This	eport i	is required by law (42 USC 1395g) and	42CFR 41	3.20 and 413.24.			
Failu	e to re	port can result in all payments made du	ring the re	porting period		FORM APPROVE	D
		ed overpayments (42 USC 1395g).				OMB NO. 0938-01	.02
ORGA	N PRO	OCUREMENT ORGANIZATION		PROVIDER NO.	PERIOD:	WORKSHEET	
HISTO	COMI	PATIBILITY LABORATORY GENERAL			FROM:	S	
DATA	AND	CERTIFICATION STATEMENT			TO:		
Intern	ediary	Use Only:			'		
		[ ] Audited	Date Recei	ved	[ ] Initial	[ ] Re-opened	
		[ ] Desk Reviewed	Intermedia	ry No	[ ] Final		
PAR	ГΙ-(	GENERAL		-			
Check			[ ] Electr	onic filed cost report		Date:	
applic	able bo	x	[ ] Manu	ally submitted cost report		Time:	
1	Name:	:		Medicare Number:			1
1.01	Street:				P.O. Box:		1.01
1.02	City:		State:		Zip Code:		1.02
2	Name:			Medicare Number:			2
2.01	Street:				P.O. Box:		2.01
2.02	City:		State:		Zip Code:		2.02
3	Report	ting Period: From	То				3
	-						1
		Type of Control		Type of Provider			1
		(see instructions)		(see instructions)	Participa	ation Date	
	1	2		3		4	1
4							4
PAR	Γ II-C	ERTIFICATION BY OFFICER O	R ADMIN	NISTRATOR OF FAC	ILITY		
	GAL,	URED THROUGH THE PAYMEN , CRIMINAL, CIVIL AND ADMII TIFICATION BY OFFICER, ADM	NISTRAT	TION ACTION, FINES	S AND/OR IMPRIS	ONMENT MAY RI	ESULT
		CERTIFY that I have read the above state nce Sheet and Statement of Revenue and			companying Statement	of Reimbursable Cost	
(name	(s) and	number(s) for the cost reporting period b	eginning	a	ınd ending		
and th	at to th	the best of my knowledge and belief, it is a /Laboratory in accordance with applicable	true, correc	ct and complete ststement	prepared from the books		
	_	ons regarding the provision of health care with such laws and regulations.	services, an	d that the services identifi	ed in this cost report we	re provided in	
			(Signed)				
				Officer	, Administrator or D	irector	
					Title		
					Date		
PAR	T III -	· SETTLEMENT SUMMARY					
		- ::==::=:::			TITLE	E XVIII	1
				(	Organ Acquisitio		-
					1	2	
							1
1	ОРО	/Lab					1

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB Control Number for this information collection is 0938-0102. The time required to complete this information collection is estimated to average 45 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form please write to: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

FORM CMS 216-94 (11-2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II SECTIONS 3303, 3303.1, 3303.2 and 3303.3)

2 Total FTEs

33-304 Rev. 4

2

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		MEDICARE N	IUMBER	REPORTING	PERIOD		WORKSHEE	ГΑ		
BAL	ANCE	OF EXPENSES			FROM:					
					TO:					
						RECLASS.	RECLASSIFIED	ADJUSTMENTS	NET COST	T
						TO EXPENSES	TRIAL BALANCE	TO COST	FOR COST	
		COST CENTERS (OMIT CENTS)			TOTAL	(FROM	(COL.3	(FROM	ALLOCATION	
			SALARIES	OTHER	(Cols. 1 & 2)	WKST.A-4)	+/- COL.4)	(WKST. A-5)	(COL.5+/-COL.6)	
			1	2	3	4	5	6	7	$\top$
		GENERAL SERVICE COST CENTERS								
1	0100	Capital CostsBuildings and Fixtures								1
2	0200	Capital CostsMovable Equipment								2
3	0300	Employee Benefits								3
4	0400	Administrative and General-Cols. 1-3-From W/S-A	-1							4
5	0500	Operation and Maintenance of Plant								5
		Housekeeping								6
7	0700	Medical Supplies								7
8	0800	Other Overhead (Specify)								8
		ORGAN ACQUISITION OVERHEAD								
9	0900	Procurement Coordinators								9
10	1000	Professional Education								10
11	1100	Public Education								11
12	1200	Other Acquisition (Specify)								12
		REIMBURSABLE COST CENTERS								
13	1300	Kidney Acquisition(From W/S A-2 Cols. 1-3,line 23	3)							13
14	1400	Tissue Typing Laboratory (Cols. 1-3,From W/S-A-3, Lin	e 11)							14
		NON-REIMBURSABLE COST CENTERS								
15	1500	Liver Acquisitions (W/S-A-2, Col. 1-3, Line 23)								15
16	1600	Heart Acquisitions (W/S-A-2, Col.1-3, Line 23)								16
17	1700	Pancreas Acquisitions (W/S-A-2, Col.1-3, Line 23)								17
18	1800	Lung Acquisitions (W/S-A-2, Col. 1-3, line 23)								18
19	1900	Other Acquisitions (W/S-A-2, Col. 1-3, line 23)								19
20	2000	Other Acquisitions (W/S-A-2, Col. 1-3)								20
21	2100	Research								21
22	2200	Blood Bank								22
23	2300	Laboratory-Non-Tissue Typing								23
		Dialysis Units								24
25	2500	Other Non-Reimbursable (Specify)								25
26		Total Expenses (Sum of lines 1-25), Transfer Column 7 to W/S	-В							26
		line 1, or W/S-C, as per instructions								

FORM CMS-216-94 (11-2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3304)

Rev. 4 33-305

	IINISTRATIVE AND GENERAL EXPENSES	MEDICARE NUMBER	REPORTING PERIOD: FROM TO	WORKSHEET A-1	
	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	
1	Medical Director	_			1
2	Executive Director				2
3	Home Office/Central Administration				3
4	Data Processing				4
5	Accounting-Legal-Audit				5
6	Rent and Lease Expense				6
_ 7	Office Supplies				7
8	Telephone				8
9	Travel-Meetings and Seminars				9
10	Insurance				10
_11	Employee Professional Education				11
12	Public Relations				12
13	Interest Expense				13
14	Taxes				14
15	Office Salaries				15
_16	Other Administrative and General:				16
_17					17
_18					18
19					19
20	Total Administrative and General				20
	Sum of Lines 1-19				
	Transfer Line 20 columns 1-3 to				
	Worksheet A, Line 4, columns 1-3				

FORM CMS 216-94 (3/95) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3305)

33-306 Rev. 4

06-02		Form CMS-216-94		3390 (	Cont.)
ORG	AN ACQUISITION COST	MEDICARE NUMBER	REPORTING PERIOD: FROM TO	WORKSHEET A-2	-
Chec	ck One:				
[] Ki		[] Lung [] Other _			1
	COST CENTER	SALARIES	OTHER		
	Organ Acquisition Costs Amounts Paid To Excision Hospitals	1	2	3	
1	Operating Room				1
2	Anesthesiology				2
3	Respiratory Therapy				3
4	Intensive Care Unit				4
5	Medical Supplies				5
6	Pharmacy				6
7	Electroencephalography				7
8	Hospital Laboratory				8
9	Other Excision Hospital Cost				9
10	Subtotal-Excision Hospital Cost (Sum of Lines 1-9)				10
	Other Acquisitions Costs				
11	Computer Registry			TOTAL 3  1 2 3 4 5 6 7 8 9	
12	Donor Evaluation				12
13	Surgeon Fee				13
14	Organ Preservation				14
15	Donor Tissue Typing				15
16	Recipient Crossmatch				16
17	Imported Organ Cost				17
18	Transportation of Organs				18
19	Tissue Typing Lab-Under Agreement				19
20	Anesthesiologist Professional Fees				20
21	Other Acquisition Costs				21
22	Subtotal-Other Acquisition Cost (Sum of Lines 11-21)				22
23	Total-Organ Acquisition Cost				23
	(Sum of Lines 10 and 22)				
	Transfer Line 23 columns 1-3 to W/S A				
	Lines 13, 15-20, Cols 1-3 as Appropriate				

Rev. 3 33-307

	(Cont.)	1 01111 CIVIS 210 54			00 02
TISS	SSUE TYPING LABORATORY COSTS	MEDICARE	REPORTING	WORKSHEET A-3	
		NUMBER	PERIOD:		
			FROM	_	
			ТО	_	
	COST CENTER	SALARIES	OTHER	TOTAL	
		1	2	3	
1	Laboratory Director				1
_ 2	Tissue Typing Technologist				2
3	Sera Procurement				3
4	Equipment Maintenance				4
5	Other Tissue Typing Cost (Specify)				5
6					6
7					7
8					8
9					9
10					10
11	Total -Tissue Typing Cost				11
	(Sum of Lines 1-10)				
	Transfer Line 11 columns 1-3 to				
	Worksheet A, Line 14, columns 1-3				

FORM CMS 216-94 (3/95) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3307)

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RECI	ASSIFICATIONS	MEDICA	ARE NUMBER		REPORTING PERIC FROM: TO:	)D:	WORKS	HEET A-4	
		CODE		INCRE			DECRE	ASE	
	EXPLANATION OF RECLASSIFICATION ENTRY	(1)	COST CENTER	LINE NO.	AMOUNT (2)	COST CENTER	LINE NO.	AMOUNT (2)	
		1	2	3	4	5	6	7	
2									2
3									3
4									4
5									5
6									6
7									/
8									8
- <del>9</del>									10
$\frac{10}{11}$									10
11									11
13									13
14									14
15									15
16					+				16
17									17
18									18
19									19
20									20
-21									121
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
30	TOTAL RECLASSIFICATIONS (Sum of Column 4 must equal sum of Column 7)								36

<sup>(1)</sup> A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

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	USTMENTS TO EXPENSES	MEDICARE	NIIMDED	REPORTING PERIOD:		0-UZ
ΑIJ	USTMENTS TO EXPENSES	MEDICARE	NUMBER	FROM:	WORKSHEET	A-5
				TO:		
		Basis for		Expense Classification	n on Workshee	t A
		Adjust-		from which amount is		
	Description (1)	ment		or to which the amou		
		(2)	Amount 2	Cost Cente	er Ln No	).
	Donale Discounts (Charles 0)	1		3	4	-
	Purchase Discounts (Chapter 8)					1
	Rebates and Refunds (Chapter 8)					2
3	Home Office Costs (Chapter 21)					3
4	Adjustments resulting from transactio	From				4
	with related organizations (Chapter 10	Supp. W/S				
		A-5-1				
5	Income received from the procuremen	t				5
	of organs other than kidneys. (3)					
6	Vending Machines					6
7	Rental or Lease Income					7
8	Organs Sold for Research					8
9	Public Relations-Not related to					9
	Organ Procurement					
10	Income received from Professional					10
	Education					
11	Sale of Supplies					11
12	Interest Income applied to interest exp	<b>.</b>				12
13	Capital Costs -Buildings & Fixtures					13
_14	Capital Costs -Movable Equipment					14
15						15
16						16
17	Total -Transfer to W/S. A, Column 6,					17
	Line as Appropriate					

- (1) Description-all line references in this column pertain to CMS Pub. 15-I
- (2) Basis for adjustment (SEE INSTRUCTIONS)
  - A. Costs-if cost, including applicable overhead, can be determined
  - B. Amount Received-if cost cannot be determined
- (3) Only the income from organs such as Cornea, Skin, Heart Valves, Bone, and Pancreas Islet may be offset.

  All internal organs such as Kidneys, Hearts, Livers, Lung, and Pancreas must go through cost finding on W

33-310 Rev. 3

				0000 (001111)			
TAL EXPENDITURES AND	MEDICARE	NUMBER	REPORTIN	WORKSHE	ET		
RECIATION RECONCILIATION			FROM:	A-6			
			TO:		· · · · · · · · · · · · · · · · · · ·		
- Analysis of Changes in	Beginning	Acquisitions			Ending		
Capital Asset Balances During Cost		Purchase	Donations	Total	Disposals	Balance	
Reporting Period		2	3	4	5	6	
Land							1
Land Improvements							2
Building and Fixtures							3
Fixed Equipment							4
Movable Equipment							5
Auto,Truck, Van							6
Other (Specify)							7
Total							8
	Land Land Improvements Building and Fixtures Fixed Equipment Movable Equipment Auto,Truck, Van Other (Specify)	RECIATION RECONCILIATION  I - Analysis of Changes in Beginning Balance orting Period  Land  Land  Land Improvements  Building and Fixtures  Fixed Equipment  Movable Equipment  Auto,Truck, Van  Other (Specify)	RECIATION RECONCILIATION  I - Analysis of Changes in all Asset Balances During Cost orting Period  Land  Land  Land Improvements  Building and Fixtures  Fixed Equipment  Movable Equipment  Auto,Truck, Van  Other (Specify)	RECIATION RECONCILIATION  FROM:	RECIATION RECONCILIATION  FROM: TO:  I - Analysis of Changes in Tal Asset Balances During Cost Orting Period  Land  Land  Land Improvements  Building and Fixtures  Fixed Equipment  Movable Equipment  Auto,Truck, Van  Other (Specify)	RECIATION RECONCILIATION  FROM:	TAL EXPENDITURES AND RECIATION RECONCILIATION    A-6   FROM:

Part I	I - Analysis of Changes	Beginning			Ending	
In Ac	cumulated Depreciation	Balance	Additions	Deletions	Balance	
Desc	ription	1	2	3	4	
1	Land					1
2	Land Improvements					2
3	Buildings and Fixtures					3
4	Building Improvements					4
5	Fixed Equipment					5
6	Movable Equipment					6
7	Auto,Truck, Van					7
8	Other (Specify)					8
9	Total					9

Part	III - Depreciation Reported In Cost Statement			
1	Straight Line			1
2	Declining Balance			2
3	Sum of Years Digits			3
4	Depreciation reported on W/S -A column 7. (Total- Sum of 1, 2 and 3)			4
		1	2	
5	Is depreciation funded? Enter "Y" for yes or "N" for no in column 1. If yes,			5
	enter in column 2 the balance in fund at the end of the period.			
6	Was there a gain or loss on the sale of assets during the cost reporting			6
	period? (See CMS Pub-15-1, Section 132)			

FORM CMS-216-94 (11-2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II SECTION 3310)

Rev. 4 33-311

CO	ST ALLOCATION-GEN	IERAL SERV	ICE COSTS	)	MEDICARE	NUMBER		REPORTIN FROM TO	IG PERIOD		WORKSHE	ELB	
CO	ST CENTER	NET COST FOR ALLOCATION (FROM WKST. A, COL.7)	CAPITAL- BUILDING, OPERATION OF PLANT AND HOUSE KEEPING	CAPITAL COSTS MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	MEDICAL SUPPLIES	OTHER	OTHER	ORGAN ACQUISITION COSTS	SUBTOTAL (COLS.1-8)	ADMIN. & GENERAL	TOTAL EXPENSES	
	1	1	2	3	4	5	6	7	8	9	10	11	
_1	COSTS TO BE ALLOCATED		( )	( )	( )	( )	( )	( )			( )		1
2	Organ Acquisitions								( )	-0-			2
	REIMBURSABLE												
	COST CENTERS												
3	Kidney Acquisitions (1)												3
4	Tissue Typing Laborator	y(2)											4
	NONREIMBURSABLE												
	COST CENTERS												
_5	Liver Acquisitions												5
6	Heart Acquisitions												6
_ 7	Pancreas Acquisitions												7
8	Lung Acquisitions												8
9	Other Acquisitions												9
10	Research												10
11	Blood Bank												11
12	Laboratory-Non-Tissue Typing												12
13	Dialysis Units												13
14													14
15													15
16	Totals Expenses		-0-	-0-	-0-	-0-	-0-	-0-	-0-		-0-		16

<sup>(1)</sup> Transfer amount on line 3, column 11 to Worksheet C, line 4, Part I

<sup>(2)</sup> Transfer amount on line 4, column 11 to Worksheet C, line 4, Part II

11-0		W.			orm CMS-216-9	94	- INCOMPLEX	NENIZA S		3390 (Co	nt.)
COS	ST ALLOCATION-STATISTICAL BAS	is		MEDICARE N	NOMBEK		REPORTING FROM	PERIOD:	WORKSHEE	т р 1	
							TO		WORKSHEE	- I D-T	
	COST CENTERS	CAPITAL BUILDING OPERATION OF PLANT AND HOUSE- KEEPING (SQ. FEET)	CAPITAL COSTS MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS  (ADJUSTED SALARIES) 4	MEDICAL SUPPLIES (COSTED REQUISITIONS)	OTHER 6	OTHER	ORGAN ACQUISITION COSTS (NUMBER OF ORGANS) 8	9	ADMINISTRATION & GENERAL (ACCUMULATED COSTS)	
1	COSTS TO BE ALLOCATED					-					1
-	Organ Acquisition Costs										2
	REIMBURSABLE COST CENTERS										Ī
3	Kidney Acquisitions										3
4	Tissue Typing Laboratory										4
	NONREIMBURSABLE COST CENTERS										
5	Liver Acquisitions										5
6	Heart Acquisitions										6
7	Pancreas Acquisitions										7
8	Lung Acquisitions										8
9	Other Organ Acquisitions										9
10	Research										10
11	Blood Bank										11
12	Laboratory-Non-Tissue Typing										12
13	Dialysis Units										13
14											14
15											15
16	Total (Lines 2-15)										16
17	COSTS TO BE ALLOCATED PER W/S B										17
18	UNIT COST MULTIPLIER (17/16)										18

FORM CMS-216-94 (11-2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3311)

Rev. 4 33-313

					<del>,</del>	
COM	PUTATION OF MEDICARE COST	MEDICARE NUMBER	REPORTING PERIOD	WORKSHEET C		
			FROM			
			то			
	Part I - KIDNEY ACQUISITION					
1	Total Number of Viable Kidneys Proc		1			
_ 2	Total Number of Medicare Kidneys (S		2			
3	Ratio of Medicare Kidneys to Total Ki		3			
4	Total Cost Applicable to Kidney Acquisition from W/S B, Col. 11, Line 3 or W/S A,				4	
	Col. 7, Line 26					
5	Total Medicare Kidney Acquisition Co		5			

(1) Transfer amount on line 5 to Worksheet D, Column 1, Line 1

	Part II - TISSUE TYPING LABORATORY	
1	Gross Revenues-Tissue Typing Laboratory-All Tests	1
2	Gross Revenues-Tissue Typing Laboratory-Kidney Transplant Related Tests Only (2)	2
3	Ration of Kidney Transplant to Total (Line 2/Line 1)	3
4	Total Cost Applicable to Tissue Typing Lab. From W/S-B, Col. 11, Line 4 or W/S-A,	4
	Col.7, Line 26	
5	Reimbursable Kidney Transplant Related Costs (Line 3 x Line 4) (3)	5

<sup>(2)</sup> If the cost report is a partial year under the program, show only the kidney related revenue earned since the participation date

(3) Transfer Line 5 to Worksheet D, Column 2, Line 1.

33-314 Rev. 4

CALCULATION OF REIMBURSEMENT MEDICARE		REPORTING PERIOD	WORKSHEET D		
SETT	FLEMENT	NUMBER	FROM		
			то		
			1	2	
			Kidney Acquisition	Tissue Typing Lab	
1	Medicare Reimbursable Cost-Kidney	Acquisition-			1
	Worksheet-C,Column 1,line 5				
	Tissue Typing-Laboratory W/S-C, Col	umn 2, Line 5			
2	Total Revenue Received for Lab Serv	ices Furnished to			2
	Foreign Countries, Military and DVA F	Iospitals			
3	Total Cost Reimbursable to OPO/LAB (Line 1-Line 2)				3
4	Total Payments Received and Receiv	able from OPOs			4
	and Transplant Hospitals for Kidneys	Furnished or			
	Laboratory Services Provided for Kidr	ey Transplantation			
	(From Your Records)				
_ 5	Subtotal (Line 3-Line 4)				5
6	Sequestration Adjustment (See Instructions)				6
7	Interim Payments				7
8	Net Balance Due OPO/LAB (Medicare Program)				8
	(Line 5 - (Line 6 + Line 7)				

Rev. 3 33-315

BALANCE SHEET   NUMBER   PERIOD: FROM	3390 (Cont.)		Form CMS 2		216-94	06-02
Assets (Omit cents)  (Interest cents)  (	-		MEDICARE PERIOD:		PERIOD:	
Assets (Omit cents)  (Interest cents)  (		BALANCE SHEET	NUMBER		FROM	WORKSHEET
Assets (Omit cents)  CURRENT ASSETS  CURRENT IABILITIES  1 Cash on hand and in banks  2 Temporary investments 3 Notes receivable 4 Accounts receivable 5 Other receivable 6 Less: allowances for uncollectible notes and accounts receivable 7 Inventory 8 Prepaid expenses 9 Other current assets 1 TOTAL CURRENT LIABILITIES 1 Advanced blood deposits 1 TOTAL CURRENT LIABILITIES 2 Total Current assets 4 TOTAL CURRENT LIABILITIES 3 Salaries, wages & fees payable 4 Accounts receivable 9 Advanced blood deposits 4 Due to other funds 4 Due to other funds 5 Other receivable 7 Inventory 4 I TOTAL CURRENT LIABILITIES 8 Prepaid expenses 9 Other current assets 10 Due from other funds 1 Long TERM LIABILITIES 1 Mores payable 4 Notes payable 9 Other current assets 1 Long TERM LIABILITIES 1 Mores payable 4 Notes payable 4 Notes payable 4 Notes payable 9 Other current assets 1 Long TERM LIABILITIES 1 Mores payable 1 Less: Accumulated depreciation ( ) 47 1 Less-Countilated depreciation ( ) 47 1 Less-Countilated depreciation ( ) 47 1 Less-Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 1 Buildings 1 Less: Accumulated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 1 Buildings 1 Less: Accumulated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 1 Current LIABILITIES 1 Current LIABILITIES 1 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 1 Current LIABILITIES 2 Current LIABILITIES 3 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 3 Current LIABILITIES 4 Current LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated depreciation ( ) 49 1 TOTAL LONG TERM LIABILITIES 5 Countilated term					ТО	E
Assets (Omit cents) Pund  (Omit cents) Pund  (Omit cents) Pund  1  CURRENT LIABILITIES  1  CURRENT LIABILITIES  1  1  CURRENT LIABILITIES  1  2  Temporary investments 3  3  Salaries, wages & fees payable 3  3  Notes receivable 4  Accounts receivable receivable 4  Account funds 4  Inventory 4  Inventory 4  Inventory 4  Inventory 4  Interventor Accounts receivable 4  Interventor Accounts receivable 4  Interventor Accounts receivable 4  Inventory 4  Interventor Accounts receivable 4  Inventory 4  Interventor Accounts receivable 4  Inter						
Assets (Omit cents) Pund  (Omit cents) Pund  (Omit cents) Pund  1  CURRENT LIABILITIES  1  CURRENT LIABILITIES  1  1  CURRENT LIABILITIES  1  2  Temporary investments 3  3  Salaries, wages & fees payable 3  3  Notes receivable 4  Accounts receivable receivable 4  Account funds 4  Inventory 4  Inventory 4  Inventory 4  Inventory 4  Interventor Accounts receivable 4  Interventor Accounts receivable 4  Interventor Accounts receivable 4  Inventory 4  Interventor Accounts receivable 4  Inventory 4  Interventor Accounts receivable 4  Inter					Liabilities and Fund	
CURRENT ASSETS		Assets	General			General
Current Assets						
CURRENT LIABILITIES		(Office Cents)		1	(Onit Gents)	
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7   Inventory   41   8   Prepaid expenses   42   TOTAL CURRENT LIABILITIES     9   Other current assets   42   TOTAL CURRENT LIABILITIES     10   Due from other funds   LONG TERM LIABILITIES     11   TOTAL CURRENT ASSETS   43   Mortgage payable     (Sum of lines 1 - 10)   44   Notes payable     12   Land			( )			
8 Prepaid expenses   42 TOTAL CURRENT LIABILITIES   9 Other current assets   (Sum of lines 34 - 41)   10 Due from other funds   LONG TERM LIABILITIES   11 TOTAL CURRENT ASSETS   43 Mortgage payable   FIXED ASSETS   45 Unsecured loans   12 Land   46   13 Land improvements   48   14 Less: Accumulated depreciation   47   15 Buildings   48   16 Less: Accumulated depreciation   49 TOTAL LONG TERM LIABILITIES   17 Leasehold improvements   (Sum of lines 43 - 48)   18 Less: Accumulated depreciation   50 TOTAL LIABILITIES   19 Fixed equipment   (Sum of lines 42 and 49)   20 Less: Accumulated depreciation   52 Specific purpose fund balance   21 Automobiles and trucks   51 General fund balance   22 Less: Accumulated depreciation   52 Specific purpose fund balance   23 Major movable equipment   53 Donor created - endowment fund balance - restricted   25 Minor equipment nondepreciable   54 Donor created - endowment fund balance - unrestricted   26 Other fixed assets   56 Governing board created - endowment fund balance   27 TOTAL FIXED ASSETS   56 Governing board created - endowment fund balance   28 Investments   57 Plant fund balance - reserve for plant improvement, replacement and expansion   31 Linvestments   57 Plant fund balance - reserve for plant improvement, replacement and expansion   31 Linvestments   58 TOTAL FINED BALANCE   32 TOTAL OTHER ASSETS   59 TOTAL LIABILITIES   33 TOTAL ASSETS   50 TOTAL LIABILITIES   34 TOTAL ASSETS   50 TOTAL LIABILITIES   35 TOTAL LIABILITIES   50 TOTAL LIABILITIES   36 TOTAL LIABILITIES   57 TOTAL LIABILITIES   37 TOTAL LIABILITIES   57 TOTAL LIABILITIES   38 TOTAL ASSETS   59 TOTAL LIABILITIES   39 TOTAL LIABILITIES   50 TOTAL LIABILITIES   30 TOTAL LIABILITIES   3					Due to other funds	
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15 Buildings	13 I	Land improvements		1		
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30 Due from owners/officers  31				3/		
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(Sum of lines 28 - 31)  33 TOTAL ASSETS  59 TOTAL LIABILITIES AND FUND BALANCE				J 58		
33 TOTAL ASSETS FUND BALANCE					,	
		,		J 59		
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(Suiii of files 11, 27 and 32)	(	Sum of lines 11, 27 and 32)			(Sum of lines 50 and 58)	
( ) = contra amount  FORM CMS 216 04 (02/05) (INSTRUCTIONS FOR THIS WORKSHEET ARE BURLISHED IN	(					

FORM CMS -216-94 ( 03/95 ) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3314 )

33-316 Rev. 3

STATEMENT OF OPERATING EXPENSES		MEDICARE NUMBER	REPORTING PERIOD	WORKSHEET E-1	
AND REVENUES			FROM		
			то		
PAR <sup>-</sup>	ГІ	ОРО	BLOOD BANK/LAB	TOTAL	
REVI	ENUES				
1	Whole Blood and Components				1
2	Processing Fees				2
3	Other Blood Products and Services				3
4	Tissue Typing Services				4
5	Other Laboratory Services				5
6	Other Patient Service Fees:				6
7					7
8					8
9					9
10	Kidney Procurement Revenue				10
11	Other Organ Procurement Revenue				11
12	Total Revenue for Services Provided				12

## PART II

## **EXPENSES**

1	Operating Expenses (Per W/S-A, Column 3, Line 26)					1
2	Add (Specify)					2
3						3
4						4
5						5
6	Total Additions					6
7	Deduct (Specify)					7
8		(	)			8
9		(	)			9
10		(	)			10
11	Total Deductions			(	)	11
12	Total Operating Expenses (Sum of Lines 1 and 6 minus 11)					12
	Transfer to Worksheet E-2 Line 4					

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STA	TEMENT OF REVENUES	MEDICARE NUMBER	REPORTING PERIOD	WORKSHEET E-2		
AND	EXPENSES		FROM			
			то	-		
1	Total Revenues for Services Provided (From V	N/S E-1, Part I, Line 12)			1	
2	Less: Allowances for Discounts on Servic	es		( )	2	
3	Net Revenue for Services Provided				3	
4	Less: Total Operating Expenses (From W	//S E-1, Part II Line 12)		( )	4	
5	Net Income From Services				5	
6	Other Income:				6	
7	Contributions				7	
8	Income From Investments				8	
9	Purchase Discounts				9	
10	Rebates and Refunds of Expenses				10	
11	Parking Lot Receipts				11	
12	Vending Machine Receipts				12	
13	Rental or Lease Income				13	
14	Income From Sales of Supplies				14	
15	Federal Research Grants (Specify)				15	
16	Federal Research Grants (Specify)				16	
17	Federal Research Grants (Specify)				17	
18	Other Research Grants (Specify)				18	
19	Other Research Grants (Specify)				19	
20	Other (Specify)				20	
21	Other (Specify)				21	
22	Other (Specify)				22	
23	Other (Specify)				23	
24	Total Other Income (Sum of Lines 6-23)				24	
25	Total (Line 5 plus line 24)				25	
26	Other Expenses(Specify)				26	
27	Other Expenses(Specify)				27	
28	Total Other Expenses (Sum of lines 26 &	27)		( )	28	
29	Net Income (or Loss) for the Period (Line	25 minus Line 28)			29	

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							<u> </u>
STATEMENT OF COSTS OF SERVICES			MEDICARE NUI	MBER REF	PORTING PERIOD:	SUPPLEME	NTAL
FROM	I RELATE	D ORGANIZATIONS		FRC	OM	WORKSHEE	T
				ТО_		_ A-5-1	
A.	Are there	any costs included on Wo	rksheet Å which resulted fr	om transactions w	ith related organizatio	ons as	
	defined in	n the Provider Reimbursem	ent Manual, Part I, Chapter	10?			
	[ ]Yes	[ ] No (If "	Yes", complete Parts II a	nd III )			
B.	Costs ir	ncurred and adjustments	required as result of trar	nsactions with re	lated organizations:		
					AMOUNT	NET	
LOC	CATION A	AND AMOUNT INCLUDE	ED ON WORKSHEET A, O	WORKSHEET A, COLUMN 6		ADJUSTMEN	Т
					IN COST	(COL.4 MINI	JS
	LINE NO.	COST CENTER	EXPENSES ITEMS	AMOUNT	1	COL. 5)	
	1	2	3	4	5	6	
1							1
2							2
3							3

Interrelationship of facility to related organization (s):

TOTALS (sum of lines 1-4) Transfer col.6, line 1-4 to Wkst. A,col.6 as appropriate)

(Transfer col.6, line 5 to Wkst. A-5, col.2, line 4, Adjustment to Expenses)

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires the provider to furnish the information requested on Part C of this worksheet.

This information will be used by the Centers for Medicare and Medicaid Services and its intermediaries in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to the facility by common ownership or control, represent reasonable costs as determined under section 1861(v) (1) (a) of the Social Security Act. If the provider does not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				RI	ELATED ORGANIZATIO	N (S)	
S	SYMBOL	Name	Percentage of Ownership	Name	Percentage of	Type of Business	
	(1)	Name 2	3	4	Ownership 5	6	
1							1
2							2
3							3
4							4

- (1) Use the following symbols to indicate interrelationship to related organizations:
  - A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in the facility;
  - B. Corporation, partnership, or other organization has financial interest in the facility;
  - C. Facility has financial interest in corporation, partnership, or other organization(s);
  - D. Director, officer, administrator, or key person of the facility or relative of such person has financial interest in related organization;
  - E. Individual is director, officer, administrator, or key person of the facility and related organization;
  - F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in the facility;
  - G. Other (financial or non-financial) specify

FORM CMS-216-94(3/95) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, Section 33	17)
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