. O Nothing to Report \$0 I. WIDSTATE VNA AND HOSPICE INC. O Nothing to Report \$0 I Total: \$0 O Nothing to Report \$0 I Total: \$0 O Nothing to Report \$0 O Nothing to Report \$0 I Total: \$0 O O O O O O O O O O O O O O O O O O O	Ŭ	Nothing to Report	Total:		0/30/2000
Nothing to Report \$0 9/30/2005				\$0	3/30/2003
Nothing to Report \$0 9/30/2005	G	MEDIDEN IMAGING CENTED INC	_		
Total: \$0 9/30/2005				\$0	
H. MIDSTATE MSO, LLC		Totaling to Hopert	Total:		9/30/2009
Nothing to Report \$0 9/30/2005				4.1	0,00,200
Nothing to Report \$0 9/30/2005	Н.	MIDSTATE MSO. LLC			
Total: \$0 9/30/2008				\$0	
I. MIDSTATE VNA AND HOSPICE INC.			Total:		9/30/2009
Nothing to Report				**	
Nothing to Report	I.	MIDSTATE VNA AND HOSPICE INC.			
Total: \$0 9/30/2009 J. RUSHFORD CENTER, INC.				\$0	
J. RUSHFORD CENTER, INC.		<u> </u>	Total:		9/30/2009
0 Nothing to Report \$0					
0 Nothing to Report \$0	J.	RUSHFORD CENTER, INC.			
Total: \$0 9/30/2009				\$0	
Grand Total: \$0 0/20/2000			Total:	\$0	9/30/2009
Grand Total: \$0 9/20/2000					
Gianu iolai. 30 3/30/2009		Grand	d 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
A.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		
0	Nothing to Report	\$0	0
	Total:	\$0	
B .	CHS INSURANCE LIMITED	60	0
U	Nothing to Report Total:	\$0 \$0	0
	l Otal.	20	
C .	CLINICAL LAB PARTNERS Nothing to Report	\$0	0
- 0	Total:	\$0	0
	i Otal.	40	
D.	EASTERN REHABILITATION NETWORK Nothing to Report	\$0	0
	Total:	\$0	0
	ı otal.	40	
_			
E.	HARTFORD HEALTH CARE CORP Nothing to Report	\$0	0
- 0	Nothing to Report Total:	\$0	9
	l Otal.	\$0	
_			
F .	HARTFORD HOSPITAL Nothing to Report	50	0
0	Nothing to Report Total:	\$0 \$0	U U
	l Otal.	\$0	
G.	MERIDEN IMAGING CENTER, INC Nothing to Report	60	0
0	Nothing to Report Total:	\$0 \$0	0
	l Otal.	\$0	
H.	MIDSTATE MSO, LLC Nothing to Report	\$0	0
0	Nothing to Report Total:	\$0 \$0	0
	i otal.	\$0	
I.	MIDSTATE VNA AND HOSPICE INC. Nothing to Report	6.0	0
U	Nothing to Report Total:	\$0 \$0	
	l Otal.	\$0	
J .	RUSHFORD CENTER, INC.	6.0	0
U	Nothing to Report Total:	\$0 \$0	0
	i otal:	\$0	
	Grand Total:	\$0	
	Grand rotal.	Ψ 0	

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

(1)	(2)	(3)	(4)	(5) AMOUNT	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
_					
Α.	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%
В.	Free Beds				
	Beginning Balance	\$1,130,620.00	\$1,086,100.00	(\$44,520.00)	-4%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$134,135.00	\$96,856.00	(\$37,279.00)	-28%
3	Expenditures	\$134,135.00	\$96,856.00	(\$37,279.00)	-28%
4	Unrealized Gains and Losses	(\$44,520.00)	(\$100,132.00)	(\$55,612.00)	125%
	Ending Balance	\$1,086,100.00	\$985,968.00	(\$100,132.00)	-9%
5	Projected Interest Income	\$100,000.00	\$100,000.00	\$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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	MIDSTATE MEDICAL CENTER	·
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPO	ORT 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	25
2. A. Number of Patients	receiving Hospital Bed Fund Grants	17
2. B. The Actual Total Dol	llar Amount provided to all patients from Hospital Bed F	\$96,856.00
1	FB-Henry Stockder	\$361.00
2	FB-Henry Stockder	\$500.00
3	FB-Henry Stockder	\$8,594.00
4	FB-Henry Stockder	\$10,410.00
5	FB-Henry Stockder	\$13,299.00
6	FB-Henry Stockder	\$7,214.00
7	FB-Henry Stockder	\$992.00
8	FB-Henry Stockder	\$989.00
9	FB-Henry Stockder	\$1,024.00
10	FB-Henry Stockder	\$1,080.00
11	FB-Henry Stockder	\$2,203.00
12	FB-Henry Stockder	\$9,371.00
13	FB-Henry Stockder	\$6,583.00
14	FB-Henry Stockder	\$11,211.00
15	FB-Henry Stockder	\$1,169.00
16	FB-Henry Stockder	\$15,000.00
17	FB-Pooled	\$6,856.00
	Grand Total	\$96,856.00

		MIDSTATE MEDIC			
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL	BED FUNDS HELD (OR ADMINISTERED E	BY THE HOSPITAL	
	ED FUND ACTIVITY			751	(2)
(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	ach 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, i	if any.		
(6)	Actual Dollar Amount of Earnings avail	lable for Patient Care	Э.		
	Henry H Stockder(Held by Trustee)	\$985,968.00	\$90,000.00	\$0.00	\$90,000.00
	Kate A.L. Chapin	\$3,000.00	\$173.00	\$0.00	\$173.00
	Hester A Curtiss	\$20,000.00	\$1,150.00	\$0.00	\$1,150.00
	Martha E Fales	\$5,000.00	\$288.00	\$0.00	\$288.00
	Hospital Endowed Bed Fund	\$5,000.00	\$288.00	\$0.00	\$288.00
	Ladies Endowed Bed Fund	\$5,000.00	\$288.00	\$0.00	\$288.00
	Blance Hixson Smith	\$25,000.00	\$1,438.00	\$0.00	\$1,438.00
	Henry H Stockder	\$10,000.00	\$575.00	\$0.00	\$575.00
	Benjamin W Collins	\$2,000.00	\$115.00	\$0.00	\$115.00
	Hester A Curtiss	\$10,000.00	\$575.00	\$0.00	\$575.00
	Martha Couch Doolittle	\$2,000.00	\$115.00	\$0.00	\$115.00
	Fenner	\$2,000.00	\$115.00	\$0.00	\$115.00
	Mattie P Foote	\$2,000.00	\$115.00	\$0.00	\$115.00
	Founders Room	\$7,045.00	\$405.00	\$0.00	\$405.00
	Charles F & G Gay Linsley	\$2,000.00	\$115.00	\$0.00	\$115.00
	Arthur E Miller	\$2,000.00	\$115.00	\$0.00	\$115.00
	WR & KS Mosher	\$5,000.00	\$287.00	\$0.00	\$287.00
	Caroline Louise Nagel	\$2,000.00	\$115.00	\$0.00	\$115.00
	Margaret A Schenck	\$2,000.00	\$115.00	\$0.00	\$115.00
	Henery H Stockder-Swan Room	\$2,000.00	\$115.00	\$0.00	\$115.00
	Nettie C Wilcox	\$2,000.00	\$115.00	\$0.00	\$115.00
	Minnie E Zschirpe	\$4,167.00	\$239.00	\$0.00	\$239.00
	Total Bed Funds :	\$1,105,180.00	\$96,856.00	\$0.00	\$96,856.00

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	Accounts are sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	12.30%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Nair & Levin
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.	Accounts are sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
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.	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.

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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.	7.60%
	Collection Agent	
1	Collection Agent Name	Century Collection
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	
	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 sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
	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.	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.00%

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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.	Pres / CEO	\$593,882	\$262,412	\$856,294
2.	ED Physician	\$396,263	\$119,275	\$515,538
3.	ED Physician	\$327,529	\$98,586	\$426,115
4.	CFO	\$335,557	\$82,322	\$417,879
5.	ED Physician	\$281,490	\$84,728	\$366,218
6.	Hospitalist Physician Director	\$278,983	\$83,974	\$362,957
7.	ED Physician	\$270,844	\$81,524	\$352,368
8.	ED Physician	\$264,362	\$79,573	\$343,935
9.	ED Physician	\$258,533	\$77,818	\$336,351
10.	ED Physician	\$254,779	\$76,688	\$331,467
	Grand Total:	\$3,262,222	\$1,046,900	\$4,309,122

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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
	MIDOTATE MEDICAL CENTED AND CUDOIDIADIES			
A .	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES	**		C O
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	Φ0
В.	CHS INSURANCE LIMITED			
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
_	and by the Hoophan to Employees of the Emily Elected Alberto		Ψ°	4 0
С.	CLINICAL LAB PARTNERS			
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
D.	EASTERN REHABILITATION NETWORK			
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
_	HARTFORD HEALTH CARE CORP			
E.		**		C O
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	HARTFORD 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
_			**	**
G.	MERIDEN IMAGING CENTER, 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
Η.	MIDSTATE MSO, 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	\$0	\$0	\$0
1	MIDSTATE VNA AND HOSPICE INC.			
1 . 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	60	C O
2		\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	Φ0	Φυ	φυ
J .	RUSHFORD CENTER, 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
_	and a superior of the superior of the sum of			Ψ

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.

MIDSTATE MEDICAL CENTER 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	
1.	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

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		DICAL CENTER REPORTING			
		EAR 2009			
	REPORT 23 - CHARITY CARE AND REDUCED (PROVIDED BY	THE HOSPITAL	
	KEI OKI 20 OLIMATI OMKEMB KEBOOLD	0001 021(11020	· KOVIDED D I		
(1)	(2)	(3)	(4)	(5)	(6)
(-/	(-)	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
					,
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	5,932	5,649	(283)	-5
2.	Number of Approved Applicants	5,635	5,367	(268)	-5
3.	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10
J.	Average Charges	\$546	\$628	\$82	15
	Average Charges	\$340	\$020	\$62	10
4.	Ratio of Cost to Charges (RCC)	0.472328	0.476456	0.004128	1
	Total Cost	\$1,453,430	\$1,605,936	\$152,506	10
	Average Cost	\$258	\$299	\$41	16
5.	Charity Care - Inpatient Charges	\$1,412,615	\$1,633,562	\$220,947	16
6.	Charity Care - Outpatient Emergency Department Charges	1,225,371	1,250,050	24,679	2
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	439,177	486,975	47,798	11
	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10
8.	Charity Care - Number of Patient Days	759	610	(149)	-20
9.	Charity Care - Number of Discharges	425	363	(62)	-15
10.	Charity Care - Number of Outpatient ED Visits	7,733	7,166	(567)	-18
	Charity Care - Number of Outpatient ED visits	1,133	7,100	(307)	-/
	Charity Cara Number of Outpetient Visite (Evaludes ED			, ,	
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	943	998	55	6
11.	Visits)				6
11.	,				6
11.	Visits)	the Hospital Audi			6
11. (A) Th	e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Audi	ited Financial St		
11. (A) Th	e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Renamber of Applicants	the Hospital Audi eport 17)	ited Financial St	atement Notes.	(
11. (A) Th	e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Audi	ited Financial St	atement Notes.	(
11. (A) Th	e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Results Number of Applicants Number of Approved Applicants	the Hospital Audi eport 17) 25 18	ited Financial St	ratement Notes.	(
11. (A) Th	e total amount must agree with the total amount listed in the second sec	25 18 \$134,135	25 17 \$96,856	- (1) (\$37,279)	-28
11. (A) Th	e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Results Number of Applicants Number of Approved Applicants	the Hospital Audi eport 17) 25 18	ited Financial St	ratement Notes.	-28
11. (A) The B. 1. 2.	e total amount must agree with the total amount listed in the second sec	25 18 \$134,135	25 17 \$96,856 \$5,697	- (1) (\$37,279) (\$1,755)	-28 -24
11. (A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in the second sec	25 18 \$134,135 \$7,452	25 17 \$96,856 \$5,697 0.476456	- (1) (\$37,279) (\$1,755)	-28 -24
11. (A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in the second sec	25 18 \$134,135 \$7,452	25 17 \$96,856 \$5,697	- (1) (\$37,279) (\$1,755)	-28 -24 -27
11. (A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in the second sec	\$134,135 \$7,452 0.472328 \$63,356 \$3,520	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715	- (1) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805)	-28 -24 1 -27 -23
11. (A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$134,135 \$134,735 \$7,452 0.472328 \$63,356 \$3,520	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715	- (1) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805)	1 -28 -24 1 -27 -23
11. (A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$134,135 \$63,356 \$134,135 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	- (1) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805)	-28 -22 -24 -27 -23
11. (A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programme Progr	\$134,135 \$63,356 \$3,520 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) (\$37,279) 0	-28 -22 -27 -27 -23
11. (A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$134,135 \$63,356 \$134,135 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	- (1) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805)	-28 -24 -27 -27 -28 -(
11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$134,135 \$134,135 \$7,452 0.472328 \$63,356 \$3,520 \$134,135 0 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) (\$37,279)	-28 -24 -27 -23 -28
11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	\$134,135 \$63,356 \$134,135 \$134,135 \$134,135 \$134,135 \$3,520 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) (\$37,279) 0 0 (\$37,279)	-28 -28 -28 -29 -28
11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$134,135 \$134,135 \$7,452 0.472328 \$63,356 \$3,520 \$134,135 0 0 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0 \$96,856	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) 0 0 (\$37,279) (7) (1)	-28 -28 -29 -27 -28 -28 -19 -6
11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programment of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$134,135 \$63,356 \$134,135 \$134,135 \$134,135 \$134,135 \$3,520 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) (\$37,279) 0 0 (\$37,279)	-28 -22 -24 -27 -23
11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Programmer of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$134,135 \$134,135 \$7,452 0.472328 \$63,356 \$3,520 \$134,135 0 0 \$134,135	25 17 \$96,856 \$5,697 0.476456 \$46,148 \$2,715 \$96,856 0 \$96,856	(\$37,279) (\$37,279) (\$1,755) 0.004128 (\$17,208) (\$805) 0 0 (\$37,279) (7) (1)	-28 -28 -29 -27 -28 -28 -18 -6

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