

**SUBURBAN HOSPITAL**

**HEALTH SERVICES COST REVIEW  
COMMISSION**

**RATE REVIEW SYSTEM**

**FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**INPATIENTS AND PATIENT DAYS**

**V1**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210022

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	ADMISSIONS	PATIENT DAYS	INTRA HOSPITAL TRANSFERS IN	LENGTH OF STAY	AVERAGE LICENSED BEDS	% OCCUPANCY
			RECORDS	RECORDS	RECORDS	COL 2 / (COL 1 + COL 3)	RECORDS	COL 2 / COL 5 * 365
D01	MSG	Med/Surg Acute	10,769	41,935	15	3.9	159	0.723
D02	PED	Pediatric Acute	60	105	0	1.8	3	0.096
D03	PSY	Psychiatric Acute	1,544	6,861	0	4.4	24	0.783
D04	OBS	Obstetrics Acute	0	0	0	0.0	0	0.000
D05	DEF	Definitive Observation	0	0	0	0.0	0	0.000
D06	MIS	Med/Surg Intensive Care	584	7,192	7	12.2	24	0.821
D07	CCU	Coronary Care	1,179	5,035	5	4.3	20	0.690
D08	PIC	Pediatric Intensive Care	0	0	0	0.0	0	0.000
D09	NEO	Neonatal Intensive Care	0	0	0	0.0	0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0	0.000
D13	ONC	Oncology	0	0	0	0.0	0	0.000
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0	0.000
D17	CRH	Chronic Care	0	0	0	0.0	0	0.000
D52	ADD	Adolescent Dual Diagnosed	0	0	0	0.0	0	0.000
D54	RHB	Rehabilitation	0	0	0	0.0	0	0.000
D70	PAD	Psychiatric Adult	0	0	0	0.0	0	0.000
D71	PCD	Psychiatric Child/Adolescent	0	0	0	0.0	0	0.000
D73	PSG	Psychiatric Geriatric	0	0	0	0.0	0	0.000
D82	PSD	Pediatric Step-Down	0	0	0	0.0	0	0.000
SUBTOTAL			14,136	61,128	27	4.3	230	0.728
D14	NUR	Newborn Nursery	0	0	0	0.0	0	
D15	PRE	Premature Nursery	0	0	0	0.0	0	
TOTAL			14,136	61,128	27	4.3	230	0.728

**OUTPATIENT VISITS**

**V2**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVUS	OUTPATIENT RVUS	TOTAL RVUS
			RECORDS	RECORDS	COL 1 + COL 2	RECORDS	RECORDS	COL 4 + COL 5
D18	EMG	Emergency Services	9,004	34,094	43,098	127,906	311,082	438,988
D19	CL	Clinical Services	0	16,132	16,132	0	109,246	109,246
D20	PDC	Psych. Day & Night Care	0	0	0			
D22	SDS	Same Day Surgery	0	4,812	4,812			
D50	FSE	Free Standing Emergency	0	0	0			
D55	OBV	Observation	1,583	5,020	6,603	23,687	125,589	149,276
D58	OCL	Oncology O/P Clinic	0	0	0	0	0	0
D83	CL-340	340B Clinic Services				0	0	0
	TOTAL		10,587	60,058	70,645	151,593	545,917	697,510

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

COL. 1 COL. 2 COL. 3 COL. 4

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	INPATIENT VOLUME	OUTPATIENT VOLUME	TOTAL VOLUME
				RECORDS	RECORDS	COL 1 + COL 2
D23	DEL	Labor & Delivery Services	MD RVUs	0	0	0
D24	OR	Operating Room	Minutes	787,201	429,679	1,216,880
D24A	ORC	Operating Room Clinic	Minutes	0	580	580
D25	ANS	Anesthesiology	Minutes	817,508	500,434	1,317,942
D28	LAB	Laboratory Services	MD RVUs	7,078,200	3,922,674	11,000,874
D30	EKG	Electrocardiography	1974 California RV	167,190	122,771	289,961
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	83,607	169,644	253,251
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	224,987	256,520	481,507
D33	CAT	CT Scanner	HSCRC RVUs	491,961	722,571	1,214,532
D34	RAT	Radiology-Therapeutic	MD RVUs	24,989	5,252	30,241
D35	NUC	Nuclear Medicine	HSCRC RVUs	35,911	53,913	89,824
D36	RES	Respiratory Therapy	MD RVUs	2,310,846	45,214	2,356,060
D37	PUL	Pulmonary Function Testing	MD RVUs	0	0	0
D38	EEG	Electroencephalography	1974 California RV	44,703	12,221	56,924
D39	PTH	Physical Therapy	MD RVUs	231,803	26,972	258,775
D40	OTH	Occupational Therapy	MD RVUs	139,383	11,755	151,138
D41	STH	Speech Language Pathology	MD RVUs	60,209	13,174	73,383
D42	REC	Recreational Therapy	Treatments	0	0	0
D43	AUD	Audiology	MD RVUs	0	0	0
D44	OPM	Other Physical Medicine	Treatments	0	0	0
D45	RDL	Renal Dialysis	Treatments	1,364	0	1,364
D46	OA	Organ Acquisition	Treatments	0	0	0
D48	LEU	Leukopheresis	JHU RVUs	0	0	0
D49	HYP	Hyperbaric Chamber	Hours of Treatment	0	0	0
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	205,739	209,643	415,382
D53	LIT	Lithotripsy	# of Procedures	0	2	2
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	45,212	459	45,671
D77	PST	Psychological Testing	Hours	0	0	0
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0
D87	CDS-340	340B Drugs	EIPA	0	0	0

**EQUIVALENT INPATIENT DAYS AND ADMISSIONS**

**V5**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

EQUIVALENT INPATIENT DAYS (EIPDs)	SOURCE	FISCAL YEAR
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INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	212,602.9	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	B
C	TOTAL INPATIENT REVENUE *	A + B	212,602.9	C
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCHD V 1 D	61,128	D
E	INPATIENT UNIT REVENUE	C / D	3.47800	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	116,765.2	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	G
H	TOTAL OUTPATIENT REVENUE *	F + G	116,765.2	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	65,833	I
J	OUTPATIENT UNIT REVENUE	H / I	1.77366	J
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	1.96092	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	33,573	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	94,701	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	14,136	N
O	INPATIENT UNIT REVENUE	C / N	15.03982	O
P	OUTPATIENT UNIT REVENUE	H / I	1.77366	P
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	8.47954	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	7,764	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	21,900	U

**UNASSIGNED EXPENSES**

**UA**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOURCE	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATIO	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES

**FISCAL YEAR DATA**

		MAL	OIN	MCR		DEP	LEA	LIC	IST	ILT			
A	BASE YEAR EXPENSES	RECORDS	1,010.3	317.2	5,146.3	6,473.8	16,184.5	2,710.2	111.3	0.0	3,556.7	29,036.5	A
B	ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	RECORDS	(54.8)	(17.3)	0.0	(72.1)	(1,258.6)	(1,138.7)	0.0	0.0	0.0	(2,469.4)	B
C	FISCAL YEAR EXP. - ADJUSTED	A + B	955.5	299.9	5,146.3	6,401.7	14,925.9	1,571.5	111.3	0.0	3,556.7	26,567.1	C

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL	
A1	Medical Staff Administration	MSA	0.0	522.9	0.0	0.0	0.0	522.9	A1
A2	Med/Surg Acute	MSG	0.0	0.0	0.0	115.5	0.0	115.5	A2
A3	Pediatric Acute	PED	0.0	0.0	0.0	62.3	0.0	62.3	A3
A4	Psychiatric Acute	PSY	0.0	0.0	0.0	142.7	0.0	142.7	A4
A5	Obstetrics Acute	OBS	0.0	0.0	0.0	0.0	0.0	0.0	A5
A6	Definitive Observation	DEF	0.0	0.0	0.0	0.0	0.0	0.0	A6
A7	Med/Surg Intensive Care	MIS	0.0	0.0	0.0	361.1	0.0	361.1	A7
A8	Coronary Care	CCU	0.0	0.0	0.0	200.0	0.0	200.0	A8
A9	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0	0.0	0.0	A9
A10	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0	0.0	0.0	A10
A11	Burn Care	BUR	0.0	0.0	0.0	0.0	0.0	0.0	A11
A12	Psychiatric Intensive Care	PSI	0.0	0.0	0.0	0.0	0.0	0.0	A12
A13	Shock Trauma	TRM	0.0	0.0	0.0	0.0	0.0	0.0	A13
A14	Oncology	ONC	0.0	0.0	0.0	0.0	0.0	0.0	A14
A15	Newborn Nursery	NUR	0.0	0.0	0.0	0.0	0.0	0.0	A15
A16	Premature Nursery	PRE	0.0	0.0	0.0	0.0	0.0	0.0	A16
A17	Chronic Care	CRH	0.0	0.0	0.0	0.0	0.0	0.0	A17
A18	Emergency Services	EMG	0.0	0.0	0.0	(87.5)	0.0	(87.5)	A18
A19	Clinical Services	CL	0.0	0.0	0.0	0.0	0.0	0.0	A19
A20	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0	0.0	0.0	A20
A21	Ambulatory Surgery (PBP)	AMS	0.0	0.0	0.0	0.0	0.0	0.0	A21
A22	Same Day Surgery	SDS	0.0	0.0	0.0	0.0	0.0	0.0	A22
A23	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0	0.0	0.0	A23
A24	Operating Room	OR	0.0	0.0	0.0	67.0	0.0	67.0	A24
A25	Operating Room Clinic	ORC	0.0	0.0	0.0	0.0	0.0	0.0	A25
A26	Anesthesiology	ANS	0.0	0.0	0.0	206.0	0.0	206.0	A26
A27	Laboratory Services	LAB	0.0	0.0	0.0	0.0	0.0	0.0	A27
A28	Electrocardiography	EKG	0.0	0.0	0.0	50.0	0.0	50.0	A28
A29	Interventional Radiology / Cardiovascular	IRC	0.0	0.0	0.0	0.0	0.0	0.0	A29
A30	Radiology-Diagnostic	RAD	0.0	0.0	0.0	0.0	1.8	1.8	A30
A31	CT Scanner	CAT	0.0	0.0	0.0	0.0	0.0	0.0	A31
A32	Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0	0.0	0.0	A32
A33	Nuclear Medicine	NUC	0.0	0.0	0.0	0.0	0.0	0.0	A33
A34	Respiratory Therapy	RES	0.0	0.0	0.0	(22.1)	0.0	(22.1)	A34

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL	
A35	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	A35
A36	Electroencephalography	EEG	0.0	0.0	0.0	0.0	0.0	0.0	A36
A37	Physical Therapy	PTH	0.0	0.0	0.0	18.0	0.0	18.0	A37
A38	Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	A38
A39	Speech Language Pathology	STH	0.0	0.0	0.0	0.0	0.0	0.0	A39
A40	Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	A40
A41	Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	A41
A42	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	A42
A43	Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	A43
A44	Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	A44
A45	Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	A45
A46	Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	A46
A47	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	A47
A48	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	A48
A49	Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	A49
A50	Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	A50
A51	Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	A51
A52	Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	A52
A53	Observation	OBV	0.0	0.0	0.0	0.0	0.0	0.0	A53
A54	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	A54
A55	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	A55
A56	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0	0.0	0.0	A56
A57	Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	A57
A58	Psychiatric Child/Adolescent	PCD	0.0	0.0	0.0	0.0	0.0	0.0	A58
A59	Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	A59
A60	Individual Therapies	ITH	0.0	0.0	0.0	0.0	0.0	0.0	A60
A61	Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	A61
A62	Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	A62
A63	Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	A63
A64	Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	A64
A65	Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	A65
A66	Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	A66
A67	Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	A67
A68	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	A68
A69	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	A69
A70	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0	0.0	0.0	A70
A71	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	A71
A72	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	A72
A73	340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	A73
A74	Post Graduate Medical Ed	PME						0.0	A74

B	TOTALS	//////	0.0	522.9	0.0	1,113.0	0.0	34.8	1,670.7	B
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Reporting Schedule

C	Cost Center Schedule	////	F01	C 13	UA	D1 - D80	P2A - P2G	P4A - P4G	////	C
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INSTITUTION NAME: Suburban Hospital FISCAL YEAR 2018  
 INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5
	FISCAL YEAR	ALLOC. CAFÉ	DONATED			
	EXPENSE	PARK ETC.	SERVICES	TOTAL	FTE	DATA
<b>FISCAL YEAR DATA</b>						
MED/SURG ACUTE	MSG	0.0	0.0		0.0	0.0
PEDIATRIC ACUTE	PED	0.0	0.0		0.0	0.0
PSYCHIATRIC ACUTE	PSY	0.0	0.0		0.0	0.0
OBSTETRICS ACUTE	OBS	0.0	0.0		0.0	0.0
DEFINITIVE OBSERVATION	DEF	0.0	0.0		0.0	0.0
MED/SURG INTENSIVE CARE	MIS	0.0	0.0		0.0	0.0
CORONARY CARE	CCU	0.0	0.0		0.0	0.0
PEDIATRIC INTENSIVE CARE	PIC	0.0	0.0		0.0	0.0
NEONATAL INTENSIVE CARE	NEO	0.0	0.0		0.0	0.0
BURN CARE	BUR	0.0	0.0		0.0	0.0
PSYCHIATRIC INTENSIVE CARE	PSI	0.0	0.0		0.0	0.0
SHOCK TRAUMA	TRM	0.0	0.0		0.0	0.0
ONCOLOGY	ONC	0.0	0.0		0.0	0.0
NEWBORN NURSERY	NUR	0.0	0.0		0.0	0.0
PREMATURE NURSERY	PRE	0.0	0.0		0.0	0.0
CHRONIC CARE	CRH	0.0	0.0		0.0	0.0
EMERGENCY SERVICES	EMG	65.3	0.0		65.3	0.3
CLINICAL SERVICES	CL	0.0	0.0		0.0	0.0
PSYCH. DAY & NIGHT CARE	PDC	0.0	0.0		0.0	0.0
AMBULATORY SURGERY (PBP)	AMS	0.0	0.0		0.0	0.0
SAME DAY SURGERY	SDS	0.0	0.0		0.0	0.0
LABOR & DELIVERY SERVICES	DEL	0.0	0.0		0.0	0.0
OPERATING ROOM	OR	272.2	0.0		272.2	2.7
OPERATING ROOM CLINIC	ORC	0.0	0.0		0.0	0.0
ANESTHESIOLOGY	ANS	0.0	0.0		0.0	0.0
LABORATORY SERVICES	LAB	0.0	0.0		0.0	0.0
ELECTROCARDIOGRAPHY	EKG	0.0	0.0		0.0	0.0
INTERVENTIONAL RADIOLOGY / CARDIOVASCUL	IRC	0.0	0.0		0.0	0.0
RADIOLOGY-DIAGNOSTIC	RAD	0.0	0.0		0.0	0.0
CT SCANNER	CAT	0.0	0.0		0.0	0.0
RADIOLOGY-THERAPEUTIC	RAT	0.0	0.0		0.0	0.0
NUCLEAR MEDICINE	NUC	0.0	0.0		0.0	0.0
RESPIRATORY THERAPY	RES	0.0	0.0		0.0	0.0
PULMONARY FUNCTION TESTING	PUL	0.0	0.0		0.0	0.0
ELECTROENCEPHALOGRAPHY	EEG	0.0	0.0		0.0	0.0
PHYSICAL THERAPY	PTH	0.0	0.0		0.0	0.0
OCCUPATIONAL THERAPY	OTH	0.0	0.0		0.0	0.0
SPEECH LANGUAGE PATHOLOGY	STH	0.0	0.0		0.0	0.0
RECREATIONAL THERAPY	REC	0.0	0.0		0.0	0.0
AUDIOLOGY	AUD	0.0	0.0		0.0	0.0
OTHER PHYSICAL MEDICINE	OPM	0.0	0.0		0.0	0.0
RENAL DIALYSIS	RDL	0.0	0.0		0.0	0.0
ORGAN ACQUISITION	OA	0.0	0.0		0.0	0.0
AMBULATORY SURGERY	AOR	0.0	0.0		0.0	0.0
LEUKOPHERESIS	LEU	0.0	0.0		0.0	0.0
HYPERBARIC CHAMBER	HYP	0.0	0.0		0.0	0.0
FREE STANDING EMERGENCY	FSE	0.0	0.0		0.0	0.0
MAGNETIC RESONANCE IMAGING	MRI	0.0	0.0		0.0	0.0
ADOLESCENT DUAL DIAGNOSED	ADD	0.0	0.0		0.0	0.0
LITHOTRIPSY	LIT	0.0	0.0		0.0	0.0
REHABILITATION	RHB	0.0	0.0		0.0	0.0
OBSERVATION	OBV	0.0	0.0		0.0	0.0
TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT	0.0	0.0		0.0	0.0
ONCOLOGY O/P CLINIC	OCL	0.0	0.0		0.0	0.0
TRANSURETHAL NEEDLE ABLATION	TNA	0.0	0.0		0.0	0.0
PSYCHIATRIC ADULT	PAD	0.0	0.0		0.0	0.0
PSYCHIATRIC CHILD/ADOLESCENT	PCD	0.0	0.0		0.0	0.0
PSYCHIATRIC GERIATRIC	PSG	0.0	0.0		0.0	0.0
INDIVIDUAL THERAPIES	ITH	0.0	0.0		0.0	0.0
GROUP THERAPIES	GTH	0.0	0.0		0.0	0.0
FAMILY THERAPIES	FTH	0.0	0.0		0.0	0.0
PSYCHOLOGICAL TESTING	PST	0.0	0.0		0.0	0.0
EDUCATION	PSE	0.0	0.0		0.0	0.0
OTHER THERAPIES	OPT	0.0	0.0		0.0	0.0
ELECTROCONVULSIVE THERAPY	ETH	0.0	0.0		0.0	0.0
ACTIVITY THERAPIES	ATH	0.0	0.0		0.0	0.0
PEDIATRIC STEP-DOWN	PSD	0.0	0.0		0.0	0.0
340B CLINIC SERVICES	CL-340	0.0	0.0		0.0	0.0
340B RADIOLOGY - THERAPEUTIC	RAT-340	0.0	0.0		0.0	0.0
340B OR CLINIC SERVICES	ORC-340	0.0	0.0		0.0	0.0
340B LABORATORY SERVICES	LAB-340	0.0	0.0		0.0	0.0
340B DRUGS	CDS-340	0.0	0.0		0.0	0.0
TOTAL		337.5	0.0	0.0	337.5	3.0

**RESIDENT, INTERN SERVICES**

**P4 A**

**ELIGIBLE**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		MED/SURG ACUTE	PEDIATRIC ACUTE	PSYCHIATRIC ACUTE	OBSTETRICS ACUTE	DEFINITIVE OBSERVATION	MED/SURG INTENSIVE CARE	CORONARY CARE		
		D01 MSG	D02 PED	D03 PSY	D04 OBS	D05 DEF	D06 MIS	D07 CCU		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	39.3	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	2.9	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	42.2	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	42.2	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.6	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES**

**P4 B**

**ELIGIBLE**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		PEDIATRIC INTENSIVE CARE	NEONATAL INTENSIVE CARE	BURN CARE	PSYCHIATRIC INTENSIVE CARE	SHOCK TRAUMA	ONCOLOGY	NEWBORN NURSERY		
		D08 PIC	D09 NEO	D10 BUR	D11 PSI	D12 TRM	D13 ONC	D14 NUR		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 C**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		PREMATURE NURSERY	CHRONIC CARE	EMERGENCY SERVICES	CLINICAL SERVICES	PSYCH. DAY & NIGHT CARE	AMBULATORY SURGERY (PBP)	SAME DAY SURGERY		
		D15 PRE	D17 CRH	D18 EMG	D19 CL	D20 PDC	D21 AMS	D22 SDS		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 D**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		LABOR & DELIVERY SERVICES	OPERATING ROOM	OPERATING ROOM CLINIC	ANESTHESIOLOGY	LABORATORY SERVICES	ELECTROCARDIOGRAPHY	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR		
		D23 DEL	D24 OR	D24a ORC	D25 ANS	D28 LAB	D30 EKG	D31 IRC		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	400.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	30.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	430.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	430.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	6.3	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.1	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 E**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		RADIOLOGY- DIAGNOSTIC	CT SCANNER	RADIOLOGY- THERAPEUTIC	NUCLEAR MEDICINE	RESPIRATORY THERAPY	PULMONARY FUNCTION TESTING	ELECTROENCEPH ALOGRAPHY		
		D32 RAD	D33 CAT	D34 RAT	D35 NUC	D36 RES	D37 PUL	D38 EEG		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	24.3	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	1.8	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	26.1	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	26.1	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.4	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES**

**P4 F**

**ELIGIBLE**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		PHYSICAL THERAPY	OCCUPATIONAL THERAPY	SPEECH LANGUAGE PATHOLOGY	RECREATIONAL THERAPY	AUDIOLOGY	OTHER PHYSICAL MEDICINE	RENAL DIALYSIS		
		D39 PTH	D40 OTH	D41 STH	D42 REC	D43 AUD	D44 OPM	D45 RDL		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J



**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 G**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		ORGAN ACQUISITION	AMBULATORY SURGERY	LEUKOPHERESIS	HYPERBARIC CHAMBER	FREE STANDING EMERGENCY	MAGNETIC RESONANCE IMAGING	ADOLESCENT DUAL DIAGNOSED		
		D46 OA	D47 AOR	D48 LEU	D49 HYP	D50 FSE	D51 MRI	D52 ADD		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 H**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7			
		SOURCE	LITHOTRIPSY	REHABILITATION	OBSERVATION	TRANSURETHAL MICROWAVE THERMOTHERA	ONCOLOGY O/P CLINIC	TRANSURETHAL NEEDLE ABLATION	PSYCHIATRIC ADULT		
			D53 LIT	D54 RHB	D55 OBV	D57 TMT	D58 OCL	D59 TNA	D70 PAD		
<b>FISCAL YEAR DATA</b>											
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>											
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC									G
H	INFLATION FACTOR - OTHER	HSCRC									H

<b>FTE DATA</b>											
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 I**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
		PSYCHIATRIC CHILD/ADOLESCEN T	PSYCHIATRIC GERIATRIC	INDIVIDUAL THERAPIES	GROUP THERAPIES	FAMILY THERAPIES	PSYCHOLOGICAL TESTING	EDUCATION		
		D71 PCD	D73 PSG	D74 ITH	D75 GTH	D76 FTH	D77 PST	D78 PSE		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

P4 J

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7		
SOURCE		OTHER THERAPIES	ELECTROCONVULSIVE THERAPY	ACTIVITY THERAPIES	PEDIATRIC STEP-DOWN	340B CLINIC SERVICES	340B RADIOLOGY - THERAPEUTIC	340B OR CLINIC SERVICES		
		D79 OPT	D80 ETH	D81 ATH	D82 PSD	D83 CL-340	D84 RAT-340	D85 ORC-340		
<b>FISCAL YEAR DATA</b>										
A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0	0.0	0.0	0.0	0.0	0.0	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0	0.0	0.0	0.0	0.0	0.0	F

<b>INFLATION FACTORS</b>										
G	INFLATION FACTOR-WAGES & SALARIES	HSCRC								G
H	INFLATION FACTOR - OTHER	HSCRC								H

<b>FTE DATA</b>										
I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	J

**RESIDENT, INTERN SERVICES  
ELIGIBLE**

**P4 K**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
SOURCE	340B LABORATORY SERVICES	340B DRUGS					TOTAL EXPENSES
	D86 <b>LAB-340</b>	D87 <b>CDS-340</b>					

**FISCAL YEAR DATA**

A	FISCAL YEAR WAGES & SALARIES	RECORDS	0.0	0.0				463.6	A
B	FISCAL YEAR PHYSICIAN SUPERVISION	SCH. P1A	0.0	0.0				34.8	B
C	FISCAL YEAR OTHER EXPENSES	RECORDS	0.0	0.0				0.0	C
D	TOTAL FISCAL YEAR EXPENSES	A+B+C	0.0	0.0				498.3	D
E	ALLOC. FROM CAFE, PARKING, ETC.	SCH. OA	0.0	0.0				0.0	E
F	FISCAL YEAR EXPENSES ADJUSTED	D+E	0.0	0.0				498.3	F

**INFLATION FACTORS**

G	INFLATION FACTOR-WAGES & SALARIES	HSCRC							G
H	INFLATION FACTOR - OTHER	HSCRC							H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED/2080 (A)	RECORDS	0.0	0.0				7.4	I
J	FISCAL YEAR HOURS WORKED/2080 (B)	RECORDS	0.0	0.0				0.1	J





**AUXILIARY ENTERPRISES**

PAR

E02

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Parking**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	237.1	237.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	Leases & Rentals	LEA	0.0	51.6	51.6	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	288.7	288.7	#DIV/0!	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	855.7	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	567.0	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	567.0	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				S
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**AUXILIARY ENTERPRISES**

**DPO**

**E03**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	2,100

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Doctor's Private Office Rent**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	Plant Operations	POP	38.2	37.2	75.4	XXXXX	D01
D02	Purchasing & Stores	PUR	53.4	149.2	202.6	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	91.6	186.4	278.0	0.13238	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(278.0)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(278.0)	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	1.6				S
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**AUXILIARY ENTERPRISES**

**REO**

**E05**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Retail Operations**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	48.1	48.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	58.4	58.4	XXXXX	D01
D02	Housekeeping	HKP	11.6	11.3	22.9	XXXXX	D02
D03	Plant Operations	POP	16.3	45.5	61.8	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	27.9	163.3	191.2	#DIV/0!	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	19.3	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(171.9)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(171.9)	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.5				S
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**AUXILIARY ENTERPRISES**

PTE

**E06**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Spaces	270

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Patients Telephones**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	141.3	196.2	337.5	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	141.3	196.2	337.5	1.25000	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	415.6	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	78.1	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	78.1	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	2.5				S
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**AUXILIARY ENTERPRISES**

CAF

E07

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Serve	175,059

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Cafeteria**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	7.6	7.6	XXXXX	D01
D02	Housekeeping	HKP	66.6	64.9	131.5	XXXXX	D02
D03	Plant Operations	POP	93.2	260.4	353.6	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	159.8	332.9	492.7	0.00281	G

**FISCAL YEAR PROFIT (LOSS)**

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	731.4	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	238.7	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	238.7	XXXXX	K

**FTE DATA**

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	2.8				S
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**OTHER INSTITUTIONAL PROGRAMS**

REG

F01

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Projects	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Research**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	1,572.3	455.4	2,027.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D01	General Accounting	FIS	8.4	18.2	26.6	XXXXX	D01
D02	Housekeeping	HKP	52.4	51.0	103.4	XXXXX	D02
D03	Hospital Administration	MGT	70.0	67.6	137.6	XXXXX	D03
D04	Plant Operations	POP	73.2	204.6	277.8	XXXXX	D04
D05	Purchasing & Stores	PUR	0.5	0.5	1.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	1,776.8	797.3	2,574.1	0.00000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	3,918.6	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	1,344.5	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	17.5				I
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**OTHER INSTITUTIONAL PROGRAMS**

CHE

F04

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Participants	106,407

COL. 1                      COL. 2                      COL. 3                      COL. 4

**Community Health Education**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	1,038.5	592.7	1,631.2	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D01	General Accounting	FIS	5.6	12.0	17.6	XXXXX	D01
D02	Hospital Administration	MGT	46.2	44.6	90.8	XXXXX	D02
D03	Purchasing & Stores	PUR	0.6	0.6	1.2	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	1,090.9	649.9	1,740.8	0.01636	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	843.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(897.8)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	15.2				I
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR 6/30/2018

Allocation of Cafeteria / Parking Expense

		COL. 1	COL. 2
LOSS PER FTE		SOURCE	TOTAL EXPENSES
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	SCH. E2,E7,E8, E9	0.0
B	NUMBER OF FTE'S	RECORDS	1,485.1
B1	LOSS PER FTE	A / B	0.00000

Allocation of Data Processing

		COL. 1	COL. 2	COL. 3	COL. 4
		SOURCE	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
C01	FISCAL YEAR EXPENSES	RECORDS	3,024.8	10,377.9	13,402.7
2	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0
3	FISCAL YEAR ADJUSTED EXPENSES	C1 + C2	3,024.8	10,377.9	13,402.7

CAFETERIA, PARKING, ETC												DATA PROCESSING			
///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE			
1	DIETARY SERVICES	C01	C01	DTY	49.3	\$ -	1.0	3.78%	\$ 114.4	\$ 392.5	\$ 506.9	506.9			
2	LAUNDRY & LINEN	C02	C02	LL	2.3	0.0	0.0	0.17%	5.2	18.0	23.2	23.2			
3	SOCIAL SERVICES	C03	C03	SSS	7.3	0.0	0.1	0.56%	16.9	58.1	75.0	75.0			
4	PURCHASING & STORES	C04	C04	PUR	10.3	0.0	0.2	0.84%	25.4	87.2	112.7	112.7			
5	PLANT OPERATIONS	C05	C05	POP	45.7	0.0	1.0	3.98%	120.4	413.0	533.4	533.4			
6	HOUSEKEEPING	C06	C06	HKP	57.4	0.0	1.3	4.88%	147.6	506.4	654.1	654.1			
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	38.3	0.0	0.8	2.94%	89.0	305.4	394.5	394.5			
8	PHARMACY	C08	C08	PHM	46.7	0.0	0.9	3.59%	108.5	372.3	480.8	480.8			
9	GENERAL ACCOUNTING	C09	C09	FIS	6.7	0.0	0.1	0.53%	16.2	55.5	71.6	71.6			
10	PATIENT ACCOUNTS	C10	C10	PAC	27.7	0.0	0.6	2.24%	67.8	232.8	300.6	300.6			
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	49.5	0.0	1.1	4.08%	123.5	423.6	547.0	547.0			
12	MEDICAL RECORDS	C12	C12	MRD	8.4	0.0	0.2	0.65%	19.6	67.2	86.8	86.8			
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	8.0	0.0	0.2	0.61%	18.5	63.4	81.9	81.9			
14	NURSING ADMINISTRATION	C14	C14	NAD	43.2	0.0	0.9	3.32%	100.4	344.5	444.9	444.9			
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.00%	-	-	-	-			
16	MED/SURG ACUTE	D01	D01	MSG	212.9	0.0	4.3	16.34%	494.1	1,695.4	2,189.5	2,189.5			
17	PEDIATRIC ACUTE	D02	D02	PED	1.8	0.0	0.0	0.12%	3.5	12.1	15.6	15.6			
18	PSYCHIATRIC ACUTE	D03	D03	PSY	42.2	0.0	0.8	3.20%	96.7	331.9	428.6	428.6			
19	OBSTETRICS ACUTE	D04	D04	OBS	0.0	0.0	0.0	0.00%	-	-	-	-			
20	DEFINITIVE OBSERVATION	D05	D05	DEF	0.0	0.0	0.0	0.00%	-	-	-	-			
21	MED/SURG INTENSIVE CARE	D06	D06	MIS	75.5	0.0	1.5	5.68%	171.9	589.9	761.9	761.9			
22	CORONARY CARE	D07	D07	CCU	33.2	0.0	0.6	2.48%	75.1	257.7	332.8	332.8			
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.00%	-	-	-	-			
24	NEONATAL INTENSIVE CARE	D09	D09	NEO	0.0	0.0	0.0	0.00%	-	-	-	-			
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.00%	-	-	-	-			
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.00%	-	-	-	-			
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.00%	-	-	-	-			
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.00%	-	-	-	-			
29	NEWBORN NURSERY	D14	D14	NUR	0.0	0.0	0.0	0.00%	-	-	-	-			

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR: 6/30/2018

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0	0.0	0.0	0.00%	0	0	0	-
31	CHRONIC CARE	D17	D17	CRH	0.0	0.0	0.0	0.00%	0	0	0	-
32	EMERGENCY SERVICES	D18	D18	EMG	92.8	0.0	1.9	7.14%	216	741	957	957.0
33	CLINICAL SERVICES	D19	D19	CL	17.5	0.0	0.4	1.35%	41	140	180	180.3
34	PSYCH. DAY & NIGHT CARE	D20	D20	PDC	0.0	0.0	0.0	0.00%	0	0	0	-
35	AMBULATORY SURGERY (PBP)	D21	D21	AMS	0.0	0.0	0.0	0.00%	0	0	0	-
36	SAME DAY SURGERY	D22	D22	SDS	13.3	0.0	0.3	1.02%	31	106	137	137.0
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	0.0	0.0	0.0	0.00%	0	0	0	-
38	OPERATING ROOM	D24	D24	OR	143.8	0.0	2.9	11.00%	333	1,141	1,474	1,473.9
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	0.0	0.0	0.0	0.00%	0	0	0	0.2
40	ANESTHESIOLOGY	D25	D25	ANS	0.8	0.0	0.0	0.00%	0	0	0	-
41	LABORATORY SERVICES	D28	D28	LAB	68.1	0.0	1.4	5.23%	158	542	700	700.4
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	5.8	0.0	0.1	0.43%	13	45	58	58.1
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	37.1	0.0	0.7	2.84%	86	295	381	381.2
44	RADIOLOGY-DIAGNOSTIC	D32	D32	RAD	28.3	0.0	0.6	2.17%	66	225	291	291.1
45	CT SCANNER	D33	D33	CAT	11.4	0.0	0.2	0.87%	26	90	117	116.8
46	RADIOLOGY-THERAPEUTIC	D34	D34	RAT	0.0	0.0	0.0	0.00%	0	0	0	-
47	NUCLEAR MEDICINE	D35	D35	NUC	2.8	0.0	0.1	0.21%	6	22	28	28.5
48	RESPIRATORY THERAPY	D36	D36	RES	28.2	0.0	0.6	2.17%	65	225	290	290.2
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	0.0	0.0	0.0	0.00%	0	0	0	-
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	1.2	0.0	0.0	0.09%	3	10	12	12.4
51	PHYSICAL THERAPY	D39	D39	PTH	13.3	0.0	0.3	1.02%	31	106	136	136.4
52	OCCUPATIONAL THERAPY	D40	D40	OTH	4.7	0.0	0.1	0.36%	11	37	48	47.9
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	2.2	0.0	0.0	0.17%	5	17	22	22.2
54	RECREATIONAL THERAPY	D42	D42	REC	0.0	0.0	0.0	0.00%	0	0	0	-
55	AUDIOLOGY	D43	D43	AUD	0.0	0.0	0.0	0.00%	0	0	0	-
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0	0.0	0.0	0.00%	0	0	0	-
57	RENAL DIALYSIS	D45	D45	RDL	0.0	0.0	0.0	0.00%	0	0	0	-
58	ORGAN ACQUISITION	D46	D46	OA	0.0	0.0	0.0	0.00%	0	0	0	-
59	AMBULATORY SURGERY	D47	D47	AOR	0.0	0.0	0.0	0.00%	0	0	0	-
60	LEUKOPHERESIS	D48	D48	LEU	0.0	0.0	0.0	0.00%	0	0	0	-
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.0	0.0	0.0	0.00%	0	0	0	-



ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital

INSTITUTION NUMBER: 210022

FISCAL YEAR: 6/30/2018

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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
62	FREE STANDING EMERGENCY	D50	D50	FSE	0.0	0.0	0.0	0.00%	0	0	0	-
63	MAGNETIC RESONANCE IMAGING	D51	D51	MRI	3.3	0.0	0.1	0.25%	8	26	34	34.0
64	ADOLESCENT DUAL DIAGNOSED	D52	D52	ADD	0.0	0.0	0.0	0.00%	0	0	0	-
65	LITHOTRIPSY	D53	D53	LIT	0.0	0.0	0.0	0.00%	0	0	0	-
66	REHABILITATION	D54	D54	RHB	0.0	0.0	0.0	0.00%	0	0	0	-
67	OBSERVATION	D55	D55	OBV	47.9	0.0	1.0	3.68%	111	382	493	493.2
68	AMBULANCE SERVICES-REBUNDLED	D56	D56	AMR	0.0	0.0	0.0	0.00%	0	0	0	-
69	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	D57	TMT	0.0	0.0	0.0	0.00%	0	0	0	-
70	ONCOLOGY O/P CLINIC	D58	D58	OCL	0.0	0.0	0.0	0.00%	0	0	0	-
71	TRANSURETHAL NEEDLE ABLATION	D59	D59	TNA	0.0	0.0	0.0	0.00%	0	0	0	-
72	PSYCHIATRIC ADULT	D70	D70	PAD	0.0	0.0	0.0	0.00%	0	0	0	-
73	PSYCHIATRIC CHILD/ADOLESCENT	D71	D71	PCD	0.0	0.0	0.0	0.00%	0	0	0	-
74	PSYCHIATRIC GERIATRIC	D73	D73	PSG	0.0	0.0	0.0	0.00%	0	0	0	-
75	INDIVIDUAL THERAPIES	D74	D74	ITH	0.0	0.0	0.0	0.00%	0	0	0	-
76	GROUP THERAPIES	D75	D75	GTH	0.0	0.0	0.0	0.00%	0	0	0	-
77	FAMILY THERAPIES	D76	D76	FTH	0.0	0.0	0.0	0.00%	0	0	0	-
78	PSYCHOLOGICAL TESTING	D77	D77	PST	0.0	0.0	0.0	0.00%	0	0	0	-
79	EDUCATION	D78	D78	PSE	0.0	0.0	0.0	0.00%	0	0	0	-
80	OTHER THERAPIES	D79	D79	OPT	0.0	0.0	0.0	0.00%	0	0	0	-
81	ELECTROCONVULSIVE THERAPY	D80	D80	ETH	0.0	0.0	0.0	0.00%	0	0	0	-
82	ACTIVITY THERAPIES	D81	D81	ATH	0.0	0.0	0.0	0.00%	0	0	0	-
83	PEDIATRIC STEP-DOWN	D82	D82	PSD	0.0	0.0	0.0	0.00%	0	0	0	-
84	340B CLINIC SERVICES	D83	D83	CL-340	0.0	0.0	0.0	0.00%	0	0	0	-
85	340B RADIOLOGY - THERAPEUTIC	D84	D84	RAT-340	0.0	0.0	0.0	0.00%	0	0	0	-
86	340B OR CLINIC SERVICES	D85	D85	ORC-340	0.0	0.0	0.0	0.00%	0	0	0	-
87	340B LABORATORY SERVICES	D86	D86	LAB-340	0.0	0.0	0.0	0.00%	0	0	0	-
88	340B DRUGS	D87	D87	CDS-340	0.0	0.0	0.0	0.00%	0	0	0	-
89	AMBULANCE SERVICES	E01	E01	AMB	0.0	0.0						-
90	PARKING	E02	E02	PAR								-
91	DOCTOR'S PRIVATE OFFICE RENT	E03	E03	DPO	1.6	0.0						-
92	OFFICE & OTHER RENTAL	E04	E04	OOR	0.0	0.0						-
93	RETAIL OPERATIONS	E05	E05	REO	0.5	0.0						-
94	PATIENTS TELEPHONES	E06	E06	PTE	2.5	0.0						-
95	RESEARCH	F01	F01	REG	17.5	0.0						-
96	NURSING EDUCATION	F02	F02	RNS	0.0	0.0						-
97	OTHER HEALTH PROFESSION EDUCATION	F03	F03	OHE	0.0	0.0						-
98	COMMUNITY HEALTH EDUCATION	F04	F04	CHE	15.2	0.0						-
99	MED/SURG ACUTE	D01	P2A	MSG	0.0	0.0						-
100	PEDIATRIC ACUTE	D02	P2A	PED	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital

INSTITUTION NUMBER: 210022

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COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
101	PSYCHIATRIC ACUTE	D03	P2A	PSY	0.0	0.0						-
102	OBSTETRICS ACUTE	D04	P2A	OBS	0.0	0.0						-
103	DEFINITIVE OBSERVATION	D05	P2A	DEF	0.0	0.0						-
104	MED/SURG INTENSIVE CARE	D06	P2A	MIS	0.0	0.0						-
105	CORONARY CARE	D07	P2A	CCU	0.0	0.0						-
106	PEDIATRIC INTENSIVE CARE	D08	P2A	PIC	0.0	0.0						-
107	NEONATAL INTENSIVE CARE	D09	P2A	NEO	0.0	0.0						-
108	BURN CARE	D10	P2A	BUR	0.0	0.0						-
109	PSYCHIATRIC INTENSIVE CARE	D11	P2A	PSI	0.0	0.0						-
110	SHOCK TRAUMA	D12	P2A	TRM	0.0	0.0						-
111	ONCOLOGY	D13	P2A	ONC	0.0	0.0						-
112	NEWBORN NURSERY	D14	P2A	NUR	0.0	0.0						-
113	PREMATURE NURSERY	D15	P2B	PRE	0.0	0.0						-
114	CHRONIC CARE	D17	P2B	CRH	0.0	0.0						-
115	EMERGENCY SERVICES	D18	P2B	EMG	0.0	0.0						-
116	CLINICAL SERVICES	D19	P2B	CL	0.0	0.0						-
117	PSYCH. DAY & NIGHT CARE	D20	P2B	PDC	0.0	0.0						-
118	AMBULATORY SURGERY (PBP)	D21	P2B	AMS	0.0	0.0						-
119	SAME DAY SURGERY	D22	P2B	SDS	0.0	0.0						-
120	LABOR & DELIVERY SERVICES	D23	P2B	DEL	0.0	0.0						-
121	OPERATING ROOM	D24	P2B	OR	0.0	0.0						-
122	OPERATING ROOM CLINIC	D24a	P2B	ORC	0.0	0.0						-
123	ANESTHESIOLOGY	D25	P2B	ANS	0.0	0.0						-
124	LABORATORY SERVICES	D28	P2B	LAB	0.0	0.0						-
125	ELECTROCARDIOGRAPHY	D30	P2B	EKG	0.0	0.0						-
126	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P2B	IRC	0.0	0.0						-
127	RADIOLOGY-DIAGNOSTIC	D32	P2C	RAD	0.0	0.0						-
128	CT SCANNER	D33	P2C	CAT	0.0	0.0						-
129	RADIOLOGY-THERAPEUTIC	D34	P2C	RAT	0.0	0.0						-
130	NUCLEAR MEDICINE	D35	P2C	NUC	0.0	0.0						-
131	RESPIRATORY THERAPY	D36	P2C	RES	0.0	0.0						-

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COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
132	PULMONARY FUNCTION TESTING	D37	P2C	PUL	0.0	0.0						-
133	ELECTROENCEPHALOGRAPHY	D38	P2C	EEG	0.0	0.0						-
134	PHYSICAL THERAPY	D39	P2C	PTH	0.0	0.0						-
135	OCCUPATIONAL THERAPY	D40	P2C	OTH	0.0	0.0						-
136	SPEECH LANGUAGE PATHOLOGY	D41	P2C	STH	0.0	0.0						-
137	RECREATIONAL THERAPY	D42	P2C	REC	0.0	0.0						-
138	AUDIOLOGY	D43	P2C	AUD	0.0	0.0						-
139	OTHER PHYSICAL MEDICINE	D44	P2C	OPM	0.0	0.0						-
140	RENAL DIALYSIS	D45	P2C	RDL	0.0	0.0						-
141	ORGAN ACQUISITION	D46	P2D	OA	0.0	0.0						-
142	AMBULATORY SURGERY	D47	P2D	AOR	0.0	0.0						-
143	LEUKOPHERESIS	D48	P2D	LEU	0.0	0.0						-
144	HYPERBARIC CHAMBER	D49	P2D	HYP	0.0	0.0						-
145	FREE STANDING EMERGENCY	D50	P2D	FSE	0.0	0.0						-
146	MAGNETIC RESONANCE IMAGING	D51	P2D	MRI	0.0	0.0						-
147	ADOLESCENT DUAL DIAGNOSED	D52	P2D	ADD	0.0	0.0						-
148	LITHOTRIPSY	D53	P2D	LIT	0.0	0.0						-
149	REHABILITATION	D54	P2D	RHB	0.0	0.0						-
150	OBSERVATION	D55	P2D	OBV	0.0	0.0						-
151	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P2D	TMT	0.0	0.0						-
152	ONCOLOGY O/P CLINIC	D58	P2D	OCL	0.0	0.0						-
153	TRANSURETHAL NEEDLE ABLATION	D59	P2D	TNA	0.0	0.0						-
154	PSYCHIATRIC ADULT	D70	P2D	PAD	0.0	0.0						-
155	PSYCHIATRIC CHILD/ADOLESCENT	D71	P2E	PCD	0.0	0.0						-
156	PSYCHIATRIC GERIATRIC	D73	P2E	PSG	0.0	0.0						-
157	INDIVIDUAL THERAPIES	D74	P2E	ITH	0.0	0.0						-
158	GROUP THERAPIES	D75	P2E	GTH	0.0	0.0						-
159	FAMILY THERAPIES	D76	P2E	FTH	0.0	0.0						-
160	PSYCHOLOGICAL TESTING	D77	P2E	PST	0.0	0.0						-
161	EDUCATION	D78	P2E	PSE	0.0	0.0						-
162	OTHER THERAPIES	D79	P2E	OPT	0.0	0.0						-
163	ELECTROCONVULSIVE THERAPY	D80	P2E	ETH	0.0	0.0						-
164	ACTIVITY THERAPIES	D81	P2E	ATH	0.0	0.0						-
165	PEDIATRIC STEP-DOWN	D82	P2E	PSD	0.0	0.0						-
166	340B CLINIC SERVICES	D83	P2E	CL-340	0.0	0.0						-
167	340B RADIOLOGY - THERAPEUTIC	D84	P2E	RAT-340	0.0	0.0						-
168	340B OR CLINIC SERVICES	D85	P2E	ORC-340	0.0	0.0						-
169	340B LABORATORY SERVICES	D86	P2F	LAB-340	0.0	0.0						-
170	340B DRUGS	D87	P2F	CDS-340	0.0	0.0						-
171	MED/SURG ACUTE	D01	P3	MSG	0.0	0.0						-
172	PEDIATRIC ACUTE	D02	P3	PED	0.0	0.0						-
173	PSYCHIATRIC ACUTE	D03	P3	PSY	0.0	0.0						-
174	OBSTETRICS ACUTE	D04	P3	OBS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						-
176	MED/SURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						-
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						-
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						-
179	NEONATAL INTENSIVE CARE	D09	P3	NEO	0.0	0.0						-
180	BURN CARE	D10	P3	BUR	0.0	0.0						-
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						-
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						-
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						-
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						-
185	PREMATURE NURSERY	D15	P3	PRE	0.0	0.0						-
186	CHRONIC CARE	D17	P3	CRH	0.0	0.0						-
187	EMERGENCY SERVICES	D18	P3	EMG	0.3	0.0						-
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						-
189	PSYCH. DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						-
190	AMBULATORY SURGERY (PBP)	D21	P3	AMS	0.0	0.0						-
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						-
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						-
193	OPERATING ROOM	D24	P3	OR	2.7	0.0						-
194	OPERATING ROOM CLINIC	D24a	P3	ORC	0.0	0.0						-
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						-
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						-
197	ELECTROCARDIOGRAPHY	D30	P3	EKG	0.0	0.0						-
198	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P3	IRC	0.0	0.0						-
199	RADIOLOGY-DIAGNOSTIC	D32	P3	RAD	0.0	0.0						-
200	CT SCANNER	D33	P3	CAT	0.0	0.0						-
201	RADIOLOGY-THERAPEUTIC	D34	P3	RAT	0.0	0.0						-
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						-
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						-
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						-
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						-
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
207	OCCUPATIONAL THERAPY	D40	P3	OTH	0.0	0.0						-
208	SPEECH LANGUAGE PATHOLOGY	D41	P3	STH	0.0	0.0						-
209	RECREATIONAL THERAPY	D42	P3	REC	0.0	0.0						-
210	AUDIOLOGY	D43	P3	AUD	0.0	0.0						-
211	OTHER PHYSICAL MEDICINE	D44	P3	OPM	0.0	0.0						-
212	RENAL DIALYSIS	D45	P3	RDL	0.0	0.0						-
213	ORGAN ACQUISITION	D46	P3	OA	0.0	0.0						-
214	AMBULATORY SURGERY	D47	P3	AOR	0.0	0.0						-
215	LEUKOPHERESIS	D48	P3	LEU	0.0	0.0						-
216	HYPERBARIC CHAMBER	D49	P3	HYP	0.0	0.0						-
217	FREE STANDING EMERGENCY	D50	P3	FSE	0.0	0.0						-
218	MAGNETIC RESONANCE IMAGING	D51	P3	MRI	0.0	0.0						-
219	ADOLESCENT DUAL DIAGNOSED	D52	P3	ADD	0.0	0.0						-
220	LITHOTRIPSY	D53	P3	LIT	0.0	0.0						-
221	REHABILITATION	D54	P3	RHB	0.0	0.0						-
222	OBSERVATION	D55	P3	OBV	0.0	0.0						-
223	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P3	TMT	0.0	0.0						-
224	ONCOLOGY O/P CLINIC	D58	P3	OCL	0.0	0.0						-
225	TRANSURETHAL NEEDLE ABLATION	D59	P3	TNA	0.0	0.0						-
226	PSYCHIATRIC ADULT	D70	P3	PAD	0.0	0.0						-
227	PSYCHIATRIC CHILD/ADOLESCENT	D71	P3	PCD	0.0	0.0						-
228	PSYCHIATRIC GERIATRIC	D73	P3	PSG	0.0	0.0						-
229	INDIVIDUAL THERAPIES	D74	P3	ITH	0.0	0.0						-
230	GROUP THERAPIES	D75	P3	GTH	0.0	0.0						-
231	FAMILY THERAPIES	D76	P3	FTH	0.0	0.0						-
232	PSYCHOLOGICAL TESTING	D77	P3	PST	0.0	0.0						-
233	EDUCATION	D78	P3	PSE	0.0	0.0						-
234	OTHER THERAPIES	D79	P3	OPT	0.0	0.0						-
235	ELECTROCONVULSIVE THERAPY	D80	P3	ETH	0.0	0.0						-
236	ACTIVITY THERAPIES	D81	P3	ATH	0.0	0.0						-
236	PEDIATRIC STEP-DOWN	D82	P3	PSD	0.0	0.0						-
237	340B CLINIC SERVICES	D83	P3	CL-340	0.0	0.0						-
238	340B RADIOLOGY - THERAPEUTIC	D84	P3	RAT-340	0.0	0.0						-
239	340B OR CLINIC SERVICES	D85	P3	ORC-340	0.0	0.0						-
240	340B LABORATORY SERVICES	D86	P3	LAB-340	0.0	0.0						-
241	340B DRUGS	D87	P3	CDS-340	0.0	0.0						-
242	MED/SURG ACUTE	D01	P4A	MSG	0.6	0.0						-
243	PEDIATRIC ACUTE	D02	P4A	PED	0.0	0.0						-
244	PSYCHIATRIC ACUTE	D03	P4A	PSY	0.0	0.0						-
245	OBSTETRICS ACUTE	D04	P4A	OBS	0.0	0.0						-
246	DEFINITIVE OBSERVATION	D05	P4A	DEF	0.0	0.0						-
247	MED/SURG INTENSIVE CARE	D06	P4A	MIS	0.0	0.0						-
248	CORONARY CARE	D07	P4A	CCU	0.0	0.0						-
249	PEDIATRIC INTENSIVE CARE	D08	P4B	PIC	0.0	0.0						-
250	NEONATAL INTENSIVE CARE	D09	P4B	NEO	0.0	0.0						-
251	BURN CARE	D10	P4B	BUR	0.0	0.0						-
252	PSYCHIATRIC INTENSIVE CARE	D11	P4B	PSI	0.0	0.0						-
253	SHOCK TRAUMA	D12	P4B	TRM	0.0	0.0						-
254	ONCOLOGY	D13	P4B	ONC	0.0	0.0						-
255	NEWBORN NURSERY	D14	P4B	NUR	0.0	0.0						-
256	PREMATURE NURSERY	D15	P4C	PRE	0.0	0.0						-
257	CHRONIC CARE	D17	P4C	CRH	0.0	0.0						-
258	EMERGENCY SERVICES	D18	P4C	EMG	0.0	0.0						-



ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP H

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR: 6/30/2018

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P4C	CL	0.0	0.0						-
260	PSYCH. DAY & NIGHT CARE	D20	P4C	PDC	0.0	0.0						-
261	AMBULATORY SURGERY (PBP)	D21	P4C	AMS	0.0	0.0						-
262	SAME DAY SURGERY	D22	P4C	SDS	0.0	0.0						-
263	LABOR & DELIVERY SERVICES	D23	P4D	DEL	0.0	0.0						-
264	OPERATING ROOM	D24	P4D	OR	6.4	0.0						-
265	OPERATING ROOM CLINIC	D24a	P4D	ORC	0.0	0.0						-
266	ANESTHESIOLOGY	D25	P4D	ANS	0.0	0.0						-
267	LABORATORY SERVICES	D28	P4D	LAB	0.0	0.0						-
268	ELECTROCARDIOGRAPHY	D30	P4D	EKG	0.0	0.0						-
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P4D	IRC	0.0	0.0						-
270	RADIOLOGY-DIAGNOSTIC	D32	P4E	RAD	0.4	0.0						-
271	CT SCANNER	D33	P4E	CAT	0.0	0.0						-
272	RADIOLOGY-THERAPEUTIC	D34	P4E	RAT	0.0	0.0						-
273	NUCLEAR MEDICINE	D35	P4E	NUC	0.0	0.0						-
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0						-
275	PULMONARY FUNCTION TESTING	D37	P4E	PUL	0.0	0.0						-
276	ELECTROENCEPHALOGRAPHY	D38	P4E	EEG	0.0	0.0						-
277	PHYSICAL THERAPY	D39	P4F	PTH	0.0	0.0						-
278	OCCUPATIONAL THERAPY	D40	P4F	OTH	0.0	0.0						-
279	SPEECH LANGUAGE PATHOLOGY	D41	P4F	STH	0.0	0.0						-
280	RECREATIONAL THERAPY	D42	P4F	REC	0.0	0.0						-
281	AUDIOLOGY	D43	P4F	AUD	0.0	0.0						-
282	OTHER PHYSICAL MEDICINE	D44	P4F	OPM	0.0	0.0						-
283	RENAL DIALYSIS	D45	P4F	RDLD	0.0	0.0						-
284	ORGAN ACQUISITION	D46	P4G	OA	0.0	0.0						-
285	AMBULATORY SURGERY	D47	P4G	AOR	0.0	0.0						-
286	LEUKOPHERESIS	D48	P4G	LEU	0.0	0.0						-
287	HYPERBARIC CHAMBER	D49	P4G	HYP	0.0	0.0						-
288	FREE STANDING EMERGENCY	D50	P4G	FSE	0.0	0.0						-
289	MAGNETIC RESONANCE IMAGING	D51	P4G	MRI	0.0	0.0						-
290	ADOLESCENT DUAL DIAGNOSED	D52	P4G	ADD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR: 6/30/2018

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
291	LITHOTRIPSY	D53	P4H	LIT	0.0	0.0						-
292	REHABILITATION	D54	P4H	RHB	0.0	0.0						-
293	OBSERVATION	D55	P4H	OBV	0.0	0.0						-
294	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P4H	TMT	0.0	0.0						-
295	ONCOLOGY O/P CLINIC	D58	P4H	OCL	0.0	0.0						-
296	TRANSURETHAL NEEDLE ABLATION	D59	P4H	TNA		0.0						-
297	PSYCHIATRIC ADULT	D70	P4H	PAD	0.0	0.0						-
298	PSYCHIATRIC CHILD/ADOLESCENT	D71	P4I	PCD	0.0	0.0						-
299	PSYCHIATRIC GERIATRIC	D73	P4I	PSG	0.0	0.0						-
300	INDIVIDUAL THERAPIES	D74	P4I	ITH	0.0	0.0						-
301	GROUP THERAPIES	D75	P4I	GTH	0.0	0.0						-
302	FAMILY THERAPIES	D76	P4I	FTH	0.0	0.0						-
303	PSYCHOLOGICAL TESTING	D77	P4I	PST	0.0	0.0						-
304	EDUCATION	D78	P4I	PSE	0.0	0.0						-
305	OTHER THERAPIES	D79	P4J	OPT	0.0	0.0						-
306	ELECTROCONVULSIVE THERAPY	D80	P4J	ETH	0.0	0.0						-
307	ACTIVITY THERAPIES	D81	P4J	ATH	0.0	0.0						-
307	PEDIATRIC STEP-DOWN	D82	P4J	PSD	0.0	0.0						-
308	340B CLINIC SERVICES	D83	P4J	CL-340	0.0	0.0						-
309	340B RADIOLOGY - THERAPEUTIC	D84	P4J	RAT-340	0.0	0.0						-
310	340B OR CLINIC SERVICES	D85	P4J	ORC-340	0.0	0.0						-
311	340B LABORATORY SERVICES	D86	P4K	LAB-340	0.0	0.0						-
312	340B DRUGS	D87	P4K	CDS-340	0.0	0.0						-
313	MED/SURG ACUTE	D01	P5A	MSG	0.0	0.0						-
314	PEDIATRIC ACUTE	D02	P5A	PED	0.0	0.0						-
315	PSYCHIATRIC ACUTE	D03	P5A	PSY	0.0	0.0						-
316	OBSTETRICS ACUTE	D04	P5A	OBS	0.0	0.0						-
317	DEFINITIVE OBSERVATION	D05	P5A	DEF	0.0	0.0						-
318	MED/SURG INTENSIVE CARE	D06	P5A	MIS	0.0	0.0						-
319	CORONARY CARE	D07	P5A	CCU	0.0	0.0						-
320	PEDIATRIC INTENSIVE CARE	D08	P5B	PIC	0.0	0.0						-
321	NEONATAL INTENSIVE CARE	D09	P5B	NEO	0.0	0.0						-
322	BURN CARE	D10	P5B	BUR	0.0	0.0						-
323	PSYCHIATRIC INTENSIVE CARE	D11	P5B	PSI	0.0	0.0						-
324	SHOCK TRAUMA	D12	P5B	TRM	0.0	0.0						-
325	ONCOLOGY	D13	P5B	ONC	0.0	0.0						-
326	NEWBORN NURSERY	D14	P5B	NUR	0.0	0.0						-
327	PREMATURE NURSERY	D15	P5C	PRE	0.0	0.0						-
328	CHRONIC CARE	D17	P5C	CRH	0.0	0.0						-
329	EMERGENCY SERVICES	D18	P5C	EMG	0.0	0.0						-
330	CLINICAL SERVICES	D19	P5C	CL	0.0	0.0						-
331	PSYCH. DAY & NIGHT CARE	D20	P5C	PDC	0.0	0.0						-
332	AMBULATORY SURGERY (PBP)	D21	P5C	AMS	0.0	0.0						-



ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR: 6/30/2018

COL. 1      COL. 2      COL. 3      COL. 4      COL. 5      COL. 6      COL. 7      COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
333	SAME DAY SURGERY	D22	P5C	SDS	0.0	0.0						-
334	LABOR & DELIVERY SERVICES	D23	P5D	DEL	0.0	0.0						-
335	OPERATING ROOM	D24	P5D	OR	0.0	0.0						-
336	OPERATING ROOM CLINIC	D24a	P5D	ORC	0.0	0.0						-
337	ANESTHESIOLOGY	D25	P5D	ANS	0.0	0.0						-
338	LABORATORY SERVICES	D28	P5D	LAB	0.0	0.0						-
339	ELECTROCARDIOGRAPHY	D30	P5D	EKG	0.0	0.0						-
340	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P5D	IRC	0.0	0.0						-
341	RADIOLOGY-DIAGNOSTIC	D32	P5E	RAD	0.0	0.0						-
342	CT SCANNER	D33	P5E	CAT	0.0	0.0						-
343	RADIOLOGY-THERAPEUTIC	D34	P5E	RAT	0.0	0.0						-
344	NUCLEAR MEDICINE	D35	P5E	NUC	0.0	0.0						-
345	RESPIRATORY THERAPY	D36	P5E	RES	0.0	0.0						-
346	PULMONARY FUNCTION TESTING	D37	P5E	PUL	0.0	0.0						-
347	ELECTROENCEPHALOGRAPHY	D38	P5E	EEG	0.0	0.0						-
348	PHYSICAL THERAPY	D39	P5F	PTH	0.0	0.0						-
349	OCCUPATIONAL THERAPY	D40	P5F	OTH	0.0	0.0						-
350	SPEECH LANGUAGE PATHOLOGY	D41	P5F	STH	0.0	0.0						-
351	RECREATIONAL THERAPY	D42	P5F	REC	0.0	0.0						-
352	AUDIOLOGY	D43	P5F	AUD	0.0	0.0						-
353	OTHER PHYSICAL MEDICINE	D44	P5F	OPM	0.0	0.0						-
354	RENAL DIALYSIS	D45	P5F	RDL	0.0	0.0						-
355	ORGAN ACQUISITION	D46	P5G	OA	0.0	0.0						-
356	AMBULATORY SURGERY	D47	P5G	AOR	0.0	0.0						-
357	LEUKOPHERESIS	D48	P5G	LEU	0.0	0.0						-
358	HYPERBARIC CHAMBER	D49	P5G	HYP	0.0	0.0						-
359	FREE STANDING EMERGENCY	D50	P5G	FSE	0.0	0.0						-
360	MAGNETIC RESONANCE IMAGING	D51	P5G	MRI	0.0	0.0						-
361	ADOLESCENT DUAL DIAGNOSED	D52	P5G	ADD	0.0	0.0						-
362	LITHOTRIPSY	D53	P5H	LIT	0.0	0.0						-
363	REHABILITATION	D54	P5H	RHB	0.0	0.0						-
364	OBSERVATION	D55	P5H	OBV	0.0	0.0						-
365	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P5H	TMT	0.0	0.0						-
366	ONCOLOGY O/P CLINIC	D58	P5H	OCL	0.0	0.0						-
367	TRANSURETHAL NEEDLE ABLATION	D59	P5H	TNA	0.0	0.0						-
368	PSYCHIATRIC ADULT	D70	P5H	PAD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP K

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022  
 FISCAL YEAR: 6/30/2018

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	P51	PCD	0.0	0.0						-
370	PSYCHIATRIC GERIATRIC	D73	P51	PSG	0.0	0.0						-
371	INDIVIDUAL THERAPIES	D74	P51	ITH	0.0	0.0						-
372	GROUP THERAPIES	D75	P51	GTH	0.0	0.0						-
373	FAMILY THERAPIES	D76	P51	FTH	0.0	0.0						-
374	PSYCHOLOGICAL TESTING	D77	P51	PST	0.0	0.0						-
375	EDUCATION	D78	P51	PSE	0.0	0.0						-
376	OTHER THERAPIES	D79	P5J	OPT	0.0	0.0						-
377	ELECTROCONVULSIVE THERAPY	D80	P5J	ETH	0.0	0.0						-
378	ACTIVITY THERAPIES	D81	P5J	ATH	0.0	0.0						-
378	PEDIATRIC STEP-DOWN	D82	P5J	PSD	0.0	0.0						-
379	340B CLINIC SERVICES	D83	P5J	CL-340	0.0	0.0						-
380	340B RADIOLOGY - THERAPEUTIC	D84	P5J	RAT-340	0.0	0.0						-
381	340B OR CLINIC SERVICES	D85	P5J	ORC-340	0.0	0.0						-
382	340B LABORATORY SERVICES	D86	P5J	LAB-340	0.0	0.0						-
383	340B DRUGS	D87	P5J	CDS-340	0.0	0.0						-
384	FREESTANDING CLINIC SERVICES	UR01	UR01	FSC1	0.0	0.0						-
385	HOME HEALTH SERVICES	UR02	UR02	HHC	0.0	0.0						-
386	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						-
387	SKILLED NURSING CARE	UR04	UR04	ECF1	0.0	0.0						-
388	LABORATORY NON-PATIENT	UR05	UR05	ULB	20.7	0.0						-
389	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	43.5	0.0						-
390	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						-
391	PHYSICIAN SUPPORT SERVICES	UR08	UR08	PSS	0.0	0.0						-
392	ADDICTION TREATMENT	UR09	UR09	ATC	14.7	0.0						-
393	SUBURBAN OUTPATIENT MEDICAL CENTER	UR10	UR10	SOMC	40.7	0.0						-
394	SUBURBAN HOSPITAL FOUNDATION INC	UR11	UR11	FOUNDAT	8.0	0.0						-
395	SUBURBAN PHYSICIANS ASSISTANT ASSOCIATES, LLC	UR12	UR12	SPAA	21.0	0.0						-
396	RADIATION ONCOLOGY	UR13	UR13	RAD ONC	0.0	0.0						-
397	TBD	UR14	UR14	TBA7	0.0	0.0						-
398	TBD	UR15	UR15	TBA8	0.0	0.0						-
E	TOTALS				1,485.1	0.0	26.0	100.00%	3,024.8	10,377.9	13,402.7	13,402.7

**RECONCILIATION OF BASE YEAR EXPENSES  
AND BUDGET YEAR EXPENSES  
TO SCHEDULE RE**

**RC**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

Expenses		Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	26,567.1	2,469.4	29,036.5	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	9,660.6	9,660.6	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	337.5		337.5	C
D	Resident, Intern Services	Sch. P4 & P5 , Line A, Col. 7	498.3	0.0	498.3	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	76,373.9	3,196.4	79,570.3	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	158,699.4	//////////	158,699.4	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	0.0	622.7	622.7	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	3,658.9	3,658.9	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	13,226.8	13,226.8	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	262,476.3	32,834.8	295,311.1	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J + K	262,476.3	32,834.8	295,311.1	L
M	Total Operating Expenses - RE	Sche RE, Line S	261,990.9	33,319.9	295,310.8	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M + N	261,990.9	33,319.9	295,310.8	O
P	Reconciliation Amount	O - L	(485.5)	485.1	(0.4)	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		0.4	0.0	0.4	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	485.1	(485.1)	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	0.0	0.0	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

## STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: Suburban Hospital

FISCAL

6/30/2018INSTITUTION NUMBER: 210022

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
<b>Operating Revenues:</b>		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	72,054.2	0.0	72,054.2	A
B	Gross Revenues from Ambulatory Services	30,139.4	0.0	30,139.4	B
C	Gross Revenues from Inpatient Ancillary Services	140,548.7	0.0	140,548.7	C
D	Gross Revenues from Outpatient Ancillary Services	86,625.8	1,778.6	88,404.4	D
E	Gross Patient Revenues	329,368.1	1,778.6	331,146.8	E
<b>Deductions from Revenues:</b>		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	6,836.1	35.9	6,872.0	F
G	Charity/Uncompensated Care	4,363.1	22.9	4,386.0	G
H	Contractual Adjustments	22,573.5	0.0	22,573.5	H
H1	Uncompensated Care Fund Payments	4,693.4	0.0	4,693.4	H1
H2	Denials	4,368.9	0.0	4,368.9	H2
I	Other Deductions from Revenues	6,692.1	0.0	6,692.1	I
J	Total Deductions from Revenues	49,527.2	58.7	49,586.0	J
J1	Uncompensated Care Fund Receipts	0.0	0.0	0.0	J1
K	Net Patient Revenues	279,840.9	1,719.9	281,560.8	K
L	Other Operating Revenues	2,751.2	19,400.8	22,152.0	L
M	Net Operating Revenues	282,592.1	21,120.7	303,712.8	M
<b>Operating Expenses:</b>		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	118,321.0	13,424.8	131,745.8	N
O	Professional Fees	0.0	0.0	0.0	O
P	Supplies	73,088.6	0.0	73,088.6	P
Q	Depreciation/Amortization, Leases/Rentals	16,496.8	2,397.3	18,894.0	Q
R	Other Expenses	54,084.5	17,497.8	71,582.3	R
S	Total Operating Expenses	261,990.9	33,319.9	295,310.8	S
T	<b>Excess (Deficit) Operating Revenues Over Operating Expenses</b>	20,601.2	(12,199.2)	8,402.0	T
U	Non-Operating Revenues	xxxx	20,828.0	20,828.0	U
V	Non-Operating Expenses	xxxx	0.0	0.0	V
W	<b>Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated</b>	20,601.2	8,628.8	29,230.0	W
X	Operating Expenses per EIPD	2.76652	xxxx	xxxx	X
Y	Operating Expenses per EIPA	11.96319	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	1.2	xxxx	xxxx	Z
AA	Admissions	14,136	0	14,136	AA
BB	EIPA's	21,900		22,018	BB

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Suburban Hospital

RE - R 1

INSTITUTION NO.: 210022

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9
	Audited Financial Statements	Miscellaneous Adjustments	AUXILIARY ENTERPRISES						
			E01 Ambulance	E02 Parking	E03 Dr. Office	E04 Other Office	E05 Retail Ops.	E06 Pt. Phones	E07 Cafeteria
Gross Patient Revenue	331,316.7	-	-	-	-	-	-	-	-
Provision for Bad Debt	6,872.0	-	-	-	-	-	-	-	-
Charity Care	4,386.0	-	-	-	-	-	-	-	-
Contractual Allowances	38,328.0	-	-	-	-	-	-	-	-
Total Deductions	49,586.0	-	-	-	-	-	-	-	-
Net Patient Revenue	281,730.8	-	-	-	-	-	-	-	-
Other Operating Revenue	26,940.0	(4,788.0)	-	855.7	-	-	19.3	415.6	731.4
Total Operating Revenue	308,670.8	(4,788.0)	-	855.7	-	-	19.3	415.6	731.4
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	132,073.8	(328.0)	-	-	91.6	-	27.9	141.3	159.8
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	75,207.0	(2,118.4)	-	-	-	-	-	-	-
Depreciation / Amortization	16,184.0	-	-	-	-	-	58.4	-	7.6
Leases / Rentals	-	2,710.0	-	51.6	-	-	-	-	-
Interest	3,111.0	447.0	-	-	-	-	-	-	-
Other Expenses	68,616.0	(591.7)	-	237.1	186.4	-	104.9	196.2	325.3
Total Operating Expense	295,191.8	119.0	-	288.7	278.0	-	191.2	337.5	492.7
Income from Operations	13,479.0	(4,907.0)	-	567.0	(278.0)	-	(171.9)	78.1	238.7
Non-Operating Revenues	16,368.0	4,460.0	-	-	-	-	-	-	-
Non-Operating Expenses	447.0	(447.0)	-	-	-	-	-	-	-
Excess Revenue Over Expenses	29,400.0	-	-	567.0	(278.0)	-	(171.9)	78.1	238.7

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Suburban Hospit

RE - R 2

INSTITUTION NO.: 210022

	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17	Col. 18
	AUXILIARY ENTERPRISES		OTHER INSTITUTIONAL PROGRAMS				UNREGULATED		
	E08	E09	F01	F02	F03	F04	UR01	UR02	UR03
	Day Care	Housing	Research	Nursing Ed.	Other Hlth. Ed.	Comm. Hlth. Ed.	FSC	Home Health	O/P Renal
Gross Patient Revenue	-	-	-	-	-	-	-	-	-
Provision for Bad Debt	-	-	-	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-	-	-	-
Contractual Allowances	-	-	-	-	-	-	-	-	-
Total Deductions	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	-	-	-	-
Other Operating Revenue	-	-	3,918.6	-	-	843.0	-	-	-
Total Operating Revenue	-	-	3,918.6	-	-	843.0	-	-	-
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	-	-	1,776.8	-	-	1,090.9	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-	-	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	797.3	-	-	649.9	-	-	-
Total Operating Expense	-	-	2,574.1	-	-	1,740.8	-	-	-
Income from Operations	-	-	1,344.5	-	-	(897.8)	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	-	1,344.5	-	-	(897.8)	-	-	-

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Suburban Hospit

INSTITUTION NO.: 210022

	Col. 19	Col. 20	Col. 21	Col. 22	Col. 23	Col. 23a	Col. 23b	Col. 23c	Col. 23d
	UNREGULATED								
	UR04	UR05	UR06	UR07	UR08	UR09	UR10	UR11	UR12
	SNF	Non-Pt. Lab	Phys. Pt. B	CNA	PSS	DICTION TREATM	OUTPATIENT MED	HOSPITAL FOUN	CIANS ASSISTANT
Gross Patient Revenue	-	594.7	-	-	-	781.8	402.1	-	-
Provision for Bad Debt	-	18.0	-	-	-	17.9	-	-	-
Charity Care	-	11.5	-	-	-	11.4	-	-	-
Contractual Allowances	-	-	-	-	-	-	-	-	-
Total Deductions	-	29.5	-	-	-	29.3	-	-	-
Net Patient Revenue	-	565.2	-	-	-	752.6	402.1	-	-
Other Operating Revenue	-	-	808.5	-	-	165.5	8,373.2	2,585.5	684.6
Total Operating Revenue	-	565.2	808.5	-	-	918.1	8,775.2	2,585.5	684.6
<b>Operating Expenses:</b>									
Salaries, Wages and Benefits	-	1,481.2	399.8	-	-	1,181.0	2,501.0	866.7	3,706.8
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	8.1	-	-	-	3.2	1,181.2	-	-
Leases / Rentals	-	115.4	-	-	-	135.7	737.9	98.2	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	656.6	9,260.8	-	-	393.2	1,188.3	2,773.7	728.1
Total Operating Expense	-	2,261.3	9,660.6	-	-	1,713.1	5,608.4	3,738.6	4,434.9
Income from Operations	-	(1,696.1)	(8,852.1)	-	-	(795.0)	3,166.9	(1,153.0)	(3,750.3)
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	(1,696.1)	(8,852.1)	-	-	(795.0)	3,166.9	(1,153.0)	(3,750.3)

**Schedule RE-R:  
Reconciliation of the Audited  
Financials to Schedule RE**

INSTITUTION NAME: Suburban Hospit:

RE - R 3

INSTITUTION NO.: 210022

	Col. 23e	Col. 23f	Col. 23g	Col. 24	Col. 25	Col. 26	Col. 27
	UR13	UR14	UR15	TOTAL	TOTAL	SCHEDULE	RE
	DIATION ONCOLC	TBD	TBD	UNREGULATED	REGULATED	RE	LINE
Gross Patient Revenue	-	-	-	1,778.6	329,538.1	331,316.7	E
Provision for Bad Debt	-	-	-	35.9	6,836.1	6,872.0	F
Charity Care	-	-	-	22.9	4,363.1	4,386.0	G
Contractual Allowances	-	-	-	-	38,328.0	38,328.0	H
Total Deductions	-	-	-	58.7	49,527.2	49,586.0	J
Net Patient Revenue	-	-	-	1,719.9	280,010.9	281,730.8	K
Other Operating Revenue	-	-	-	19,400.8	2,751.2	22,152.0	L
Total Operating Revenue	-	-	-	21,120.7	282,762.1	303,882.8	M
<b>Operating Expenses:</b>							
Salaries, Wages and Benefits	-	-	-	13,424.8	118,321.0	131,745.8	N
Professional Fees	-	-	-	-	-	-	O
Supplies	-	-	-	-	73,088.6	73,088.6	P
Depreciation / Amortization	-	-	-	1,258.6	14,925.4	16,184.0	Q
Leases / Rentals	-	-	-	1,138.7	1,571.4	2,710.0	Q
Interest	-	-	-	-	3,558.0	3,558.0	R
Other Expenses	-	-	-	17,497.8	50,526.5	68,024.3	R
Total Operating Expense	-	-	-	33,319.9	261,990.9	295,310.8	S
Income from Operations	-	-	-	(12,199.2)	20,771.2	8,572.0	T
Non-Operating Revenues	-	-	-	20,828.0	XXXXX	20,828.0	U
Non-Operating Expenses	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	-	-	-	8,628.8	20,771.2	29,400.0	W



OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

UNIT COST CALCULATIONS	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 7 A	COL 8	COL 9	COL 10	
	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	INPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	
A Overhead Expenses	5,328.1	1,009.0	1,388.3	5,390.3	10,558.8	13,190.5	18,182.2	3,078.3	7,268.0	1,406.1	6,401.7	
B Units	175,059	1,271,446	21,975	95,285	10,559	195,671	77,017.4	13,039.1	23,929.8	21,900	169,319.4	
C Cost per unit	0.030436	0.000794	0.063176	0.056570	1.000000	0.067412	0.236079	0.236079	0.303720	0.064208	0.037808	
<b>STATISTICAL APPORTIONMENT</b>												
1 Med/Surg Acute	MSG	105,045	465,932	2,385.8	20,823	42,760	19,965.1				32,456.6	
2 Pediatric Acute	PED	315	811	12.3	240	492	81.7				158.8	
3 Psychiatric Acute	PSY	4,794	25,801	1,343.1	4,831	9,920	5,241.1				7,671.7	
4 Obstetrics Acute	OBS	0	0	0.0	0	0					0.0	
5 Definitive Observation	DEF	0	0	0.0	0	0					0.0	
6 Med/Surg Intensive Care	MIS	8,268	226,556	1,259.9	7,317	15,027	9,674.5				13,896.4	
7 Coronary Care	CCU	17,262	65,744	461.8	3,955	8,121	3,483.1				5,683.3	
8 Pediatric Intensive Care	PIC	0	0	0.0	0	0					0.0	
9 Neonatal Intensive Care	NEO	0	0	0.0	0	0					0.0	
10 Burn Care	BUR	0	0	0.0	0	0					0.0	
11 Psychiatric Intensive Care	PSI	0	0	0.0	0	0					0.0	
12 Shock Trauma	TRM	0	0	0.0	0	0					0.0	
13 Oncology	ONC	0	0	0.0	0	0					0.0	
14 Newborn Nursery	NUR		0	0.0	0	0					0.0	
15 Premature Nursery	PRE		0	0.0	0	0					0.0	
16 Chronic Care	CRH	0	0	0.0	0	0					0.0	
17 Emergency Services	EMG	15,315	99,151	3,732.8	10,592	21,751	3,800.0	9,242.0		1,107	19,038.2	
18 Clinical Services	CL		1,514	382.3	1,929	3,960		1,958.2		415	2,848.6	
19 Psych. Day & Night Care	PDC	0	0	0.0	0	0				0	0.0	
21 Ambulatory Surgery (PBP)	AMS	0	0	0.0	0	0				0	0.0	
20 Same Day Surgery	SDS	2,064	0	206.7	291	598		1,838.8		2,406	2,560.1	
22 Labor & Delivery Services	DEL		0	0.0	0	0					0.0	
23 Operating Room	OR		123,136	2,189.9	19,522	40,088	10,663.9		5,820.7		24,812.8	
24 Operating Room Clinic	ORC		0	0.2	0	0			2.5		3.3	
25 Anesthesiology	ANS		0	1,170.9	0	0	854.1		522.8		1,811.3	
26 Laboratory Services	LAB		146,914	5,431.1	5,229	10,738	7,003.9		3,881.5		15,197.0	
27 Electrocardiography	EKG		409	45.0	441	906	321.8		236.3		795.1	
28 Interventional Radiology / Cardiovascular	IRC		40,489	505.2	5,883	12,080	1,583.4		3,212.9		7,357.1	
29 Radiology-Diagnostic	RAD		7,549	308.0	3,419	7,022	1,249.6		1,424.8		4,094.4	
30 CT Scanner	CAT		682	470.4	641	1,316	788.2		1,157.6		2,638.7	
31 Radiology-Therapeutic	RAT		0	173.7	0	0	143.5		30.2		227.7	
32 Nuclear Medicine	NUC		0	(117.5)	718	1,475	88.0		132.1		413.6	
33 Respiratory Therapy	RES		0	716.8	476	977	3,129.9		61.2		4,086.7	
34 Pulmonary Function Testing	PUL		0	0.0	0	0					0.0	
35 Electroencephalography	EEG		0	13.1	80	165	114.5		31.3		198.9	
36 Physical Therapy	PTH		0	115.4	272	559	1,230.7		143.2		1,768.3	
37 Occupational Therapy	OTH		0	38.1	91	186	530.7		44.8		734.5	
38 Speech Language Pathology	STH		0	21.3	50	102	244.8		53.6		383.4	
39 Recreational Therapy	REC	0	0	0.0	0	0					0.0	
40 Audiology	AUD		0	0.0	0	0					0.0	
41 Other Physical Medicine	OPM		0	0.0	0	0					0.0	
42 Renal Dialysis	RDL	0	0	377.2	243	499	377.2				537.4	
43 Organ Acquisition	OA		0	0.0	0	0.0					0.0	
44 Ambulatory Surgery	AOR		0	0.0	0	0					0.0	
45 Leukopheresis	LEU		0	0.0	0	0					0.0	
46 Hyperbaric Chamber	HYP		0	0.0	0	0					0.0	
47 Free Standing Emergency	FSE	0	0	0.0	0	0					0.0	
48 Magnetic Resonance Imaging	MRI		0	175.3	918	1,885	241.9		246.5		810.5	
49 Adolescent Dual Diagnosed	ADD	0	0	0.0	0	0					0.0	
50 Lithotripsy	LIT		0	4.5	0	0			4.5		6.2	
51 Rehabilitation	RHB	0	0	0.0	0	0					0.0	
52 Observation	OBV	21,996	66,758	510.1	7,324	15,041	712.7		3,778.8	3,836	8,236.7	
53 Ambulance Services-Rebundled	AMR	0	0	41.1	0	0	40.7		0.4		53.4	
54 Transurethral Microwave Thermotherapy	TMT	0	0	0.0	0	0					0.0	
55 Oncology O/P Clinic	OCL		0	0.0	0	0					0.0	
56 Transurethral Needle Ablation	TNA		0	0.0	0	0					0.0	
57 Pediatric Step-Down	PSD	0	0	0.0	0	0					0.0	
58 340B Clinic Services	CL-340		0	0.0	0	0					0.0	
59 340B Radiology - Therapeutic	RAT-340		0	0.0	0	0					0.0	
60 340B OR Clinic Services	ORC-340		0	0.0	0	0					0.0	
61 340B Laboratory Services	LAB-340		0	0.0	0	0					0.0	
62 340B Drugs	CDS-340		0	0.0	0	0					0.0	
63 Admission Services	ADM					1,962.2				14,136		
64 Med/Surg Supplies	MSS					3,361.0	2,215.1		1,145.9		4,231.9	
65 Drugs Sold	CDS					5,235.7	3,237.3		1,998.3		6,606.9	
E TOTAL		175,059	1,271,446	21,974.6	95,285	10,558.8	195,671	77,017.4	13,039.1	23,929.8	21,900	169,319.4

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 8 A	COL 9	COL 10	COL 11	COL 12	COL 13
ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	5,328.1	1,009.0	1,388.3	5,390.3	10,558.8	13,190.5	36,864.9	18,182.2	3,078.3	7,268.0	1,406.1	6,401.7	36,336.3	73,201.2
<b>REVENUE CENTERS</b>														
1 Med/Surg Acute	MSG 3,197.1	369.8	150.7	1,177.9	2,882.5	7,778.1	4,713.4	1,227.1	5,940.5	13,718.6				
2 Pediatric Acute	PEID 9.6	0.6	0.8	13.6	33.2	57.8	19.3	6.0	25.3	83.1				
3 Psychiatric Acute	PSY 145.9	20.5	84.8	273.3	668.7	1,193.3	1,237.3	290.1	1,527.4	2,720.6				
4 Obstetrics Acute	OBS				0.0				0.0	0.0				
5 Definitive Observation	DEF				0.0				0.0	0.0				
6 Med/Surg Intensive Care	MIS 251.6	179.8	79.6	414.0	1,013.0	1,938.0	2,283.9	525.4	2,809.4	4,747.3				
7 Coronary Care	CCU 525.4	52.2	29.2	223.7	547.5	1,377.9	822.3	214.9	1,037.2	2,415.1				
8 Pediatric Intensive Care	PIC				0.0				0.0	0.0				
9 Neonatal Intensive Care	NEO				0.0				0.0	0.0				
10 Burn Care	BUR				0.0				0.0	0.0				
11 Psychiatric Intensive Care	PSI				0.0				0.0	0.0				
12 Shock Trauma	TRM				0.0				0.0	0.0				
13 Oncology	ONC				0.0				0.0	0.0				
14 Newborn Nursery	NUR				0.0				0.0	0.0				
15 Premature Nursery	PRE				0.0				0.0	0.0				
16 Chronic Care	CRH				0.0				0.0	0.0				
17 Emergency Services	EMG 466.1	78.7	235.8	599.2	1,466.3	2,846.1	897.1	71.1	3,869.9	6,716.0				
18 Clinical Services	CL 1.2	24.2	109.1	267.0	401.4	462.3	26.6	107.7	596.6	998.0				
19 Psych. Day & Night Care	PDC				0.0				0.0	0.0				
20 Ambulatory Surgery (PBP)	AMS				0.0				0.0	0.0				
21 Same Day Surgery	SDS 62.8		13.1	16.5	40.3	132.7	434.1	96.8	685.4	818.1				
22 Labor & Delivery Services	DEL				0.0				0.0	0.0				
23 Operating Room	OR 97.7	138.3	1,104.3	2,702.4	4,042.8	2,517.5	1,767.9	938.1	5,223.5	9,266.4				
24 Operating Room Clinic	ORC		0.0		0.0		0.8	0.1	0.9	0.9				
25 Anesthesiology	ANS 74.0				74.0		158.8	68.5	428.9	502.9				
26 Laboratory Services	LAB 116.6	343.1	295.8	723.8	1,479.3	1,653.5	1,178.9	574.6	3,406.9	4,886.3				
27 Electrocardiography	EKG 0.3	2.8	25.0	61.1	89.2	76.0	71.8	30.1	177.8	267.0				
28 Interventional Radiology / Cardiovascular	IRC 32.1	31.9	332.8	814.4	1,211.2	373.8	975.8	278.2	1,627.8	2,839.0				
29 Radiology-Diagnostic	RAD 6.0	19.5	193.4	473.4	692.2	295.0	432.7	154.8	882.6	1,574.8				
30 CT Scanner	CAT 0.5	29.7	36.3	88.7	155.2	186.1	351.6	99.8	637.4	792.7				
31 Radiology-Therapeutic	RAT 11.0				11.0	33.9	9.2	8.6	51.7	62.6				
32 Nuclear Medicine	NUC (7.4)		40.6	99.4	132.6	20.8	40.1	15.6	76.5	209.2				
33 Respiratory Therapy	RES 45.3	26.9		65.9	138.1	738.9	18.6	154.5	912.0	1,050.1				
34 Pulmonary Function Testing	PUL				0.0				0.0	0.0				
35 Electroencephalography	EEG 0.8	4.5		11.1	16.5	27.0	9.5	7.5	44.1	60.6				
36 Physical Therapy	PTH 7.3	15.4		37.7	60.4	290.5	43.5	66.9	400.9	461.3				
37 Occupational Therapy	OTH 2.4	5.1		12.5	20.1	13.6		27.8	166.7	186.7				
38 Speech Language Pathology	STH 1.3	2.8		6.9	11.0	57.8	16.3	14.5	88.6	99.6				
39 Recreational Therapy	REC				0.0				0.0	0.0				
40 Audiology	AUD				0.0				0.0	0.0				
41 Other Physical Medicine	OPM				0.0				0.0	0.0				
42 Renal Dialysis	RDL 23.8	13.7		33.6	71.2	89.0		20.3	109.4	180.5				
43 Organ Acquisition	OA			0.0					0.0	0.0				
44 Ambulatory Surgery	AOR				0.0				0.0	0.0				
45 Leukopheresis	LEU				0.0				0.0	0.0				
46 Hyperbaric Chamber	HYP				0.0				0.0	0.0				
47 Free Standing Emergency	FSE				0.0				0.0	0.0				
48 Magnetic Resonance Imaging	MRI 11.1	51.9		127.1	190.1	57.1	74.9	30.6	162.6	352.7				
49 Adolescent Dual Diagnosed	ADD				0.0				0.0	0.0				
50 Lithotripsy	LIT 0.3				0.3		1.4	0.2	1.6	1.9				
51 Rehabilitation	RHB				0.0				0.0	0.0				
52 Observation	OBV 669.5	53.0	32.2	414.3	1,013.9	2,183.0	168.3	246.3	311.4	1,873.6				
53 Ambulance Services-Rebundled	AMR 2.6				2.6	9.6	0.1	2.0	11.8	14.3				
54 Transurethral Microwave Thermotherapy	TMT				0.0				0.0	0.0				
55 Oncology O/P Clinic	OCL				0.0				0.0	0.0				
56 Transurethral Needle Ablation	TNA				0.0				0.0	0.0				
57 Pediatric Step-Down	PSD				0.0				0.0	0.0				
58 340B Clinic Services	CL-340				0.0				0.0	0.0				
59 340B Radiology - Therapeutic	RAT-340				0.0				0.0	0.0				
60 340B OR Clinic Services	ORC-340				0.0				0.0	0.0				
61 340B Laboratory Services	LAB-340				0.0				0.0	0.0				
62 340B Drugs	CDS-340				0.0				0.0	0.0				
63 Admission Services	ADM				1,962.2	1,962.2		907.6	907.6	2,869.8				
64 Med/Surg Supplies	MSS				3,361.0	3,361.0	522.9	348.0	1,031.0	4,391.9				
65 Drugs Sold	CDS				5,235.7	5,235.7	764.3	606.9	1,621.0	6,856.7				
E TOTAL	5,328.1	1,009.0	1,388.3	5,390.3	10,558.8	13,190.5	36,864.9	18,182.2	3,078.3	7,268.0	1,406.1	6,401.7	36,336.3	73,201.2

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR

6/30/2018

INSTITUTION NUMBER: 210022

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL 3 / COL 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL 6 / COL 2	DEPR/AMORT TOTAL COL 4 + COL 7
H2A	MIS	263.2	10	843.3	84.3	0.0	0.0	0.0	84.3
H2B	CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C	PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D	NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E	BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F	TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G	ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H	OR	1,481.2	10	7,914.5	791.4	0.0	0.0	0.0	791.4
H2I	ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J	AOR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2K	LAB	130.3	10	1,937.0	193.7	0.0	0.0	0.0	193.7
H2L	IRC	25.0	10	628.5	62.8	0.0	0.0	0.0	62.8
H2M	RAD	8.9	10	3,129.7	313.0	0.0	0.0	0.0	313.0
H2N	CAT	0.0	6.5	0.0	0.0	0.0	0.0	0.0	0.0
H2O	RAT	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2P	NUC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Q	RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R	HYP	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2S	DTY	120.9	10	289.4	28.9	0.0	0.0	0.0	28.9
H2T	LL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2U	MGT	88.8	10	1,136.7	113.7	0.0	0.0	0.0	113.7
H2V	EDP	738.9	10	7,682.2	768.2	0.0	0.0	0.0	768.2
H2W	MRI	0.0	6	2,744.6	457.4	0.0	0.0	0.0	457.4
H2X	LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y	ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z	TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA	TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL	2,857.2		26,305.9	2,813.6	0.0	0.0	0.0	2,813.6

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

ALLOWANCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL	
A INTEREST	RECORDS	3,557	////	////	////	////	////	////	A
B TOTAL DEPRECIATION	RECORDS	16,497.4	////	////	////	////	////	////	B
C CAPITAL INTENSIVE EQUIP DEPR	TOTAL H2	2,813.6	28.9	0.0	113.7	768.2	1,902.7	5,627.1	C
D BLDG & GEN EQUIP DEPR	B - C	13,683.9	////	////	////	////	////	13,683.9	D
E BLDG & GEN EQUIP DEPR & INT	A + D	17,240.6	28.9	0.0	113.7	768.2	1,902.7	20,054.1	E
F STANDARD UNITS	////	195,671	175,059	1,271,446	113,986	113,986	////	////	F
G ALLOWANCE PER UNIT	E / F	0.08811	0.00017	0.00000	0.00100	0.00674	////	////	G

DISTRIBUTION	CODE	ADJ. SQUARE FOOTAGE BASIS								
1 Med/Surg Acute	MSG	42,760	3,767.6	17.4	0.0	19.9	134.6	////	3,939.5	1
2 Pediatric Acute	PED	492	43.4	0.1	0.0	0.1	0.6	////	44.1	2
3 Psychiatric Acute	PSY	9,920	874.1	0.8	0.0	5.2	35.3	////	915.4	3
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	0.0	0.0	////	0.0	4
5 Definitive Observation	DEF	0	0.0	0.0	0.0	0.0	0.0	////	0.0	5
6 Med/Surg Intensive Care	MIS	15,027	1,324.0	1.4	0.0	9.7	65.2	84.3	1,484.6	6
7 Coronary Care	CCU	8,121	715.6	2.9	0.0	3.5	23.5	0.0	745.4	7
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9
10 Burn Care	BUR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10
11 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	////	0.0	11
12 Shock Trauma	TRM	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12
13 Oncology	ONC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13
14 Newborn Nursery	NUR	0	0.0	////	0.0	0.0	0.0	////	0.0	14
15 Premature Nursery	PRE	0	0.0	////	0.0	0.0	0.0	////	0.0	15
16 Chronic Care	CRH	0	0.0	0.0	0.0	0.0	0.0	////	0.0	16
17 Emergency Services	EMG	21,751	1,916.5	2.5	0.0	13.0	87.9	////	2,020.0	17
18 Clinical Services	CL	3,960	348.9	////	0.0	2.0	13.2	////	364.1	18
19 Psych. Day & Night Care	PDC	0	0.0	0.0	0.0	0.0	0.0	////	0.0	19
20 Same Day Surgery	SDS	598	52.7	0.3	0.0	1.8	12.4	////	67.3	20
21 Labor & Delivery Services	DEL	0	0.0	////	0.0	0.0	0.0	////	0.0	21
22 Operating Room	OR	40,088	3,532.2	////	0.0	16.4	111.1	791.4	4,451.2	22
23 Operating Room Clinic	ORC	0	0.0	////	0.0	0.0	0.0	////	0.0	23
24 Anesthesiology	ANS	0	0.0	////	0.0	1.4	9.3	////	10.7	24
25 Med/Surg Supplies	MSS	0	0.0	////	////	3.4	22.7	////	26.0	25
26 Drugs Sold	CDS	0	0.0	////	////	5.2	35.3	////	40.5	26
27 Laboratory Services	LAB	10,738	946.1	////	0.0	10.9	73.4	193.7	1,224.0	27
28 Electrocardiography	EKG	906	79.9	////	0.0	0.6	3.8	////	84.2	28
29 Interventional Radiology / Cardiovascular	IRC	12,080	1,064.4	////	0.0	4.8	32.3	62.8	1,164.4	29
30 Radiology-Diagnostic	RAD	7,022	618.7	////	0.0	2.7	18.0	313.0	952.4	30
31 CT Scanner	CAT	1,316	116.0	////	0.0	1.9	13.1	0.0	131.0	31
32 Radiology-Therapeutic	RAT	0	0.0	////	0.0	0.2	1.2	0.0	1.3	32
33 Nuclear Medicine	NUC	1,475	130.0	////	0.0	0.2	1.5	0.0	131.7	33

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

DISTRIBUTION		Col. 1 ADJ. SQUARE FOOTAGE BASIS	Col. 2 GENERAL	Col. 3 DIETARY	Col. 4 LAUNDRY	Col. 5 COMM.	Col. 6 DATA PROC	Col. 7 DEPART	Col. 8 TOTAL		
34	Respiratory Therapy	RES	977	86.1	//////////	0.0	3.2	21.5	//////////	110.8	34
35	Pulmonary Function Testing	PUL	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	35
36	Electroencephalography	EEG	165	14.5	//////////	0.0	0.2	1.0	//////////	15.7	36
37	Physical Therapy	PTH	559	49.2	//////////	0.0	1.4	9.3	//////////	59.9	37
38	Occupational Therapy	OTH	186	16.4	//////////	0.0	0.6	3.9	//////////	20.8	38
39	Speech Language Pathology	STH	102	9.0	//////////	0.0	0.3	2.0	//////////	11.3	39
40	Recreational Therapy	REC	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	40
41	Audiology	AUD	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	41
42	Other Physical Medicine	OPM	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	42
43	Renal Dialysis	RDL	499	43.9	//////////	0.0	0.4	2.5	0.0	46.9	43
44	Organ Acquisition	OA	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	44
45	Leukopheresis	LEU	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	45
46	Hyperbaric Chamber	HYP	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	46
47	Free Standing Emergency	FSE	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	47
48	Magnetic Resonance Imaging	MRI	1,885	166.1	//////////	0.0	0.5	3.3	457.4	627.3	48
49	Lithotripsy	LIT	0	0.0	//////////	//////////	0.0	0.0	0.0	0.0	49
50	Rehabilitation	RHB	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	50
51	Observation	OBV	15,041	1,325.3	//////////	0.0	4.5	30.3	//////////	1,360.0	51
52	Transurethral Microwave Thermotherapy	TMT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	52
53	Oncology O/P Clinic	OCL	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	53
54	Transurethral Needle Ablation	TNA	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	54
55	Pediatric Step-Down	PSD	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	55
56	340B Clinic Services	CL-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	56
57	340B Radiology - Therapeutic	RAT-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	57
58	340B OR Clinic Services	ORC-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	58
59	340B Laboratory Services	LAB-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	59
60	340B Drugs	CDS-340	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	60
1	Subtotal	ABC	195,671	17,241	25	0	114	768	1,903	20,050	1
61	Ambulance Services	AMB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	61
62	Parking	PAR	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	62
63	Doctor's Private Office Rent	DPO	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	63
64	Office & Other Rental	OOR	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	64
65	Retail Operations	REO	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	65
66	Patients Telephones	PTE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	66
67	Cafeteria	CAF	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	67
68	Day Care Recreation Areas	DEB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	68
69	Housing	HOU	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	69
70	Research	REG	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	70
71	Nursing Education	RNS	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	71
72	Other Health Profession Education	OHE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	72
73	Community Health Education	CHE	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	73
74	Post Graduate Medical Ed	PME	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	74
75	Freestanding Clinic Services	FSCI	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	75
76	Home Health Services	HHC	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	76
77	Outpatient Renal Dialysis	ORD	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	77
78	Skilled Nursing Care	ECF	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	78
79	Laboratory Non-Patient	ULB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	79
80	Physicians Part B Services	UPB	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	80
81	Certified Nurse Anesthetists	CNA	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	81
82	Physician Support Services	PSS	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	82
83	ADDICTION TREATMENT	ATC	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	83
84	SUBURBAN OUTPATIENT MEDICAL	SOMC	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	84
85	SUBURBAN HOSPITAL FOUNDATION	FOUNDA	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	85
86	SUBURBAN PHYSICIANS ASSISTANT	SPAA	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	86
87	RADIATION ONCOLOGY	RAD ONC	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	87
88	TBD	TBA7	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	88
89	TBD	TBA8	0	0.0	//////////	//////////	//////////	//////////	//////////	0.0	89

II	TOTAL DISTRIBUTED	XYZ	195,671	17,241	25	0	114	768	1,903	20,050	II
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**OTHER FINANCIAL CONSIDERATIONS**

**G**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		SOURCE	FISCAL YEAR			
			TOTAL	DIRECT	Difference	
<b>REVENUES</b>			COL. 1	COL. 2	COL. 3	
A	Donations, Pledges	SCH. GR	0.0	0.0	0.0	A
B	Grants	SCH. GR	0.0	0.0	0.0	B
C	Investment Income (Interest, Dividends)	SCH. GR	0.0	0.0	0.0	C
D	Donated Commodities, Blood, Services	SCH. GR	0.0	0.0	0.0	D
E	PSRO	SCH. GR	0.0	0.0	0.0	E
F	Other	SCH. GR	0.0	0.0	0.0	F
G	Total Revenues	A+B+C+D+E+F	0.0	0.0	0.0	G
<b>EXPENSES</b>						
H	Licenses and Taxes	SCH. UA	111.3		111.3	H
I	Short Term Interest	SCH. UA	0.0		0.0	I
J	Other	REC/BUDGET				J
K	Total Expenses	H + I + J	111.3	0.0	111.3	K
<b>OTHER ADJUSTMENTS</b>						
L	Aux. Ent & OIP Gains	SCH. E, F	(2,228.2)	0.0	(2,228.2)	L
M	Aux. Ent & OIP Losses	SCH. E, F	1,347.7		1,347.7	M
N	Excess Cash Requirements - Bldg & Equip	N/A				N
O	Gain on Disposal of Assets	REC/BUDGET	0.0	0.0	0.0	O
P	Loss on Disposal of Assets	REC/BUDGET	0.0		0.0	P
Q	Total Other Adjustments	L+M+N+O+P	(880.5)	0.0	(880.5)	Q
<b>PERCENTAGE CALCULATION</b>						
R	Net Other Financial Considerations	G + K + Q	(769.2)	0.0	(769.2)	R
S	Other Financial Consideration Percent	R/SCH. M	//////////	//////////	-0.3%	S

**THIRD PARTY DIFFERENTIAL**

**PDA**

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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<b>CHARGES, DEDUCTIBLES, CBA</b>		COL 1	COL 2	COL 3		
A	Gross Patient Revenue, HSCRC Regulated	Records/Budget	212,603.0	116,765.2	329,368.1	A
B	Medicare Revenue, HSCRC Regulated	Records/Budget	115,081.0	43,856.6	158,937.6	B
C	Medicaid Revenue, HSCRC Regulated	Records/Budget	5,297.3	1,038.9	6,336.2	C
D	Blue Cross Revenue, HSCRC Regulated	Records/Budget	26,636.6	25,828.8	52,465.4	D
E	MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	Records/Budget	12,636.2	7,843.0	20,479.2	E
F	Medicare Deductibles Paid by Medicaid, HSCRC Regulated	Records/Budget	//////////	//////////	1,632.9	F
G	Uncompensated Care, HSCRC Regulated ***	Records/Budget	7,833.3	3,366.0	11,199.3	G
G1	Other Payors Not Eligible for SAAC & Not U.C.	A-B-C-D-E-G	45,118.6	34,831.9	79,950.5	G1

<b>RATIOS, LEVEL III COSTS</b>						
H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /Col 3 A	//////////	//////////	0.5018	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0809	//////////	//////////	I
I1	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0784	//////////	I1
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.0622	J
K	Ratio of Deductibles Paid by Medicaid	Col 3 F/Col 3 A	//////////	//////////	0.0050	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0340	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.2427	M
N	Level III Costs	Schedule MA	//////////	//////////	261,876.0	N

<b>DIFFERENTIAL CALCULATION</b>						
O	Gross Revenue HSCRC Regulated	*	//////////	//////////	283,471.4	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.0825	P

\* O = N/ (1-.06H + .0225I + .02I1+ .06J + .02K + L+.02M) - per HSCRC  
 \*\* Detail on Supplemental Schedule 5  
 \*\*\* See Supplemental Schedule 4 for reconciliation to financial statements



REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

	UNITS OF MEASURE	DIRECT EXPENSES	PAT CARE OVERHEAD EXPENSES	OTHER OVERHEAD EXPENSES	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	----- C F A -----		LEVEL II	
									BLDG & GENRL EQUIPMENT	DEPART-MENTAL		
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
A1 Med/Surg Acute	MSG	41,935	19,965.1	7,778.1	5,940.5	///////	0.0	42.2	33,726.0	3,922.1	17.4	37,665.4
2 Pediatric Acute	PED	105	81.7	57.8	25.3	///////	0.0	0.0	164.8	44.0	0.1	208.8
3 Psychiatric Acute	PSY	6,861	5,241.1	1,193.3	1,527.4	///////	0.0	0.0	7,961.7	914.6	0.8	8,877.1
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
5 Definitive Observation	DEF	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
6 Med/Surg Intensive Care	MIS	7,192	9,674.5	1,938.0	2,809.4	///////	0.0	0.0	14,421.8	1,398.9	85.7	15,906.4
7 Coronary Care	CCU	5,035	3,483.1	1,377.9	1,037.2	///////	0.0	0.0	5,898.1	742.5	2.9	6,643.5
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock Trauma	TRM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
14 Premature Nursery	PRE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
16 Emergency Services	EMG	438,988	13,042.0	2,846.1	3,869.9	///////	65.3	0.0	19,823.3	2,017.4	2.5	21,843.2
17 Clinical Services	CL	109,246	1,958.2	401.4	596.6	///////	0.0	0.0	2,956.3	364.1	0.0	3,320.4
18 Psych. Day & Night Care	PDC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
19 Same Day Surgery	SDS	4,812	1,838.8	132.7	685.4	///////	0.0	0.0	2,656.9	66.9	0.3	2,724.2
20 Labor & Delivery Services	DEL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
21 Operating Room	OR	1,216,880	16,484.6	4,042.8	5,223.5	///////	272.2	430.0	26,453.2	3,659.7	791.4	30,904.3
22 Operating Room Clinic	ORC	580	2.5	0.0	0.9	///////	0.0	0.0	3.4	0.0	0.0	3.4
23 Anesthesiology	ANS	1,317,942	1,376.9	74.0	428.9	///////	0.0	0.0	1,879.8	10.7	0.0	1,890.5
24 Laboratory Services	LAB	11,000,874	10,885.4	1,479.3	3,406.9	///////	0.0	0.0	15,771.6	1,030.3	193.7	16,995.6
25 Electrocardiography	EKG	289,961	558.1	89.2	177.8	///////	0.0	0.0	825.1	84.2	0.0	909.3
26 Interventional Radiology / Cardiovascular	IRC	253,251	4,796.3	1,211.2	1,627.8	///////	0.0	0.0	7,635.2	1,101.5	62.8	8,799.6
27 Radiology-Diagnostic	RAD	481,507	2,674.4	692.2	882.6	///////	0.0	26.1	4,275.3	639.4	313.0	5,227.7
28 CT Scanner	CAT	1,214,532	1,945.8	155.2	637.4	///////	0.0	0.0	2,738.4	131.0	0.0	2,869.4
29 Radiology-Therapeutic	RAT	30,241	173.7	11.0	51.7	///////	0.0	0.0	236.3	1.3	0.0	237.6
30 Nuclear Medicine	NUC	89,824	220.1	132.6	76.5	///////	0.0	0.0	429.3	131.7	0.0	561.0
31 Respiratory Therapy	RES	2,356,060	3,191.1	138.1	912.0	///////	0.0	0.0	4,241.2	110.8	0.0	4,352.0
32 Pulmonary Function Testing	PUL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
33 Electroencephalography	EEG	56,924	145.8	16.5	44.1	///////	0.0	0.0	206.4	15.7	0.0	222.1
34 Physical Therapy	PTH	258,775	1,373.9	60.4	400.9	///////	0.0	0.0	1,835.2	59.9	0.0	1,895.1
35 Occupational Therapy	OTH	151,138	575.5	20.1	166.7	///////	0.0	0.0	762.2	20.8	0.0	783.0
36 Speech Language Pathology	STH	73,383	298.3	11.0	88.6	///////	0.0	0.0	397.9	11.3	0.0	409.2
37 Recreational Therapy	REC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
38 Audiology	AUD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	1,364	377.2	71.2	109.4	///////	0.0	0.0	557.7	46.9	0.0	604.6
41 Organ Acquisition	OA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	415,382	488.4	190.1	162.6	///////	0.0	0.0	841.1	169.9	457.4	1,468.5
46 Lithotripsy	LIT	2	4.5	0.3	1.6	///////	0.0	0.0	6.4	0.0	0.0	6.4
47 Rehabilitation	RHB	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
48 Observation	OBV	149,276	4,491.5	2,183.0	1,873.6	///////	0.0	0.0	8,548.1	1,360.0	0.0	9,908.1
49 Ambulance Services-Rebundled	AMR	45,671	41.1	2.6	11.8	///////	///////	///////	55.4	///////	///////	55.4
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology O/P Clinic	OCL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
52 Transurethral Needle Ablation	TNA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	14,136	///////	1,962.2	907.6	///////	///////	///////	2,869.8	///////	///////	2,869.8
60 Med/Surg Supplies	MSS	21,900	47,542.8	3,361.0	1,031.0	///////	///////	///////	51,934.7	26.0	///////	51,960.7
61 Drugs Sold	CDS	21,900	14,856.2	5,235.7	1,621.0	///////	///////	///////	21,712.9	40.5	///////	21,753.4
62						///////						
B TOTAL		20,075,676	167,788.7	36,864.9	36,336.3		337.5	498.3	241,825.8	18,122.1	1,928.0	261,876.0

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME:  
INSTITUTION NUMBER:

Suburban Hospital  
210022

FISCAL YEAR

6/30/2018

		OFC		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
		Direct offsets	(Discontinued) Difference								
DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
A1	Med/Surg Acute	MSG	0.0	37,665.4	3,106.1	40,771.5				40,771.5	972.2557
2	Pediatric Acute	PED	0.0	208.8	17.2	226.0				226.0	2,152.5392
3	Psychiatric Acute	PSY	0.0	8,877.1	732.0	9,609.1				9,609.1	1,400.5440
4	Obstetrics Acute	OBS	0.0	0.0	0.0	0.0				0.0	0.0000
5	Definitive Observation	DEF	0.0	0.0	0.0	0.0				0.0	0.0000
6	Med/Surg Intensive Care	MIS	0.0	15,906.4	1,311.7	17,218.1				17,218.1	2,394.0661
7	Coronary Care	CCU	0.0	6,643.5	547.9	7,191.4				7,191.4	1,428.2782
8	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0				0.0	0.0000
9	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0				0.0	0.0000
10	Burn Care	BUR	0.0	0.0	0.0	0.0				0.0	0.0000
11	Shock Trauma	TRM	0.0	0.0	0.0	0.0				0.0	0.0000
12	Oncology	ONC	0.0	0.0	0.0	0.0				0.0	0.0000
13	Newborn Nursery	NUR	0.0	0.0	0.0	0.0				0.0	0.0000
14	Premature Nursery	PRE	0.0	0.0	0.0	0.0				0.0	0.0000
15	Chronic Care	CRH	0.0	0.0	0.0	0.0				0.0	0.0000
16	Emergency Services	EMG	0.0	21,843.2	1,801.3	23,644.5				23,644.5	53.8614
17	Clinical Services	CL	0.0	3,320.4	273.8	3,594.2				3,594.2	32.8999
18	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0				0.0	0.0000
19	Same Day Surgery	SDS	0.0	2,724.2	224.6	2,948.8				2,948.8	612.7947
20	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0				0.0	0.0000
21	Operating Room	OR	0.0	30,904.3	2,548.5	33,452.8				33,452.8	27.4907
22	Operating Room Clinic	ORC	0.0	3.4	0.3	3.7				3.7	6.4433
23	Anesthesiology	ANS	0.0	1,890.5	155.9	2,046.4				2,046.4	1.5527
24	Laboratory Services	LAB	0.0	16,995.6	1,401.5	18,397.1				18,397.1	1.6723
25	Electrocardiography	EKG	0.0	909.3	75.0	984.3				984.3	3.3947
26	Interventional Radiology / Cardiovascular	IRC	0.0	8,799.6	725.7	9,525.3				9,525.3	37.6121
27	Radiology-Diagnostic	RAD	0.0	5,227.7	431.1	5,658.8				5,658.8	11.7527
28	CT Scanner	CAT	0.0	2,869.4	236.6	3,106.0				3,106.0	2.5574
29	Radiology-Therapeutic	RAT	0.0	237.6	19.6	257.2				257.2	8.5060
30	Nuclear Medicine	NUC	0.0	561.0	46.3	607.3				607.3	6.7605
31	Respiratory Therapy	RES	0.0	4,352.0	358.9	4,710.9				4,710.9	1.9995
32	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0				0.0	0.0000
33	Electroencephalography	EEG	0.0	222.1	18.3	240.4				240.4	4.2227
34	Physical Therapy	PTH	0.0	1,895.1	156.3	2,051.4				2,051.4	7.9272
35	Occupational Therapy	OTH	0.0	783.0	64.6	847.6				847.6	5.6083
36	Speech Language Pathology	STH	0.0	409.2	33.7	442.9				442.9	6.0356
37	Recreational Therapy	REC	0.0	0.0	0.0	0.0				0.0	0.0000
38	Audiology	AUD	0.0	0.0	0.0	0.0				0.0	0.0000
39	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0				0.0	0.0000
40	Renal Dialysis	RDL	0.0	604.6	49.9	654.5				654.5	479.8747
41	Organ Acquisition	OA	0.0	0.0	0.0	0.0				0.0	0.0000
42	Leukopheresis	LEU	0.0	0.0	0.0	0.0				0.0	0.0000
43	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0				0.0	0.0000
44	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0				0.0	0.0000
45	Magnetic Resonance Imaging	MRI	0.0	1,468.5	121.1	1,589.6				1,589.6	3.8268
46	Lithotripsy	LIT	0.0	6.4	0.5	6.9				6.9	3,441.7975
47	Rehabilitation	RHB	0.0	0.0	0.0	0.0				0.0	0.0000
48	Observation	OBV	0.0	9,908.1	817.1	10,725.2				10,725.2	71.8480
49	Ambulance Services-Rebundled	AMR	0.0	55.4	4.6	60.0				60.0	1.3148
50	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0				0.0	0.0000
51	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0				0.0	0.0000
52	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0				0.0	0.0000
53	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0				0.0	0.0000
54	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0				0.0	0.0000
55	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0				0.0	0.0000
56	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0				0.0	0.0000
57	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0				0.0	0.0000
58	340B Drugs	CDS-340	0.0	0.0	0.0	0.0				0.0	0.0000
59	Admission Services	ADM	0.0	2,869.8	236.7	3,106.5				3,106.5	219.7602
60	Med/Surg Supplies	MSS	0.0	51,960.7	4,284.9	56,245.6				56,245.6	2,568.3239
61	Drugs Sold	CDS	0.0	21,753.4	1,793.9	23,547.3				23,547.3	1,075.2296
62			0.0								
B	TOTAL		0.0	261,876.0	21,595.6	283,471.6	0.0	0.0	0.0	283,471.6	//////////

## OVERHEAD EXPENSE SUMMARY

**OES**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

		DISTRIBUTE TO:				
EXPENSES		TOTAL	Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	4,821.2	0.0		4,821.2	A
B	Laundry & Linen	985.8	0.0		985.8	B
C	Social Services	1,887.2	0.0		1,887.2	C
D	Purchasing & Stores	1,489.0	0.0		1,489.0	D
E	Plant Operations	14,158.8	0.0		14,158.8	E
F	Housekeeping	5,266.7	0.0		5,266.7	F
G	Central Services & Supply	2,966.5	0.0		2,966.5	G
H	Pharmacy	4,754.9	0.0		4,754.9	H
I	General Accounting	2,809.0	0.0		2,809.0	I
J	Patient Accounts	4,354.4	0.0		4,354.4	J
K	Hospital Administration	14,014.1	0.0		14,014.1	K
L	Medical Records	1,631.3	0.0		1,631.3	L
M	Medical Staff Administration	1,324.2	0.0		1,324.2	M
N	Nursing Administration	5,704.5	0.0		5,704.5	N
O	Data Processing	13,402.7	0.0	13,402.7		O
P	Organ Acquisition Overhead	0.0			0.0	P
Q	Totals	79,570.3	0.0	13,402.7	66,167.6	Q

**ANNUAL COST SURVEY**

**ACS**

INSTITUTION NAME:      Suburban Hospital      FISCAL YEAR      6/30/2018

INSTITUTION NUMBER:      210022

COL 1

COL 2

	CATEGORY	COSTS	PERCENT	
A	Salaries & Wages	96,749.2	36.93%	A
B	Fringe Benefits	22,141.9	8.45%	B
C	Depreciation & Amortization	14,925.9	5.70%	C
C01	Operating Leases	1,571.3	0.60%	C01
D	Interest Expense	3,556.7	1.36%	D
E	Medical & Surgical Supplies	49,629.5	18.94%	E
F	IV Solutions and Pharmacy	14,025.3	5.35%	F
G	Laundry, Linen, Uniforms	1,206.6	0.46%	G
H	Films & Solutions	2.9	0.00%	H
I	Blood, Plasmanate, Albumin	1,439.7	0.55%	I
J	Contracted Services	28,094.4	10.72%	J
K	Professional Fees	8,691.0	3.32%	K
L	Agency Nurses	2,186.8	0.83%	L
M	Malpractice Insurance	1,010.3	0.39%	M
N	All Other Insurance	317.2	0.12%	N
O	Telephone	525.4	0.20%	O
P	Utilities & Water	3,615.9	1.38%	P
Q	Food	1,614.6	0.62%	Q
R	Printing, Office Supplies, Copying, Postage	1,199.6	0.46%	R
S	Chemical, Solutions, Lubrication, Gases	1,981.3	0.76%	S
T	Other (Detail over 20% of supply cost)	7,505.3	2.86%	T
U	Total	261,990.9	100.00%	U

**UNREGULATED SERVICES**

ULB

UR05

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

	VOLUME DATA	FISCAL YEAR UNITS
A	CAP, WMU, 1982 Ed.	614,826

COL. 1                      COL. 2                      COL. 3                      COL. 4

**LABORATORY NON-PATIENT**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	1,209.7	155.2	1,364.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	8.1	8.1	XXXXX	D01
D02	General Accounting	FIS	6.5	14.0	20.5	XXXXX	D02
D03	Housekeeping	HKP	83.0	80.8	163.8	XXXXX	D03
D04	Leases & Rentals	LEA	0.0	115.4	115.4	XXXXX	D04
D05	Malpractice Insurance	MAL	0.0	7.5	7.5	XXXXX	D05
D06	Hospital Administration	MGT	53.8	52.0	105.8	XXXXX	D06
D07	Other Insurance	OIN	0.0	2.4	2.4	XXXXX	D07
D08	Patient Accounts	PAC	12.0	20.3	32.3	XXXXX	D08
D09	Plant Operations	POP	116.0	324.2	440.2	XXXXX	D09
D10	Purchasing & Stores	PUR	0.2	0.2	0.4	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	1,481.2	780.1	2,261.3	0.0037	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	565.2	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(1,696.1)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	20.7				I
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**UNREGULATED SERVICES**

UPB

UR06

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	43.5

COL. 1                      COL. 2                      COL. 3                      COL. 4

**PHYSICIANS PART B SERVICES**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	399.8	9,260.8	9,660.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	399.8	9,260.8	9,660.6	222.0828	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	808.5	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(8,852.1)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	43.5				I
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**UNREGULATED SERVICES**

ATC

**UR09**

INSTITUTION NAME: Suburban Hospital  
 INSTITUTION NUMBER: 210022

FISCAL YEAR 6/30/2018

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	6,248

COL. 1                      COL. 2                      COL. 3                      COL. 4

**ADDITION TREATMENT**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	989.5	45.2	1,034.7	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	3.2	3.2	XXXXX	D01
D02	General Accounting	FIS	5.3	11.5	16.8	XXXXX	D02
D03	Housekeeping	HKP	55.2	53.7	108.9	XXXXX	D03
D04	Leases & Rentals	LEA	0.0	135.7	135.7	XXXXX	D04
D05	Malpractice Insurance	MAL	0.0	6.1	6.1	XXXXX	D05
D06	Hospital Administration	MGT	44.0	42.5	86.5	XXXXX	D06
D07	Other Insurance	OIN	0.0	1.9	1.9	XXXXX	D07
D08	Patient Accounts	PAC	9.8	16.6	26.4	XXXXX	D08
D09	Plant Operations	POP	77.2	215.7	292.9	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	1,181.0	532.1	1,713.1	0.2742	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	918.1	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(795.0)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	14.7				I
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**UNREGULATED SERVICES**

SOMC

UR10

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	1,996

COL. 1                      COL. 2                      COL. 3                      COL. 4

**SUBURBAN OUTPATIENT MEDICAL CENTER**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	2,358.9	999.8	3,358.7	XXXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXXX	0.0	XXXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	//////	XXXXXXXX	XXXXXX	XXXXXX	XXXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	//////	XXXXXXXX	XXXXXX	XXXXXX	///
D01	Depreciation & Amortization	DEP	0.0	1,181.2	1,181.2	XXXXXX	D01
D02	General Accounting	FIS	12.6	27.4	40.0	XXXXXX	D02
D03	Leases & Rentals	LEA	0.0	737.9	737.9	XXXXXX	D03
D04	Malpractice Insurance	MAL	0.0	14.6	14.6	XXXXXX	D04
D05	Hospital Administration	MGT	105.0	101.4	206.4	XXXXXX	D05
D06	Other Insurance	OIN	0.0	4.6	4.6	XXXXXX	D06
D07	Patient Accounts	PAC	23.5	39.5	63.0	XXXXXX	D07
D08	Purchasing & Stores	PUR	1.0	1.0	2.0	XXXXXX	D08
D09					0.0	XXXXXX	D09
D10					0.0	XXXXXX	D10
D11					0.0	XXXXXX	D11
D12					0.0	XXXXXX	D12
D13					0.0	XXXXXX	D13
D14					0.0	XXXXXX	D14
D15					0.0	XXXXXX	D15
D16					0.0	XXXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	2,501.0	3,107.4	5,608.4	2,8098	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXXX	8,775.2	XXXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXXX	3,166.9	XXXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	40.7				I
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**UNREGULATED SERVICES**

**FOUNDATION**

**UR11**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**SUBURBAN HOSPITAL FOUNDATION INC**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	815.2	2,706.2	3,521.4	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	4.4	9.5	13.9	XXXXX	D01
D02	Leases & Rentals	LEA	0.0	98.2	98.2	XXXXX	D02
D03	Malpractice Insurance	MAL	0.0	5.0	5.0	XXXXX	D03
D04	Hospital Administration	MGT	36.3	35.0	71.3	XXXXX	D04
D05	Other Insurance	OIN	0.0	1.6	1.6	XXXXX	D05
D06	Patient Accounts	PAC	8.1	13.7	21.8	XXXXX	D06
D07	Purchasing & Stores	PUR	2.7	2.7	5.4	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	866.7	2,871.9	3,738.6	0.0000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	2,585.5	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(1,153.0)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	8.0				I
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**UNREGULATED SERVICES**

SPAA

**UR12**

INSTITUTION NAME: Suburban Hospital

FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	0

COL. 1                      COL. 2                      COL. 3                      COL. 4

**SUBURBAN PHYSICIANS ASSISTANT ASSOCIATES, LLC**

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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**FISCAL YEAR DATA**

B	FISCAL YEAR EXPENSES	RECORDS	3,497.3	449.8	3,947.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	18.7	40.6	59.3	XXXXX	D01
D02	Malpractice Insurance	MAL	0.0	21.6	21.6	XXXXX	D02
D03	Hospital Administration	MGT	155.6	150.3	305.9	XXXXX	D03
D04	Other Insurance	OIN	0.0	6.8	6.8	XXXXX	D04
D05	Patient Accounts	PAC	34.8	58.6	93.4	XXXXX	D05
D06	Purchasing & Stores	PUR	0.4	0.4	0.8	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	3,706.8	728.1	4,434.9	0.0000	F

**FISCAL YEAR PROFIT (LOSS)**

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	684.6	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(3,750.3)	XXXXX	H

**FTE DATA**

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	21.0				I
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**UNREGULATED SERVICES SUMMARY**

**URS**

INSTITUTION NAME: Suburban Hospital BASE YEAR 6/30/2018  
 INSTITUTION NUMBER: 210022

Schedule	Entity Name and Address	Nature of Service
UR-1		FREESTANDING CLINIC SERVICES
UR-2		HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4		SKILLED NURSING CARE
UR-5	SUBURBAN REFERENCE LAB CHAMPLAIGN BUILDING 6410 ROCKLEDGE DRIVE SUITE 150 BETHESDA, MARYLAND 20817	LABORATORY NON-PATIENT
UR-6	SUBURBAN HOSPITAL PHYSICIAN PROFESSIONAL COVERAGE 8600 OLD GEORGETOWN ROAD BETHESDA, MARYLAND 20814	PHYSICIANS PART B SERVICES
UR-7		CERTIFIED NURSE ANESTHETISTS

UR-8	PHYSICIAN SUPPORT SERVICES   	PHYSICIAN SUPPORT SERVICES
UR-9	ADDICTION TREATMENT 6001 MONTROSE ROAD ROCKVILLE, MARYLAND 20850  	ADDICTION TREATMENT
UR-10	SUBURBAN OUTPATIENT MEDICAL CENTER 6420 ROCKLEDGE DRIVE BETHESDA, MARYLAND  	SUBURBAN OUTPATIENT MEDICAL CENTER
UR-11	SUBURBAN HOSPITAL FOUNDATION INC 8600 OLD GEORGETOWN ROAD BETHESDA, MARYLAND 20814  	SUBURBAN HOSPITAL FOUNDATION INC
UR-12	SUBURBAN PHYSICIANS ASSISTANT ASSOCIATES, LLC 8600 OLD GEORGETOWN ROAD BETHESDA, MARYLAND 20814  	SUBURBAN PHYSICIANS ASSISTANT ASSOC
UR-13	SUBURBAN OUTPATIENT MEDICAL CENTER 6420 ROCKLEDGE DRIVE SUITE 1200 BETHESDA, MD 20817  	RADIATION ONCOLOGY
UR-14	    	TBD
UR-15	    	TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: Suburban Hospital BASE YEAR 6/30/2018

INSTITUTION NUMBER: 210022

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6

No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	PREMIER PURCHASING PART	0	(28,470)	G	INVESTMENT
2	NIH CARDIAC PROGRAM	0	478,418	A	STAFF & PURCHASED SVC
3	NIH CARDIAC PROGRAM	0	310,715	C	SUPPLIES
4	NIH CARDIAC PROGRAM	789,132	0	H	WORKING CAPITAL
5	NIH NEURO STROKE PROGRA	0	623,606	A	STAFF & PURCHASED SVC
6	NIH NEURO STROKE PROGRA	0	10,196	C	SUPPLIES
7	NIH NEURO STROKE PROGRA	715,468	0	H	WORKING CAPITAL
8	NIH RESEARCH PROGRAMS	0	96,196	A	STAFF & PURCHASED SVC
9	NIH RESEARCH PROGRAMS	0	0	C	SUPPLIES
10	NIH RESEARCH PROGRAMS	584,972	0	H	WORKING CAPITAL
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

## SUPPLEMENTAL BIRTHS SCHEDULE

INSTITUTION NAME: Suburban Hospital FISCAL YEAR 6/30/2018

INSTITUTION NUMBER: 210022

**Admissions for EIPA Counts**

A	Neonates Not Charged an Admissions Charge	0
B	Admissions from Monthly Reports (ADM) Revenue Center	14,163
C	<b>Total</b>	14,163

**Cases for Charge Per Case Calculation (CPC)**

D	Neonates Not Charged an Admissions Charge	0
E	Births from Monthly Reports (NUR) Center	0
F	<b>Subtotal</b>	0
G	Admissions from Monthly Reports (ADM) Revenue Center	14,163
H	<b>Total</b>	14,163

**Standby Costs - Trauma Physicians**

SBC - I

**Suburban Hospital**

**Hourly or Salary Based Arrangement (Payroll Based)**

Fiscal Year: 6/30/2018

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11
Specialty	Total Trauma Hours	Availability Hours	Supervision & Admin Hours	Payments for Availability	Payments for Supervision & Admin	% Inpatient Hours	% Outpatient Hours	Prof. Organiz. Membership	CME Costs	Malpractice Insurance	Total Trauma Standby Costs
A Trauma Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
A1	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
A2	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
B Orthopedic Surgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
B1	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
B2	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
C Neurosurgeon	-	-	-	-	-	0.00%	0.00%	-	-	-	
C01	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
C02	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
D Anesthesiologist	-	-	-	-	-	0.00%	0.00%	-	-	-	
D01	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -
D02	-	-	-	-	-	0.00%	0.00%	-	-	-	\$ -

**Standby Costs - Trauma Physicians**

SBC - II

**Suburban Hospital**

**Minimum Guaranteed Arrangement (Contract Based)**

Fiscal Year: 6/30/2018

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12
	Total Trauma Hours	Availability Hours	Supervision & Admin Hours	Act. Min Guaranteed AM	Payments for Supervision & Admin	% Inpatient Hours	% Outpatient Hours	Prof. Organiz. Membership	CME Costs	Malpractice Insurance	Total Trauma Standby Costs	Prof. Service Billed (Paid)
A	Trauma Surgeon	-	-	-	-	0.00%	0.00%	-	-	-	-	-
A1		2,340.000	-	8,760.000	126,540.000	-	63.96%	36.04%	-	325.000	-	\$ 126,865.0
A2		-	-	-	-	0.00%	0.00%	-	-	-	-	-
B	Orthopedic Surgeon	-	-	-	-	0.00%	0.00%	-	-	-	-	-
B1		8,760.000	-	8,760.000	495,798.000	-	0.00%	0.00%	-	-	-	\$ 495,798.0
B2		-	-	-	-	0.00%	0.00%	-	-	-	-	-
C	Neurosurgeon	-	-	-	-	0.00%	0.00%	-	-	-	-	-
C01		8,760.000	-	8,760.000	585,400.000	-	0.00%	0.00%	-	-	-	\$ 585,400.0
C02		-	-	-	-	0.00%	0.00%	-	-	-	-	-
D	Anesthesiologist	-	-	-	-	0.00%	0.00%	-	-	-	-	-
D01		-	-	-	-	0.00%	0.00%	-	-	-	-	\$ -
D02		-	-	-	-	0.00%	0.00%	-	-	-	-	-



# MIEMMS Regulatory Trauma Costs

MTC

## SUMMARY

Hospital Name:  
Hospital Number:

Suburban Hospital  
210022

Fiscal Year: 6/30/2018

Col. 1

A	Trauma Director	\$	160,008
B	Trauma Department		274,334
C	Trauma Protocol		216,499
D	Specialized Trauma Staff		1,890,128
E	Education & Training Cost		146,300
F	Special Equipment		266,546
G	Total	\$	2,953,816

**MIEMMS Regulatory Trauma Costs****MTC - A****SCHEDULE A - TRAUMA DIRECTOR**

Hospital Name: Suburban Hospital  
 Hospital Number: 210022

Fiscal Year: 6/30/2018

Col. 1

A	-	\$	160,008
B	-		-
C	-		-
D	-		-
E	-		-
F	-		-
G	Total	\$	160,008

**MIEMMS Regulatory Trauma Costs****MTC - B****SCHEDULE B - TRAUMA DEPARTMENT**

Hospital Name: Suburban Hospital  
 Hospital Number: 210022

Fiscal Year: 6/30/2018

Col. 1

A	Trauma Coordinator	\$	108,990
B	Trauma Assistant		115,395.00
C	Trauma Registrar(s)		-
D	Tech. & Prof. Fees		-
E	Dues & Licences		1,059.42
F	Travel & Seminars		2,598.80
G	Other		46,291.00
H	Total	\$	274,334

**MIEMMS Regulatory Trauma Costs****MTC - C****SCHEDULE C - TRAUMA PROTOCOL**Hospital Name:  
Hospital Number:Suburban Hospital  
210022

Fiscal Year: 6/30/2018

Col. 1

A	Respiratory Therapist	\$	8,575
B	Lab Technician		-
C	Radiology Technician		31,819.00
D	ED Nurse		89,333.00
E	ED Tech		40,642.00
F	OR/Anesthesia Tech.		-
G	Nurse Manager		41,201.00
H	Patient Access Registrar		-
I	Other		4,929.00
J	Total	\$	216,499

**MIEMMS Regulatory Trauma Costs****MTC - D****SCHEDULE D - SPECIALIZED TRAUMA STAFF**Hospital Name:  
Hospital Number:Suburban Hospital  
210022

Fiscal Year: 6/30/2018

Col. 1

A	ICU	\$	260,872
B	Nursing		1,110,873.00
C	Technical Staff		405,193.00
D	Social Work		-
E	Other Staff		113,190.00
F	Total	\$	1,890,128

**MIEMMS Regulatory Trauma Costs****MTC - E****SCHEDULE E - EDUCATION AND TRAINING**

Hospital Name: Suburban Hospital  
 Hospital Number: 210022

Fiscal Year: 6/30/2018

Col. 1

A	Instructor & Supplies	\$	-
B	Trauma Nurse Orientation (16 hrs.)		142,775.00
C	Continuing Education		3,525.00
D	ATLAS Certification		-
E	Other		-
F	Total	\$	146,300

**MIEMMS Regulatory Trauma Costs****MTC - F****SCHEDULE F - SPECIALIZED EQUIPMENT**

Hospital Name: Suburban Hospital  
 Hospital Number: 210022

Fiscal Year: 6/30/2018

Col. 1

A	Emergency Department	\$	214,496
B	OR, Recovery & ICU		6,036.38
C	Ancillary Services		27,551.17
D	Post Acute Services		-
E	Transportation Services		18,462.66
F	Other		-
G	Total	\$	266,546

**SUPPLEMENTAL SCHEDULE 1**

**Suburban Hospital**

**Summary of Other and Non-Operating Revenue**

**For The Fiscal Year Ended June 30, 2018**

<u>Other Operating Revenue:</u>	<u>2018</u>	<u>HSCRC Schedule</u>
TUITION NON CREDIT	0.5	G / GR
CARDIAC CATH EQP	5.9	G / GR
SALES/SERV OTHER ACT	11.8	G / GR
SALES	0.1	G / GR
PROGRAM FEES	7.0	G / GR
OTHER MISC INCOME	585.8	G / GR
CREDITS/REBATES	60.8	G / GR
ENDOWNMNET CONTRIBUTIONS	1,326.5	G / GR
MD/DC COLL DUES-IND	126.5	G / GR
GAIN/LOSS DISPOSAL	2.0	G / GR
NON INV INT INCOME	201.1	G / GR
SESSION FEES	(2.0)	G / GR
SUBURBAN RENT	159.2	G / GR
CLINICAL REVENUE	266.0	G / GR
 Total - RE Line L	 <u>2,751.2</u>	 Check ->
	-	

**SUPPLEMENTAL SCHEDULE 1**

**Suburban Hospital**

**Summary of Other and Non-Operating Revenue**

**For The Fiscal Year Ended June 30, 2018**

**Non-Operating and Net Unregulated Revenue:**

Ambulance Services	-	E01
Parking	855.7	E02
Doctor's Private Office Rent	-	E03
Office & Other Rental	-	E04
Retail Operations	19.3	E05
Patients Telephones	415.6	E06
Cafeteria	731.4	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	3,918.6	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	843.0	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	565.2	UR05
Physicians Part B Services	808.5	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
ADDICTION TREATMENT	918.1	UR09
SUBURBAN OUTPATIENT MEDICAL CENTER	8,775.2	UR10
SUBURBAN HOSPITAL FOUNDATION INC	2,585.5	UR11
SUBURBAN PHYSICIANS ASSISTANT ASSOCIA'	684.6	UR12
RADIATION ONCOLOGY	-	UR13
TBD	-	UR14
TBD	-	UR15
Investment Income	20,828.0	G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
Other:		G / GR
<b>Total - RE Line, Col 2., Line M + Line U</b>	<b><u>41,948.7</u></b>	<b>Check -&gt;</b>

**SUPPLEMENTAL SCHEDULE 1**

**Suburban Hospital**

**Summary of Other and Non-Operating Revenue**

**For The Fiscal Year Ended June 30, 2018**

**Non-Operating and Net Unregulated Expenses:**

Ambulance Services	-	E01
Parking	288.7	E02
Doctor's Private Office Rent	278.0	E03
Office & Other Rental	-	E04
Retail Operations	191.2	E05
Patients Telephones	337.5	E06
Cafeteria	492.7	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	2,574.1	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	1,740.8	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	-	UR04
Laboratory Non-Patient	2,261.3	UR05
Physicians Part B Services	9,660.6	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
ADDICTION TREATMENT	1,713.1	UR09
SUBURBAN OUTPATIENT MEDICAL CENTER	5,608.4	UR10
SUBURBAN HOSPITAL FOUNDATION INC	3,738.6	UR11
SUBURBAN PHYSICIANS ASSISTANT ASSOCIA	4,434.9	UR12
RADIATION ONCOLOGY	-	UR13
TBD	-	UR14
TBD	-	UR15
Non Operating Expenses	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR

Total - RE Line, Col 2., Line S + Line V	<u>33,319.9</u>	Check ->
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**SUPPLEMENTAL SCHEDULE 2****Suburban Hospital****Reconciliation of Depreciation & Lease / Rentals****For The Fiscal Year Ended June 30, 2018**

	<u>Depreciation</u>	<u>Leases / Rentals</u>	<u>Total</u>
UA Schedule - Line A	16,184.5	2,710.2	18,894.7
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	51.6	51.6
E03	-	-	-
E04	-	-	-
E05	58.4	-	58.4
E06	-	-	-
E07	7.6	-	7.6
E08	-	-	-
E09	-	-	-
UR01	-	-	-
UR02	-	-	-
UR03	-	-	-
UR04	-	-	-
UR05	8.1	115.4	123.5
UR06	-	-	-
UR07	-	-	-
UR08	-	-	-
UR09	3.2	135.7	138.9
UR10	1,181.2	737.9	1,919.1
UR11	-	98.2	98.2
UR12	-	-	-
UR13	-	-	-
UR14	-	-	-
UR15	-	-	-
RE Schedule - Line Q	<u>14,925.9</u>	<u>1,571.5</u>	<u>16,497.4</u>



## SUPPLEMENTAL SCHEDULE 3

### Suburban Hospital

### Reconciliation of UCC

For The Fiscal Year Ended June 30, 2018

#### Audited Financial Statements:

Bad Debts	6,872.0
Charity Care	4,386.0
Uncompensated Care per Statement	<u>11,258.0</u>

#### Trial Balance:

Bad Debt Write-offs	12,134.9
Charity Write-offs	4,386.0
Change in Balance Sheet Reserve	849.2
Bad Debt Recoveries	(4,108.0)
Other	<u>(2,004.1)</u>
Uncompensated Care per Trial Balance	<u>11,258.0</u>

#### Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	11,199.3
Unregulated Charity & Bad Debts	58.7
Medicaid Day Limit UCC included in contractals on F/S	<u>-</u>
Uncompensated Care Per Report	<u>11,258.0</u>

## SUPPLEMENTAL SCHEDULE 4

### Suburban Hospital

#### Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2018

MCO Revenue	Inpatient	Outpatient	Total
Amerigroup DC	328.2	20.0	348.2
Amerigroup Maryland	1,356.6	1,601.0	2,957.6
Amerihealth	344.6	63.8	408.4
Aetna Better Health MCO	48.5	16.1	64.6
JAI Medical Systems	40.3	1.8	42.1
Kaiser Permanente MD	1,652.7	530.9	2,183.6
University of MD Health Partners	174.9	183.6	358.5
Medstar	391.4	304.0	695.3
Maryland Physician's	1,295.4	993.8	2,289.2
Priority Partners	2,643.6	2,367.5	5,011.2
MCO Out of State Other	26.4	1.2	27.6
Trusted Healthcare Plans Inc.	127.0	34.9	161.9
United Healthcare	1,126.1	766.7	1,892.9
Managed Med Adv	48.9	23.1	72.0
United Healthcare Med Adv	2,589.5	823.0	3,412.5
Aetna Med Adv	732.5	376.0	1,108.5
- Unregulated	0.0	(121.6)	(121.6)
- Bad Debts	(290.5)	(142.8)	(433.3)
<b>Total MCO Revenue</b>	<b>12,636.2</b>	<b>7,843.0</b>	<b>20,479.2</b>

## SUPPLEMENTAL SCHEDULE 5

### Suburban Hospital

#### Supplement to FS and RE Schedules to Disclose Non-Operating Revenue and Expense

For The Fiscal Year Ended June 30, 2018

Income Statement	
RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses	\$ 8,402.0
RE Line U Detailed Non-Operating: Income / (Expense)	
U1 Contributions (Unrestricted)	
U2 Interest & Investment Income	4,788.0
U3 Investment - Gains / (Losses) - Realized	
U4 Investment - Gains / (Losses) - Unrealized	9,628.0
U5 Swap Agreements - Gains / (Losses) - Realized	569.0
V Other (Specify)	5,843.0
RE Line W Excess Profit / (Loss)	<u>29,230.0</u>
Other Significant Financial Information	
CC Swap Agreements - Gains / (Losses) - Unrealized	
DD Collateral Received / (Posted) - Swap Agreements	
EE Retirement of Debt - Gains / (Losses)	
FF Pension Adjustments - Defined Benefit Plans	
GG Other (Specify)	
HH Total	<u>\$ -</u>

## SUPPLEMENTAL SCHEDULE 6

### Suburban Hospital

#### Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2018

#### 1. Collection Agency Name

- a. Nationwide Credit Corporation
- b. Receivable Outsourcing Inc.
- c. Harris & Harris
- d. National Recovery Agency
- e. UCB Intelligent Solutions
- f.
- g.
- h.

#### 2. Number of Liens

- i. 17

#### 3. Number of extended payment plans

- j. 198

#### FINANCIAL ASSISTANCE

#### 4. Number of applications for financial assistance received

- k. 358

#### 5. Number of applicants for financial assistance approved

- l. 195

**SUPPLEMENTAL SCHEDULE 7**

**Suburban Hospital**

**Hospital Outpatient Services Survey**

**For The Fiscal Year Ended June 30, 2018**

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated/Unregulated
Emergency Department	Trauma, Adult and Pediatric Emergency Care	Suburban Hospital	Regulated
Observation	Observation for further assessment and stabilization	Suburban Hospital	Regulated
<u>Clinic Services:</u>			
Cardiac Rehab	Comprehensive Cardiac Rehab and exercise program	Suburban Hospital	Regulated
Infusion Therapy	Infusion, Transfusion and Injection services	Suburban Hospital	Regulated
Vein and Vascular Center	Patient Assessment for Care	Suburban Hospital	Regulated
Wound Care	Debridement and assessment	Suburban Hospital	Regulated
Outpatient Psychiatric Program			
Day Treatment	Partial Hospitalization and Intensive Day Program	Suburban Hospital	Regulated
Alcohol Treatment Center	Detoxification and Dual Diagnosis Programs	6001 Montrose Road, Rockville, MD 20851	<b>Unregulated</b>
<u>Perioperative Services:</u>			
Main Operating Room	Comprehensive Surgical Procedures	Suburban Hospital	Regulated
Minor Operating Room			
ECT		Suburban Hospital	Regulated
Endoscopy		Suburban Hospital	Regulated
Pain Management		Suburban Hospital	Regulated
Lithotripsy	ESWL Services - Contracted	Suburban Hospital	Regulated
<u>Laboratory:</u>			
Clinical Laboratory Services		Suburban Hospital	Regulated
Laboratory Draw stations	Outpatient Draw Stations	6410 Rockledge Dr, Suite 150 Bethesda, Maryland	<b>Unregulated</b>
Outreach Laboratory Services	Contracted specimen pick-up and phlebotomy services for nursing homes and physician offices	Multiple locations off Suburban Hospital Campus	<b>Unregulated</b>
<u>Imaging Services:</u>			
Radiological Services	Radiology, Ultrasound, CT Scan, MRI, Nuclear Medicine	Suburban Hospital	Regulated
MRI - Research	MRI utilized for research only	Suburban Hospital	<b>Passed through as unregulated</b>
<u>Interventional Radiology/Cardiovascular:</u>			
Interventional Radiology	Invasive Radiological Procedures	Suburban Hospital	Regulated

## SUPPLEMENTAL SCHEDULE 8

### Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2018

Institution Name: Suburban Hospital

Institution Number: 210022

Please enter revenue results in \$1,000's.

#### Section I

#### TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	\$ 187,045	\$ 102,024	\$ 289,069
2	Total Out-State Revenue	\$ 25,558	\$ 14,742	\$ 40,300
3	Total Gross Patient Revenue	\$ 212,603	\$ 116,765	329,368

#### Section II

#### TOTAL MEDICARE REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue	
4	Medicare FFS Revenue	\$ 104,197	\$ 12,506	\$ 39,375	\$ 5,005	\$ 161,082
5	Medicare Non-FFS Revenue	\$ 4,472	\$ 571	\$ 1,435	\$ 371	\$ 6,849
6	Total Medicare Revenue	\$ 108,668	\$ 13,076	\$ 40,809	\$ 5,376	\$ 167,930

