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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ 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: 860.610.6191
   Contact Person: Jeffrey Steele
   Title: President and Chief Executive Officer

2. FQHC Medicaid Provider Number:

Medical	4191425
Dental	4222931
Mental Health	8071428
Other (Specify)	

3. Reporting Period: From 7/1/2022 To 6/30/2023

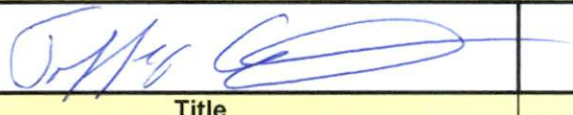
4. Type of Control (Check One Only)
   x NONPROFIT ORGANIZATION
   GOVERNMENT
   _ STATE _ DISTRICT _ OTHER
   _ COUNTY _ CITY

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 7/1/2022 and Ending 6/30/2023 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
	Jeffrey Steele
Title	**Date**
President/CEO	7/31/2025

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

Reporting Period: **From** 7/1/2022 **To** 6/30/2023

FQHC Name: **First Choice Health Centers, Inc.**

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ *No*	Clinic/Provider No.
First Choice Health Centers, Inc	94 Connecticut Boulevard East Hartford, CT 06108	Yes	1215923131
First Choice Health Centers, Inc	150 North Main Street Suite 240 Manchester, CT 06042	Yes	1699732206
First Choice Health Centers, Inc	3 Prospect Street Vernon, CT 06066	Yes	1396930459
First Choice Health Centers, Inc	265 Ellington Road East Hartford, CT 06108	Yes	1891101473
First Choice Health Centers, Inc	791 West Middle Turnpike Manchester, CT 06040	Yes	1992111579
First Choice Health Centers, Inc	444 Center Street Manchester, CT 06042	Yes	1962884395
First Choice Health Centers, Inc	92 Connecticut Boulevard East Hartford, CT 06108	Yes	1770932642
First Choice Health Centers, Inc	94 Union Street Vernon, CT 06066	Yes	1558804070
First Choice Health Centers, Inc	809 Main Street East Hartford, CT 06108	Yes	1225559826
First Choice Health Centers, Inc	478 Burnside Avenue East Hartford, CT 06108	Yes	1215518733
First Choice Health Centers, Inc	110 Connecticut Boulevard East Hartford, CT 06108	Yes	1699193292
First Choice Health Centers, Inc	150 North Main Street Suite 230 Manchester, CT 06042	Yes	1811480403
First Choice Health Centers, Inc/Mobile Health Services	94 Connecticut Boulevard East Hartford, CT 06108	Yes	1760877864
First Choice Health Centers, Inc/Mobile Health Services (2)	94 Connecticut Boulevard East Hartford, CT 06108	Yes	1588358774

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

Select One:	
C. Not applicable. The FQHC does not have any related party individuals or organizations.	

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: First Choice Health Centers, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST	I	II	III	IV	V	VI	VII
(Excluding Dental, Mental Health & Other)							
1. Staff Cost							
a. Physician	689,562		689,562	(130,185)	559,377		559,377
b. Physician Assistant	1,307,946		1,307,946	268,932	1,576,878	(3,450)	1,573,428
c. Nurse (APRN, Midwife, RN)	829,128		829,128	170,480	999,608		999,608
d. Other - Specify							
Optometrist	138,536		138,536	28,485	167,021		167,021
Podiatrist	325,551		325,551	66,938	392,489		392,489
Chiropractor	139,507		139,507	28,685	168,192		168,192
Dietician	70,330		70,330	14,461	84,791		84,791
Other Nursing Staff	634,870		634,870	130,538	765,408		765,408
Medical Assistant	1,309,407	62,231	1,371,638	269,232	1,640,870		1,640,870
Other Direct Medical	76,893		76,893	15,810	92,703		92,703
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	**5,521,730**	**62,231**	**5,583,961**	**863,376**	**6,447,337**	**(3,450)**	**6,443,887**
2. Other Direct Health Care Cost							
a. Medical Supplies		678,592	678,592		678,592	(337,122)	341,470
b. Transportation			0		0		0
c. Depreciation - Medical Equipment		77,477	77,477		77,477		77,477
d. Professional Liability Insurance		108,193	108,193		108,193		108,193
e. Laboratory			0		0		0
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Interpreter Services		130,976	130,976		130,976		130,976
CCM Expense		48,798	48,798		48,798		48,798
Medical E-Consult, SAC preparation, and Opto services		53,394	53,394		53,394		53,394
Other Direct Health Care Cost - See Crosswalk		81,430	81,430		81,430		81,430
			0		0		0
i. Subtotal Other Direct Health Care Cost	**0**	**1,178,860**	**1,178,860**	**0**	**1,178,860**	**(337,122)**	**841,738**
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	**5,521,730**	**1,241,091**	**6,762,821**	**863,376**	**7,626,197**	**(340,572)**	**7,285,625**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: First Choice Health Centers, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	637,375		637,375	78,772	716,147		716,147
b. Dental Hygienst	369,556		369,556	75,986	445,542		445,542
c. Other - Specify							
Dental Assistant	410,925		410,925	84,492	495,417		495,417
Other Direct Dental	75,499		75,499	15,524	91,023		91,023
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. **Subtotal Direct Dental Care Cost**	**1,493,355**	**0**	**1,493,355**	**254,774**	**1,748,129**	**0**	**1,748,129**
2 Other Direct Dental Care Cost							
a. Dental Supplies		402,825	402,825		402,825		402,825
b. Transportation			0		0		0
c. Depreciation - Dental Equipment		110,666	110,666		110,666		110,666
d. Professional Liability Insurance		32,296	32,296		32,296		32,296
e. Other - Specify							
Interpreter Services		39,123	39,123		39,123		39,123
Dental Code One-Basic Life Support Training		1,484	1,484		1,484		1,484
Dental EMSAR Equipment Inspection/Other Equipment Cost		7,500	7,500		7,500		7,500
Dental LUMA Health - Patient Communication		8,982	8,982		8,982		8,982
			0		0		0
f. **Subtotal Other Direct Dental Care Cost**	**0**	**602,876**	**602,876**	**0**	**602,876**	**0**	**602,876**
3 **TOTAL DIRECT DENTAL CARE COST (1d & 2f)**	**1,493,355**	**602,876**	**2,096,231**	**254,774**	**2,351,005**	**0**	**2,351,005**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: First Choice Health Centers, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist			0		0		0
b. Social Worker	774,794		774,794	93,329	868,123		868,123
c. Other - Specify							
Phsychiatrist	124,962		124,962	17,731	142,693		142,693
Psych APRN	162,651		162,651	33,443	196,094		196,094
Other Direct Mental	122,643		122,643	25,217	147,860		147,860
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	**1,185,050**	**0**	**1,185,050**	**169,720**	**1,354,770**	**0**	**1,354,770**
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance		20,993	20,993		20,993		20,993
e. Other - Specify							
Interpreter Services		0	0		0		0
Mental Code One-Basic Life Support Training		1,093	1,093		1,093		1,093
Mental LUMA Health - Patient Communication		5,838	5,838		5,838		5,838
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	**0**	**27,924**	**27,924**	**0**	**27,924**	**0**	**27,924**
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,185,050	27,924	1,212,974	169,720	1,382,694	0	1,382,694
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	**8,200,135**	**1,871,891**	**10,072,026**	**1,287,870**	**11,359,896**	**(340,572)**	**11,019,324**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: First Choice Health Centers, Inc.

Form A-4 (Non-Allowable Direct Other Service Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy	410,679	1,536,346	1,947,025	84,441	2,031,466	(781,219)	1,250,247
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites			0		0		0
h. Other - Specify							
PAT Program	205,281		205,281	42,209	247,490		247,490
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Total Non-Allowable Direct Other Service Cost	**615,960**	**1,536,346**	**2,152,306**	**126,650**	**2,278,956**	**(781,219)**	**1,497,737**
F. TOTAL DIRECT COST (D+E1i)	**8,816,095**	**3,408,237**	**12,224,332**	**1,414,520**	**13,638,852**	**(1,121,791)**	**12,517,061**

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

Reporting Period: From 7/1/2022 To 6/30/2023

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	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
G.	**OVERHEAD - FACILITY COST**							
a.	Rent		485,075	485,075		485,075	(42,672)	442,403
b.	Insurance		54,746	54,746		54,746		54,746
c.	Interest on Mortgage or Loans		80,721	80,721		80,721	(4,013)	76,708
d.	Utilities		208,889	208,889		208,889		208,889
e.	Depreciation - Building		474,161	474,161		474,161		474,161
f.	Depreciation - Equipment			0		0		0
g.	Housekeeping & Maintenance		363,356	363,356		363,356		363,356
h.	Other (Specify)							
	Property Tax		17,400	17,400		17,400		17,400
	Minor Equipments		619,108	619,108		619,108		619,108
				0		0		0
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**0**	**2,303,456**	**2,303,456**	**0**	**2,303,456**	**(46,685)**	**2,256,771**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	2,562,283		2,562,283	925,031	3,487,314		3,487,314
b.	Depreciation - Office Equipment			0		0		0
c.	Office Supplies		157,162	157,162		157,162		157,162
d.	Legal		142,793	142,793		142,793		142,793
e.	Accounting		98,785	98,785		98,785		98,785
f.	Insurance			0		0		0
g.	Telephone		89,600	89,600		89,600		89,600
h.	Advertising-Help Wanted		141,652	141,652		141,652	(141,652)	0
i.	Interest - Capital Loans			0		0		0
j.	Other (Specify)							
	Travel & Seminar		119,128	119,128		119,128		119,128
	Miscellaneous		96,516	96,516		96,516	(19,726)	76,790
	Contracted Services		247,899	247,899		247,899		247,899
	Fringe Benefits & Taxes		2,339,551	2,339,551	(2,339,551)	0		0
	Recruiting, Dues & Licenses		336,258	336,258		336,258		336,258
k.	**Subtotal Overhead - Administrative Cost**	**2,562,283**	**3,769,344**	**6,331,627**	**(1,414,520)**	**4,917,107**	**(161,378)**	**4,755,729**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**2,562,283**	**6,072,800**	**8,635,083**	**(1,414,520)**	**7,220,563**	**(208,063)**	**7,012,500**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**11,378,378**	**9,481,037**	**20,859,415**	**-**	**20,859,415**	**(1,329,854)**	**19,529,561**

[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 7/1/2022 To 6/30/2023

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	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	***General Practitioner***	***125,000***	***1,500***	***1,040***	***0.50***
A.	**PHYSICIAN**					
1.	Physician 1	CHIEF MEDICAL OFFI	228,790	50	1,716	0.82
2.	Physician 2	PEDIATRICIAN	204,982	3,067	2,141	1.03
3.	Physician 3	OBGYN	35,071	319	274	0.13
4.	Physician 4	Internal Medicine Physi	81,080	903	700	0.34
5.	Physician 5	Infectious Disease Phys	139,640	1,284	1,455	0.70
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
	Total Physician Encounters, Staff Hours and FTEs		689,562	5,623	6,285	3.02
B.	**PHYSICIAN ASSISTANT**					
1.	Physician Assistant 1	Physician Assistant	163,029	2,964	2,140	1.03
2.	Physician Assistant 2	PA - CHR Program Liai	122,604	2,975	2,190	1.05
3.	Physician Assistant 3	Physician Assistant	123,790	3,954	2,137	1.03
4.	Physician Assistant 4	Physician Assistant	87,181	2,133	1,610	0.77
5.	Physician Assistant 5	Physician Assistant	125,908	3,746	2,125	1.02
6.	Physician Assistant 6	Physician Assistant	141,809	1,808	2,148	1.03
7.	Physician Assistant 7	Physician Assistant	111,104	2,173	2,100	1.01
8.	Physician Assistant 8	Physician Assistant	80,399	1,462	1,551	0.75
9.	Physician Assistant 9	PHYSICIAN ASSISTAN	128,715	3,169	2,105	1.01
10.	Physician Assistant 10	PHYSICIAN ASSISTAN	130,757	2,927	2,089	1.00
11.	Physician Assistant 11	Physician Assistant	90,862	1,451	1,691	0.81
12.	Physician Assistant 12	PHYSICIAN ASSISTAN	1,212	0	7	0.00
13.	Physician Assistant 13	PHYSICIAN ASSISTAN	577	0	16	0.01
	Total Physician Assistant Encounters, Hours and FTEs		1,307,946	28,762	21,907	10.52

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

Reporting Period: From 7/1/2022 To 6/30/2023

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	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	***General Practitioner***	***125,000***	***1,500***	***1,040***	***0.50***
C.	**NURSE (APRN, MIDWIFE, RN)**					
1.	Nurse 1	FAMILY PRACTICE AP	7,823	104	130	0.06
2.	Nurse 2	APRN - Adult Medicine	106,572	2,174	1,921	0.92
3.	Nurse 3	Advanced Practice Reg	72,993	957	1,308	0.63
4.	Nurse 4	Advanced Practice Reg	93,633	1,626	1,841	0.89
5.	Nurse 5	CERTIFIED NURSE MI	97,259	1,502	1,941	0.93
6.	Nurse 6	CERTIFIED NURSE MI	75,782	1,067	1,349	0.65
7.	Nurse 7	FAMILY PRACTICE AP	22,954	243	412	0.20
8.	Nurse 8	PEDIATRIC APRN	35,958	929	542	0.26
9.	Nurse 9	RN Care Manager	48,412	0	1,146	0.55
10.	Nurse 10	PEDIATRIC APRN	6,770	14	122	0.06
11.	Nurse 11	CERTIFIED NURSE MI	58,921	760	1,004	0.48
12.	Nurse 12	CERTIFIED NURSE MI	30,578	323	552	0.27
13.	Nurse 13	Director of Clinical Serv	115,537	0	2,020	0.97
14.	Nurse 14	Licenses Practical Nurs	9,291	0	270	0.13
15.	Nurse 15	Registered Nurse Supe	46,643	0	999	0.48
	Total Nurse Practioner		829,128	9,699	15,555	7.48
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

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

Reporting Period: From 7/1/2022 To 6/30/2023

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	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
E.	OTHER HEALTH CARE PRACTITIONER					
1.	Other Health Care Practitioner 1	Optometrist	138,536	0	2,091	1.01
2.	Other Health Care Practitioner 2	PODIATRIST	165,664	3,248	2,123	1.02
3.	Other Health Care Practitioner 3	PODIATRIST	156,714	2,667	2,161	1.04
4.	Other Health Care Practitioner 4	PODIATRIST	3,174	0	40	0.02
5.	Other Health Care Practitioner 5	Chiropractor	139,507	3,920	2,183	1.05
6.	Other Health Care Practitioner 6	Dietician	70,330	1,099	2,119	1.02
7.	Other Health Care Practitioner 7	Patient Support	8,223	0	386	0.19
8.	Other Health Care Practitioner 8	Optical Technician	33,996	0	1,667	0.80
9.	Other Health Care Practitioner 9	PATIENT NAVIGATOR	34,675	0	2,024	0.97
10.	Other Health Care Practitioner 10	LICENSED PRACTICA	6,820	0	225	0.11
11.	Other Health Care Practitioner 11	LICENSED PRACTICA	21,386	0	736	0.35
12.	Other Health Care Practitioner 12	LICENSED PRACTICA	69,428	0	2,131	1.02
13.	Other Health Care Practitioner 13	LICENSED PRACTICA	2,697	0	97	0.05
14.	Other Health Care Practitioner 14	LICENSED PRACTICA	50,088	0	1,857	0.89
15.	Other Health Care Practitioner 15	LICENSED PRACTICA	60,210	0	2,060	0.99
16.	Other Health Care Practitioner 16	LICENSED PRACTICA	60,207	0	2,006	0.96
17.	Other Health Care Practitioner 17	LICENSED PRACTICA	59,632	0	2,097	1.01
18.	Other Health Care Practitioner 18	LICENSED PRACTICA	61,153	0	2,098	1.01
19.	Other Health Care Practitioner 19	LICENSED PRACTICA	54,828	0	2,025	0.97
20.	Other Health Care Practitioner 20	LICENSED PRACTICA	58,716	0	2,025	0.97
21.	Other Health Care Practitioner 21	LICENSED PRACTICA	1,087	0	40	0.02
22.	Other Health Care Practitioner 22	LICENSED PRACTICA	23,028	0	694	0.33
23.	Other Health Care Practitioner 23	LICENSED PRACTICA	52,867	0	1,587	0.76
24.	Other Health Care Practitioner 24	LICENSED PRACTICA	32,177	0	962	0.46
25.	Other Health Care Practitioner 25	LICENSED PRACTICA	16,120	0	484	0.23
26.	Other Health Care Practitioner 26	LICENSED PRACTICA	4,427	0	151	0.07
27.	Other Health Care Practitioner 27	LEAD MEDICAL ASSIS	61,525	0	2,253	1.08
28.	Other Health Care Practitioner 28	LEAD MEDICAL ASSIS	33,909	0	1,575	0.76
29.	Other Health Care Practitioner 29	LEAD MEDICAL ASSIS	52,805	0	2,266	1.09
30.	Other Health Care Practitioner 30	LEAD MEDICAL ASSIS	41,623	0	1,575	0.76
31.	Other Health Care Practitioner 31	LEAD MEDICAL ASSIS	19,128	0	897	0.43
32.	Other Health Care Practitioner 32	LEAD MEDICAL ASSIS	11,713	0	430	0.21

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

Reporting Period: From 7/1/2022 To 6/30/2023

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	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
33.	Other Health Care Practitioner 33	LEAD MEDICAL ASSIS	1,041	0	43	0.02
34.	Other Health Care Practitioner 34	MEDICAL ASSISTANT	11,740	0	529	0.25
35.	Other Health Care Practitioner 35	MEDICAL ASSISTANT	6,302	0	291	0.14
36.	Other Health Care Practitioner 36	MEDICAL ASSISTANT	47,134	0	2,122	1.02
37.	Other Health Care Practitioner 37	MEDICAL ASSISTANT	41,219	0	2,081	1.00
38.	Other Health Care Practitioner 38	MEDICAL ASSISTANT	29,139	0	1,482	0.71
39.	Other Health Care Practitioner 39	MEDICAL ASSISTANT	40,425	0	2,095	1.01
40.	Other Health Care Practitioner 40	MEDICAL ASSISTANT	30,194	0	1,307	0.63
41.	Other Health Care Practitioner 41	MEDICAL ASSISTANT	39,774	0	2,105	1.01
42.	Other Health Care Practitioner 42	MEDICAL ASSISTANT	2,594	0	118	0.06
43.	Other Health Care Practitioner 43	MEDICAL ASSISTANT	2,046	0	104	0.05
44.	Other Health Care Practitioner 44	MEDICAL ASSISTANT	37,560	0	2,044	0.98
45.	Other Health Care Practitioner 45	MEDICAL ASSISTANT	2,207	0	90	0.04
46.	Other Health Care Practitioner 46	MEDICAL ASSISTANT	26,225	0	1,192	0.57
47.	Other Health Care Practitioner 47	MEDICAL ASSISTANT	5,214	0	280	0.13
48.	Other Health Care Practitioner 48	MEDICAL ASSISTANT	36,205	0	2,052	0.99
49.	Other Health Care Practitioner 49	MEDICAL ASSISTANT	44,476	0	2,123	1.02
50.	Other Health Care Practitioner 50	MEDICAL ASSISTANT	29,359	0	1,672	0.80
51.	Other Health Care Practitioner 51	MEDICAL ASSISTANT	5,184	0	290	0.14
52.	Other Health Care Practitioner 52	MEDICAL ASSISTANT	28,625	0	1,617	0.78
53.	Other Health Care Practitioner 53	MEDICAL ASSISTANT	39,373	0	2,161	1.04
54.	Other Health Care Practitioner 54	MEDICAL ASSISTANT	5,031	0	277	0.13
55.	Other Health Care Practitioner 55	MEDICAL ASSISTANT	23,711	0	1,317	0.63
56.	Other Health Care Practitioner 56	MEDICAL ASSISTANT	45,506	0	2,103	1.01
57.	Other Health Care Practitioner 57	MEDICAL ASSISTANT	12,397	0	707	0.34
58.	Other Health Care Practitioner 58	MEDICAL ASSISTANT	30,968	0	1,449	0.70
59.	Other Health Care Practitioner 59	MEDICAL ASSISTANT	39,707	0	2,063	0.99
60.	Other Health Care Practitioner 60	MEDICAL ASSISTANT	45,696	0	2,061	0.99
61.	Other Health Care Practitioner 61	MEDICAL ASSISTANT	43,354	0	2,050	0.99
62.	Other Health Care Practitioner 62	MEDICAL ASSISTANT	26,531	0	1,271	0.61
63.	Other Health Care Practitioner 63	MEDICAL ASSISTANT	30,899	0	1,758	0.85
64.	Other Health Care Practitioner 64	MEDICAL ASSISTANT	26,379	0	1,495	0.72
65.	Other Health Care Practitioner 65	MEDICAL ASSISTANT	25,746	0	1,457	0.70

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
66.	Other Health Care Practitioner 66	MEDICAL ASSISTANT	8,029	0	445	0.21
67.	Other Health Care Practitioner 67	MEDICAL ASSISTANT	20,115	0	1,149	0.55
68.	Other Health Care Practitioner 68	MEDICAL ASSISTANT	10,939	0	581	0.28
69.	Other Health Care Practitioner 69	MEDICAL ASSISTANT	9,169	0	522	0.25
70.	Other Health Care Practitioner 70	MEDICAL ASSISTANT	780	0	40	0.02
71.	Other Health Care Practitioner 71	MEDICAL ASSISTANT	794	0	40	0.02
72.	Other Health Care Practitioner 72	Medical Assistant, Per I	4,241	0	189	0.09
73.	Other Health Care Practitioner 73	Medical Assistant -Lead	61,194	0	2,157	1.04
74.	Other Health Care Practitioner 74	MEDICAL ASSISTANT	39	0	0	0.00
75.	Other Health Care Practitioner 75	MEDICAL ASSISTANT	5,395	0	307	0.15
76.	Other Health Care Practitioner 76	MEDICAL ASSISTANT	3,917	0	227	0.11
77.	Other Health Care Practitioner 77	MEDICAL ASSISTANT	5,628	0	314	0.15
78.	Other Health Care Practitioner 78	MEDICAL ASSISTANT	5,382	0	313	0.15
79.	Other Health Care Practitioner 79	MEDICAL ASSISTANT	5,577	0	310	0.15
80.	Other Health Care Practitioner 80	MEDICAL ASSISTANT	3,982	0	222	0.11
81.	Other Health Care Practitioner 81	MEDICAL ASSISTANT	499	0	28	0.01
82.	Other Health Care Practitioner 82	MEDICAL ASSISTANT	358	0	20	0.01
83.	Other Health Care Practitioner 83	MEDICAL ASSISTANT	1,008	0	59	0.03
84.	Other Health Care Practitioner 84	MEDICAL ASSISTANT	1,045	0	61	0.03
85.	Other Health Care Practitioner 85	MEDICAL ASSISTANT	716	0	42	0.02
86.	Other Health Care Practitioner 86	MEDICAL ASSISTANT	77,933	0	1,867	0.90
	Total Other Health Care Practitioner		2,695,094	10,934	97,763	46.98

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Dentist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**DENTIST**				
1.	Dentist 1	158,522	3,005	2,189	1.05
2.	Dentist 2	172,973	2,344	2,305	1.11
3.	Dentist 3	145,968	2,305	2,099	1.01
4.	Dentist 4	143,564	3,030	2,113	1.02
5.	Dentist 5	16,349	177	199	0.10
	Total Dentist Encounters, Staff Hours and FTEs	637,375	10,861	8,905	4.29
B.	**DENTAL HYGIENIST**				
1.	Dental Hygienist 1	87,713	1,418	2,109	1.01
2.	Dental Hygienist 2	35,139	470	836	0.40
3.	Dental Hygienist 3	83,544	1,410	2,161	1.04
4.	Dental Hygienist 4	39,176	611	938	0.45
5.	Dental Hygienist 5	85,211	1,159	2,049	0.98
6.	Dental Hygienist 6	17,024	275	371	0.18
7.	Dental Hygienist 7	21,750	327	525	0.25
	Total Dental Hygienist Encounters, Hours and FTEs	369,556	5,670	8,987	4.31
C.	**OTHER DENTAL PRACTITIONER**				
1.	DENTAL BUS DRIVER	40,020	0	2,069	0.99
2.	DENTAL STERILIZATION TECHNICIAN	2,755	0	149	0.07
3.	SCHOOL PROGRAM COORDINATOR	32,423	0	1,514	0.73
4.	DENTAL ASSISTANT	39,517	0	1,721	0.83
5.	DENTAL ASSISTANT	49,196	0	2,146	1.03
6.	DENTAL ASSISTANT	44,990	0	2,047	0.98
7.	DENTAL ASSISTANT	44,319	0	2,067	0.99
8.	DENTAL ASSISTANT	46,273	0	2,148	1.03
9.	DENTAL ASSISTANT	43,263	0	2,152	1.03
10.	DENTAL ASSISTANT	38,904	0	2,080	1.00
11.	LEAD DENTAL ASSISTANT	55,062	0	2,171	1.04
12.	LEAD DENTAL ASSISTANT	49,402	0	2,170	1.04
13.	DENTAL ASSISTANT	300	0	19	0.01
	Total Other Dental Practitioner Encounters, Hours and FTEs	486,423	0	22,452	10.77

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHOLOGIST**				
1.					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.	Social Worker 1	120,021	413	2,183	1.05
2.	Social Worker 2	62,711	770	1,645	0.79
3.	Social Worker 3	76,906	975	2,094	1.01
4.	Social Worker 4	61,211	782	1,859	0.89
5.	Social Worker 5	54,540	797	1,683	0.81
6.	Social Worker 6	24,495	159	752	0.36
7.	Social Worker 7	1,250	0	40	0.02
8.	Social Worker 8	1,269	0	40	0.02
9.	Social Worker 9	54,024	641	1,605	0.77
10.	Social Worker 10	82,663	1,001	2,102	1.01
11.	Social Worker 11	73,686	1,107	2,111	1.01
12.	Social Worker 12	55,135	687	1,664	0.80
13.	Social Worker 13	21,542	111	563	0.27
14.	Social Worker 14	85,342	687	2,162	1.04
	Total Social Worker Encounters, Hours and FTEs	774,794	8,130	20,501	9.85
C.	**OTHER MENTAL HEALTH PRACTITIONER**				
1.	Psychiatrist	124,962	953	1,177	0.57
2.	Psych APRN	162,651	2,010	2,099	1.01
3.	BH CARE COORDINATOR	39,114	0	2,090	1.00
4.	BH CARE COORDINATOR	41,530	0	2,039	0.98
5.	BH CARE COORDINATOR	7,729	0	367	0.18
6.	BH Case Manager	34,270	0	1,862	0.90
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	410,257	2,963	9,633	4.64

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Reporting Period: From 7/1/2022 To 6/30/2023

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		Encounters	Employee Hours and FTEs	
				High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
		4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A.	**HEALTH CARE PRACTITIONERS**									
1.	PHYSICIAN	5	689,562	277,402	199,691	1	0	5,623	6,285	3.02
2.	PHYSICIAN ASSISTANT	13	1,307,946	163,029	107,198	3	1	28,762	21,907	10.53
3.	NURSE (APRN, MIDWIFE, RN)	15	829,128	138,301	71,473	7	7	9,699	15,555	7.48
4.	PHYSICIAN SERVICES UNDER CONTRACT									0.00
5.	OTHER HEALTH PROFESSIONALS	5	603,593	165,664	138,536	1	0	9,835	8,598	4.13
6.	OTHER ALLIED HEALTH PROFESSIONALS	1	70,330	70,330	70,330	0	0	1,099	2,119	1.02
7.	OTHER HEALTH CARE PRACTITIONERS	80	2,021,171	86,592	33,602	33	27	0	87,046	41.85
	Total Health Care	119	5,521,730			45	35	55,018	141,511	68.03
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	5	637,375	172,973	143,564	0	1	10,861	8,905	4.28
2.	DENTAL HYGIENIST	7	369,556	94,579	83,544	1	1	5,670	8,987	4.32
3.	OTHER DENTAL PRACTITIONERS	13	486,423	55,062	30,000	1	0	0	22,452	10.79
	Total Dental	25	1,493,355			2	2	16,531	40,344	19.39
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	1	124,962	219,232	219,232	0	0	953	1,177	0.57
2.	PSYCHOLOGIST									0.00
3.	LICENSED CLINICAL SOCIAL WORKER	14	774,794	120,021	62,511	4	3	8,130	20,501	9.86
4.	PSYCHIATRIC APRN	1	162,651	162,651	162,651	0	0	2,010	2,099	1.01
5.	OTHER MENTAL HEALTH PRACTITIONERS	4	122,643	42,941	38,077	0	1	0	6,357	3.06
	Total Mental Health	20	1,185,051			4	4	11,093	30,135	14.50

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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)	11,019,324
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	1,497,737
C.	Total Direct Costs (A+B)	12,517,061
D.	Portion of Title XIX Services (A/C)	88.03%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	7,012,500
F.	Overhead Cost Applicable to Title XIX Services (DxE)	6,173,104
G.	Total Title XIX Services Cost (A+F)	17,192,428
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	5,157,728
I.	Cost Adjustment (Lower of H-F or Zero)	(1,015,376)
J.	Allowable Title XIX Overhead Cost (F+I)	5,157,728
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,285,625
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,351,005
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,382,694
	4. Total Direct Costs (K1 thru K3)	11,019,324
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	66.12%
	2. Dental Services (K2/K4)	21.34%
	3. Mental Health Services (K3/K4)	12.55%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,410,290
	2. Dental Services (JxL2)	1,100,659
	3. Mental Health Services (JxL3)	647,295
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	5,158,244

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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)	7,285,625
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	3,410,290
	C.	Total Allowable Health Care Cost (A+B)	10,695,915
	D.	Encounters (P12 - Form B-4, Health Care Total)	55,018
	E.	Allowable Health Care Cost Per Encounter (C/D)	194.41
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,351,005
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	1,100,659
	C.	Total Allowable Dental Cost (A+B)	3,451,664
	D.	Encounters (P12 - Form B-4, Dental Total)	16,531
	E.	Allowable Dental Cost Per Encounter (C/D)	208.80
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,382,694
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	647,295
	C.	Total Allowable Mental Health Cost (A+B)	2,029,989
	D.	Encounters (P12 - Form B-4, Mental Health Total)	11,093
	E.	Allowable Mental Health Cost Per Encounter (C/D)	183.00

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Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: First Choice Health Centers, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	6,756,097	1,238,087	1,103,357		9,097,541
2.	Private	2,279,993	373,326	189,836		2,843,155
3.	Medicare	1,374,316		310,624		1,684,940
4.	Patient Cash/Self Pay	382,921	277,473	14,279		674,673
5.	Other - Specify	233,730			(989,212)	(755,482)
6.	Total (1 thru 5)	11,027,057	1,888,886	1,618,096	(989,212)	13,544,827
B.	Other Revenue					
1.	Contributions					0
2.	Grants				5,842,285	5,842,285
3.	Interest				4,013	4,013
4.	Donations					0
5.	Other - Specify Rent Revenue				27,000	27,000
6.	Other - Specify Other Income				31,982	31,982
7.	Other - Specify Capital Grant Revenue				194,416	194,416
8.	Other - Specify Donated Vaccines				337,122	337,122
9.	Other - Specify In-Kind Rent				15,672	15,672
10.	Other - Specify					0
11.	Total (1 thru 10)	0	0	0	6,452,490	6,452,490
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)	11,027,057	1,888,886	1,618,096	5,463,278	19,997,317

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: **From** **7/1/2022** **To** **6/30/2023**

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 *(Excluding Dental, Mental Health and Other)*		
2.	Dental		
3.	Mental Health		
4.	Other - Specify	Petit Family Foundation	8,500
	Other - Specify		
	Other - Specify		
	Other - Specify		
	Other - Specify		
5.	Total (1 thru 4)		**8,500**

B.	Grants *(Excluding PHS)*		
1.	Services *(Excluding Dental, Mental Health and Other)*		
2.	Dental		
3.	Mental Health		
4.	Other - Specify	CT DSS Maternal, Infant, and Early Childhood Home Visiting Program	261,743
	Other - Specify	Million Hearts	13,000
	Other - Specify	CHCACT - Medicaid Outreach	20,000
	Other - Specify	Oral Health Infrustructure	194,416
	Other - Specify	Covid Expansion	220,800
5.	Total (1 thru 4)		**709,960**

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2022 To 6/30/2023

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	(141,652)	
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		
8.	Fundraising		
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions	(348)	
12.	Membership dues for public relations		
13.	Cost not related to patient care	(19,378)	
14.	Interest	(4,013)	
15.	Pass through expenses		
16.	340B Pharmacy Costs	(663,811)	
17.	Pharmacy Costs to non patients	(117,408)	
18.	Total (1 thru 15)		**(946,610)**
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income	(42,672)	
3.	In-Kind Medical Supplies	(337,122)	
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	PA Preceptorship	(3,450)	
7.	Total (1 thru 6)		**(383,244)**
C.	**Total Cost Disallowance and Offset (A16+B7)**		**(1,329,854)**