

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: DDWC015-S-1014484

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
231326-1000	1	231326-110	4	231326-140	1	231326-145	1
231326-850	3	231326-852	1	231326-855	1		

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN  
 Paid Dates: 02/01/08 THRU 08/18/09  
 Report Run Date: 08/18/09  
 Provider FYE: 12/31  
 Provider Number: 231326 CLINTON MEMORIAL HOSPITAL

PROVIDER SUMMARY REPORT  
 CONSOLIDATED SUMMARY OF ALL REPORT TYPES  
 THIS DATA IS INFORMATIONAL ONLY - NOT ALL ITEMS ARE USED FOR COST REPORTS

Page: 1  
 Report #: OD44203  
 Report Type: 1000

SERVICES APPLIED FOR THE PERIODS: 01/01/2009 - 12/31/2009										
REPORT TYPE		CHARGES	GROSS REIMBURSEMENT	DEDUCTIBLES	COINSURANCE	MSP	ESRD RDCTN/NTWK PYMTS	MSP OTHER	OTHER ADJUSTMENTS	NET REIMBURSEMENT
INPATIENT REPORTS	110	\$3,126,719.63	\$1,343,954.00	\$146,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197,814.00
<b>TOTAL</b>		<b>\$3,126,719.63</b>	<b>\$1,343,954.00</b>	<b>\$146,140.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,197,814.00</b>
OUTPATIENT REPORTS (excluding MSP-LCC)	140	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	145	\$514,483.25	\$108,062.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,062.72
	850	\$4,934,756.56	\$1,233,698.18	\$15,510.72	\$934,354.98	\$9.32	\$0.00	\$0.00	\$0.00	\$283,808.13
	852	\$241.60	\$60.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60.40
	855	\$412,044.00	\$141,548.82	\$0.00	\$25,441.27	\$0.00	\$0.00	\$0.00	\$0.00	\$115,383.20
<b>TOTAL</b>		<b>\$5,861,525.41</b>	<b>\$1,483,370.12</b>	<b>\$15,510.72</b>	<b>\$959,796.25</b>	<b>\$9.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$507,314.45</b>
<b>SERVICE PERIOD TOTAL</b>		<b>\$8,988,245.04</b>	<b>\$2,827,324.12</b>	<b>\$161,650.72</b>	<b>\$959,796.25</b>	<b>\$9.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,705,128.45</b>

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN  
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 Provider Number: 231326 CLINTON MEMORIAL HOSPITAL

PROVIDER SUMMARY REPORT  
 INPATIENT - PART A

Page: 1  
 Report #: OD44203  
 Report Type: 110

	SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	205			
MEDICARE DAYS	734			
CLAIMS	205			

CHARGE SECTION

\*\*\* ACCOMMODATION CHARGES \*\*\*

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0110	ROOM-BOARD/PVT	8	\$10,736.00						
0120	ROOM-BOARD/SEMI	716	\$909,084.00						
0210	CORONARY CARE or (CCU)	10	\$21,090.00						
<b>TOTAL ACCOMMODATIONS</b>		<b>734</b>	<b>\$940,910.00</b>						

\*\*\* ANCILLARY CHARGES \*\*\*

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	402	\$686,822.82						
0258	IV SOLUTIONS	36	\$11,343.32						
0270	MED-SUR SUPPLIES	159	\$356,235.90						
0271	NONSTER SUPPLY	9	\$34.24						
0272	STERILE SUPPLY	43	\$3,069.42						
0300	LABORATORY or (LAB)	108	\$10,927.00						
0301	LAB/CHEMISTRY	203	\$142,708.50						
0302	LAB/IMMUNOLOGY	74	\$15,116.75						
0305	LAB/HEMATOLOGY	205	\$46,479.75						
0306	LAB/BACT-MICRO	107	\$42,498.25						
0307	LAB/UROLOGY	72	\$4,855.50						
0309	LAB/OTHER	1	\$182.75						
0310	PATHOLOGY LAB or (PATH LA	24	\$3,304.25						
0312	PATHOL/HYSTOL	11	\$457.00						
0320	DX X-RAY	46	\$17,267.00						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

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PROVIDER SUMMARY REPORT  
 INPATIENT - PART A

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SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0324	DX X-RAY/CHEST	92	\$23,489.00						
0340	NUCLEAR MEDICINE or (NUC	2	\$1,460.00						
0341	NUC MED/DX	6	\$7,124.00						
0343	NUC MED/DX RADIOPHARM	3	\$1,326.00						
0351	CT SCAN/HEAD	35	\$45,641.00						
0352	CT SCAN/BODY	40	\$95,817.00						
0360	OR SERVICES	25	\$79,176.00						
0361	OR/MINOR	2	\$388.00						
0370	ANESTHESIA	33	\$15,688.43						
0390	BLOOD/STOR-PROC	21	\$13,883.75						
0402	ULTRASOUND	17	\$11,164.00						
0410	RESPIRATORY SVC	96	\$74,104.00						
0420	PHYSICAL THERP	67	\$29,716.00						
0424	PHYS THERP/EVAL	87	\$16,368.00						
0430	OCCUPATION THER	6	\$1,196.00						
0434	OCCUP THERP/EVAL	14	\$2,604.00						
0441	SPEECH PATH/VISIT	3	\$552.00						
0444	SPEECH PATH/EVAL	9	\$3,840.00						
0460	PULMONARY FUNC	178	\$210,805.00						
0480	CARDIOLOGY	47	\$88,751.00						
0482	STRESS TEST	2	\$572.00						
0483	ECHOCARDIOLOGY	19	\$7,372.00						
0610	MRT	5	\$10,576.00						
0611	MRI - BRAIN	4	\$11,084.00						
0612	MRI - SPINE	2	\$3,774.00						
0710	RECOVERY ROOM	24	\$16,419.00						
0730	EKG/ECG	145	\$29,859.00						

**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

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**PROVIDER SUMMARY REPORT  
 INPATIENT - PART A**

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		SERVICES FOR PERIOD 01/01/09 - 12/31/09		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0731	HOLTER MONT	1	\$286.00						
0750	GASTR-INTS SVS	12	\$8,485.00						
0761	TREATMENT RM	12	\$3,384.00						
0921	PERI VASCUL LAB	40	\$29,603.00						
<b>TOTAL ANCILLARY</b>		<b>2,549</b>	<b>\$2,185,809.63</b>						
<b>TOTAL COVERED CHARGES</b>			<b>\$3,126,719.63</b>						

**REIMBURSEMENT SECTION**

**OPERATING**

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$0.00		
OUTLIER	\$0.00		
DSH/LIP	\$0.00		
IME/TEACHING ADJ.	\$0.00		
NEW TECHNOLOGY	\$0.00		
IPF ECT	\$0.00		
<b>TOTAL OPERATING PAYMENTS</b>	<b>\$0.00</b>		

**CAPITAL**

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$0.00		
OUTLIER	\$0.00		
HOLD HARMLESS	\$0.00		
DSH	\$0.00		
INDIRECT MEDICAL EDUCATION	\$0.00		
EXCEPTIONS	\$0.00		
<b>TOTAL CAPITAL PAYMENTS</b>	<b>\$0.00</b>		

**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

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**PROVIDER SUMMARY REPORT  
 INPATIENT - PART A**

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	SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
<b>PAYMENT</b>				
<b>GROSS REIMBURSEMENT</b>	<b>\$1,343,954.00</b>			
<b>LESS</b>				
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$146,140.00			
BLOOD DEDUCTIBLE	\$0.00			
COINSURANCE	\$0.00			
NET MSP PAYMENTS	\$0.00			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$0.00			
<b>NET REIMBURSEMENT</b>	<b>\$1,197,814.00</b>			

**ADDITIONAL INFORMATION SECTION**

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$0.00			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	205			
DRG/CMG WEIGHT	0.0000			
WEIGHT/DISCHARGES	0.0000			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN  
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PROVIDER SUMMARY REPORT  
 OUTPATIENT / OTHER - ALL OTHER COST REIMBURSED

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	SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

CLAIMS	156			
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CHARGE SECTION

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0300	LABORATORY or (LAB)	0	\$0.00						
0301	LAB/CHEMISTRY	0	\$0.00						
0302	LAB/IMMUNOLOGY	0	\$0.00						
0305	LAB/HEMATOLOGY	0	\$0.00						
0306	LAB/BACT-MICRO	0	\$0.00						
<b>TOTAL COVERED CHARGES</b>		<b>0</b>	<b>\$0.00</b>						

REIMBURSEMENT SECTION

GROSS REIMBURSEMENT	\$0.00		
LESS			
CASH DEDUCTIBLE	\$0.00		
BLOOD DEDUCTIBLE	\$0.00		
COINSURANCE	\$0.00		
NET MSP PAYMENTS	\$0.00		
<b>NET REIMBURSEMENT</b>	<b>\$0.00</b>		

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	\$0.00		
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**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

Program ID: REDESIGN  
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**PROVIDER SUMMARY REPORT  
 OUTPATIENT / OTHER - FEE REIMBURSED  
 THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT**

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 Report #: OD44203  
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	SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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**STATISTIC SECTION**

<b>CLAIMS</b>	2,582			
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**CHARGE SECTION**

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0300	LABORATORY or (LAB)	3,726	\$82,719.75						
0301	LAB/CHEMISTRY	5,057	\$372,531.50						
0302	LAB/IMMUNOLOGY	230	\$13,388.25						
0305	LAB/HEMATOLOGY	958	\$29,223.75						
0306	LAB/BACT-MICRO	205	\$13,969.25						
0311	PATHOL/CYTOLOGY	28	\$1,174.75						
0312	PATHOL/HYSTOL	15	\$1,476.00						
<b>TOTAL COVERED CHARGES</b>		<b>10,219</b>	<b>\$514,483.25</b>						

**REIMBURSEMENT SECTION**

<b>GROSS REIMBURSEMENT</b>	<b>\$108,062.72</b>		
<b>LESS</b>			
CASH DEDUCTIBLE	\$0.00		
BLOOD DEDUCTIBLE	\$0.00		
COINSURANCE	\$0.00		
NET MSP PAYMENTS	\$0.00		
<b>NET REIMBURSEMENT</b>	<b>\$108,062.72</b>		

**ADDITIONAL INFORMATION SECTION**

<b>CLAIM INTEREST PAYMENTS</b>	\$0.13		
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PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

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PROVIDER SUMMARY REPORT  
 CRITICAL ACCESS HOSPITAL

Page: 1  
 Report #: OD44203  
 Report Type: 850

SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

CLAIMS	2,484		
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CHARGE SECTION

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	4,939	\$93,460.41						
0253	DRUGS/TAKEHOME	78	\$0.00						
0258	IV SOLUTIONS	1	\$31.50						
0260	IV THERAPY	262	\$56,682.00						
0270	MED-SUR SUPPLIES	1,021	\$105,061.25						
0271	NONSTER SUPPLY	28	\$226.24						
0272	STERILE SUPPLY	108	\$3,080.06						
0300	LABORATORY or (LAB)	406	\$13,514.25						
0301	LAB/CHEMISTRY	1,690	\$131,332.29						
0302	LAB/IMMUNOLOGY	252	\$15,523.50						
0305	LAB/HEMATOLOGY	1,025	\$40,433.25						
0306	LAB/BACT-MICRO	264	\$31,175.75						
0307	LAB/UROLOGY	162	\$10,260.75						
0310	PATHOLOGY LAB or (PATH LA	48	\$5,088.75						
0312	PATHOL/HYSTOL	3	\$128.25						
0320	DX X-RAY	592	\$137,052.00						
0324	DX X-RAY/CHEST	532	\$107,953.00						
0331	CHEMOTHER/INJ	44	\$11,440.00						
0335	CHEMOTHERP-IV	38	\$23,096.00						
0340	NUCLEAR MEDICINE or (NUC	80	\$33,269.00						
0341	NUC MED/DX	57	\$80,782.00						
0343	NUC MED/DX RADIOPHARM	63	\$27,792.00						
0350	CT SCAN	1	\$563.00						
0351	CT SCAN/HEAD	199	\$246,561.00						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN  
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PROVIDER SUMMARY REPORT  
 CRITICAL ACCESS HOSPITAL

Page: 2  
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REV CODE	DESCRIPTION	SERVICES FOR PERIOD 01/01/09 - 12/31/09		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
		UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0352	CT SCAN/BODY	465	\$712,118.00						
0360	OR SERVICES	85	\$132,237.00						
0361	OR/MINOR	27	\$2,747.00						
0370	ANESTHESIA	286	\$34,754.80						
0390	BLOOD/STOR-PROC	82	\$13,683.75						
0391	BLOOD/ADMIN	27	\$25,923.00						
0401	MAMMOGRAPHY	73	\$14,569.00						
0402	ULTRASOUND	105	\$64,843.00						
0410	RESPIRATORY SVC	25	\$2,739.00						
0412	INHALATION SVC	2	\$529.00						
0420	PHYSICAL THERP	1,715	\$159,511.00						
0424	PHYS THERP/EVAL	80	\$14,880.00						
0430	OCCUPATION THER	47	\$4,324.00						
0434	OCCUP THERP/EVAL	6	\$1,116.00						
0441	SPEECH PATH/VISIT	12	\$3,466.00						
0444	SPEECH PATH/EVAL	6	\$2,304.00						
0450	EMERG ROOM	2,161	\$880,004.00						
0460	PULMONARY FUNC	221	\$21,371.00						
0480	CARDIOLOGY	40	\$50,095.00						
0482	STRESS TEST	41	\$11,726.00						
0483	ECHOCARDIOLOGY	12	\$4,656.00						
0610	MRT	61	\$128,109.00						
0611	MRI - BRAIN	55	\$148,211.00						
0612	MRI - SPINE	93	\$173,064.00						
0636	DRUGS/DETAIL CODE	37,714	\$789,845.76						
0710	RECOVERY ROOM	32	\$14,032.00						
0730	EKG/ECG	345	\$38,505.00						

**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

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PROVIDER SUMMARY REPORT  
 CRITICAL ACCESS HOSPITAL

Page: 3  
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REV CODE	DESCRIPTION	SERVICES FOR PERIOD 01/01/09 - 12/31/09		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
		UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0731	HOLTER MONT	3	\$858.00						
0740	EEG	19	\$47,029.00						
0750	GASTR-INTS SVS	66	\$71,514.00						
0761	TREATMENT RM	266	\$51,554.00						
0762	OBSERVATION RM	1,735	\$53,117.00						
0921	PERI VASCUL LAB	132	\$86,291.00						
0940	OTHER RX SVS	4	\$524.00						
0981	PRO FEE/ER	0	\$0.00						
<b>TOTAL COVERED CHARGES</b>		<b>57,936</b>	<b>\$4,934,756.56</b>						

**REIMBURSEMENT SECTION**

<b>GROSS REIMBURSEMENT</b>	<b>\$1,233,698.18</b>		
<b>LESS</b>			
CASH DEDUCTIBLE	\$15,525.75		
BLOOD DEDUCTIBLE	\$0.00		
COINSURANCE	\$934,354.98		
NET MSP PAYMENTS	\$9.32		
<b>NET REIMBURSEMENT</b>	<b>\$283,808.13</b>		

**ADDITIONAL INFORMATION SECTION**

CLAIM INTEREST PAYMENTS	\$0.47		
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**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

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**PROVIDER SUMMARY REPORT  
 CRITICAL ACCESS HOSPITAL - VACCINES - PART B 100% REASONABLE COST**

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 Report #: OD44203  
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	SERVICES FOR PERIOD 01/01/09 - 12/31/09	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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**STATISTIC SECTION**

<b>CLAIMS</b>	3		
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**CHARGE SECTION**

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0636	DRUGS/DETAIL CODE	3	\$241.60						
<b>TOTAL COVERED CHARGES</b>		<b>3</b>	<b>\$241.60</b>						

**REIMBURSEMENT SECTION**

<b>GROSS REIMBURSEMENT</b>	<b>\$60.40</b>		
<b>LESS</b>			
CASH DEDUCTIBLE	\$0.00		
BLOOD DEDUCTIBLE	\$0.00		
COINSURANCE	\$0.00		
NET MSP PAYMENTS	\$0.00		
<b>NET REIMBURSEMENT</b>	<b>\$60.40</b>		

**ADDITIONAL INFORMATION SECTION**

CLAIM INTEREST PAYMENTS	\$0.00		
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**PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM**

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PROVIDER SUMMARY REPORT  
 CRITICAL ACCESS HOSPITAL - FEE REIMBURSED  
 THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT

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**STATISTIC SECTION**

<b>CLAIMS</b>	1,062		
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**CHARGE SECTION**

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0403	SCR MAMMOGRAPHY/GEN MAMMO	282	\$53,298.00						
0942	EDUC/TRAINING	4	\$60.00						
0981	PRO FEE/ER	960	\$358,686.00						
<b>TOTAL COVERED CHARGES</b>		<b>1,246</b>	<b>\$412,044.00</b>						

**REIMBURSEMENT SECTION**

<b>GROSS REIMBURSEMENT</b>	<b>\$141,548.82</b>		
<b>LESS</b>			
CASH DEDUCTIBLE	\$724.35		
BLOOD DEDUCTIBLE	\$0.00		
COINSURANCE	\$25,441.27		
NET MSP PAYMENTS	\$0.00		
<b>NET REIMBURSEMENT</b>	<b>\$115,383.20</b>		

**ADDITIONAL INFORMATION SECTION**

<b>CLAIM INTEREST PAYMENTS</b>	\$0.00		
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