

Hospital	Year	Patient Billing	Deductions	Net Revenue
Lee Memorial	2016	3,553,795,369	2,758,431,056	795,364,313
0010-0012	2017	3,739,240,143	2,896,874,084	842,366,059
	2018	4,254,662,631	3,351,525,030	903,137,601
	2019	4,893,798,908	3,889,768,003	1,004,030,905
	2020	4,958,505,063	3,936,879,904	1,021,625,159
	2021	5,585,775,041	4,441,539,917	1,144,235,124
Total		27.1B	21.3B	5.7B
	Percent		78.6%	21%

Hospital	Year	Patient Billing	Deductions	Net Revenue
Lehigh Mem	2016	292,300,723	261,324,957	30,975,766
0010-0107	2017	315,140,000	279,451,730	35,688,270
	2018	291,319,975	254,530,579	36,789,396
	2019	303,032,543	263,170,852	39,861,691
	2020	292,243,330	251,742,698	40,500,632
	2021	301,321,885	257,737,926	43,583,959
Total		1.8B	1.6B	.2B
	Percent		88.9%	11.1%

Hospital	Year	Patient Billing	Deductions	Net Revenue
Gulf Coast	2016	1,700,529,280	1,354,907,193	345,622,087
0010-0220	2017	1,811,285,602	1,442,268,505	369,017,097
	2018	1,969,030,503	1,584,391,396	384,639,107
	2019	2,088,164,558	1,688,655,532	399,509,026
	2020	2,139,612,513	1,731,170,350	408,442,163
	2021	2,824,087,037	2,287,475,020	536,612,017
Total		12.5B	10.1B	2.4B
	Percent		80.8%	19.2%

Hospital	Year	Patient Billing	Deductions	Net Revenue
Cape Coral	2016	1,100,915,997	876,144,167	224,771,830
0010-0244	2017	1,184,782,546	944,411,463	240,371,083
	2018	1,295,157,553	1,040,633,476	254,524,077
	2019	1,391,383,538	1,124,812,650	266,570,888
	2020	1,424,233,996	1,147,298,236	276,935,760
	2021	1,705,801,145	1,373,303,335	332,497,810
Total		8.1B	6.5B	1.6B
	Percent		80.2%	19.8%

Lee Health		Patient Billing	Deductions	Net Revenue
Total		49.5B	39.5B	9.9B
	Percentage		80%	20%

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	REPORTING PERIOD			AHCA #	SUBMISSION NUMBER:			TOTAL NET PATIENT REVENUE	
			TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE		FROM:	TO:	TOTAL INPATIENT DEDUCTIONS FROM REVENUE		TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE
01	Bed Dens	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5950	48,239,782	54,009,489	103,339,271	18,885,194	32,233,093	50,310,097	(18,088,194)	(32,233,093)	(60,319,087)
03	Charity Care-Hill Burton	5950	-	-	-	-	-	-	48,239,782	54,009,489	103,339,271
04	Charity Care-Other	5950	-	-	-	-	-	-	-	-	-
05	Conventional-Medicare	5910	291,257,566	192,494,500	473,752,066	47,251,799	39,350,616	86,502,414	(47,251,799)	(39,350,616)	(86,502,414)
06	Other Government Fixed-Price Payors	5920	-	-	-	-	-	-	57,716,319	24,613,652	76,229,971
07	Other Government Fixed-Price Payors	5930	-	-	-	-	-	-	-	-	-
08	Insurance Charge Based	5935	55,890,555	29,746,798	85,637,353	43,990,754	24,314,595	68,305,349	11,899,801	5,432,203	17,332,004
09	Other Charge Based Payors	5936	-	-	-	-	-	-	-	-	-
10	Medicare-HMO	5911	281,678,689	159,941,182	440,620,130	228,676,309	141,417,028	370,093,026	32,002,668	17,623,536	69,626,204
11	Medicare-HMO	5921	81,177,397	82,358,300	163,479,691	76,156,198	76,446,657	152,602,645	4,987,193	5,009,649	10,870,842
12	Commercial-HMO	5940	174,789,879	189,591,286	387,380,165	85,738,057	102,284,037	188,022,694	89,080,022	84,308,649	173,387,471
13	Commercial-PPD	5941	-	-	-	-	-	-	-	-	-
14	Other Commercial Discounted Payors	5945	21,116,792	50,771,297	77,888,089	4,719,055	10,860,371	15,579,426	18,397,737	45,910,828	62,308,563
15	Admin. Courtesy and Policy Discounts	5980	-	-	-	-	-	-	-	-	-
16	Employee Discounts	5987	-	-	-	-	-	-	-	-	-
17	Other Deductions from Revenue	5990	-	-	-	11,083,825	32,291,270	43,355,095	(11,083,825)	(32,291,270)	(43,355,095)
18	Restricted Funds for Indigent Care	5995	-	-	-	-	-	-	-	-	-
19	Total Revenue and Deductions	6003	951,093,933	751,601,212	1,705,801,145	756,122,429	617,180,906	1,373,303,335	197,877,604	134,620,306	332,497,910
20	Radiation Therapy Revenue	4900	-	-	-	-	-	-	-	-	-
21	Adjusted Revenue And Deductions	6035	953,988,933	751,601,212	1,705,801,145	756,122,429	617,180,906	1,373,303,335	197,877,604	134,620,306	332,497,910
22	Total HMO/PO Payment	6004	-	-	257,794,917	-	-	-	-	-	332,497,910

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 697(3).  
 THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4960(1),(2),(3) ON WORKSHEET C-3  
 ON WORKSHEET C-3

NOTES: ACCOUNT 5985 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE- WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2019 TO: 9/30/2020

ARCHA# 0010-0244

SUBMISSION NUMBER: 00100244100120190930202002092021094949

WORKSHEET C-3a(fv)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debits	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	46,022,837	53,789,946	1,018,241,483	10,856,586	21,459,982	32,316,568	(10,856,586)	(21,459,982)	(32,316,568)
03	Charity Care-Hill Burton	5950							48,022,837	53,789,946	1,018,241,483
04	Charity Care-Other	5950									
05	Conventional-Medicare	5910	282,230,762	165,573,283	447,804,045	43,201,558	29,199,394	72,400,952	(43,201,558)	(29,199,394)	(72,400,952)
06	Conventional-Medicaid	5920				227,312,442	146,576,733	373,889,175	54,018,310	19,998,550	73,914,860
07	Other Government Fixed-Price Payors	5930									
08	Insurance Charge-Based	5935	47,455,223	23,346,825	70,802,048	40,039,557	20,281,920	60,321,477	7,415,866	3,064,905	10,480,771
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911	210,174,092	128,613,964	338,788,056	171,706,116	116,091,673	287,797,628	38,487,976	12,522,451	50,990,427
11	Medicaid-HMO	5921	62,112,821	62,201,968	124,314,589	56,048,845	57,624,891	113,673,736	6,063,776	4,977,077	10,940,853
12	Commercial-HMO	5940	117,504,481	156,905,034	274,409,515	58,285,337	89,195,711	147,481,048	59,219,144	70,709,323	129,928,467
13	Commercial-PPD	5941									
14	Other Commercial Discounted Payors	5945	17,210,924	49,003,348	66,214,270	7,070,086	18,703,843	25,774,029	10,140,838	29,379,403	39,520,241
15	Admin, Courtesy and Policy Discounts	5980									
16	Employee Discounts	5981				6,229,281	27,410,371	33,639,632	(8,229,281)	(27,410,371)	(35,639,632)
17	Other Deductions from Revenue	5990									
18	Restricted Funds for Indigent Care	6995									
19	Total Revenue and Deductions	C003	784,710,930	939,623,066	1,724,333,996	622,749,708	524,548,438	1,147,298,236	161,961,132	144,974,628	276,935,760
20	Adjusted Revenue And Deductions	C035									
21	Total HMO/PRO Payment	C004	784,710,930	939,623,066	1,724,333,996	622,749,708	524,548,438	1,147,298,236	161,961,132	144,974,628	276,935,760
22	Total HMO/PRO Payment	C004									

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C03(03), ON WORKSHEET C-3

THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3

NOTES: ACCOUNT 6995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2018 TO: 9/30/2019

ARCA # 0010-0244

SUBMISSION NUMBER: 00100244100120180930201902182020023456

WORKSHEET C-3a(fav)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	45,298,231	56,522,235	101,820,466	10,339,143	24,397,470	34,730,013	(10,339,143)	(24,397,470)	(34,730,013)
03	Charity Care-Hill Burton	5950							45,298,231	56,522,235	101,820,466
04	Charity Care-Other	5960									
05	Conventional-Medicare	5910	290,312,673	101,641,205	471,953,878	41,546,594	31,234,091	72,880,785	(41,546,594)	(31,234,091)	(72,880,785)
06	Conventional-Medicaid	5920				235,400,389	157,524,555	392,892,944	54,904,284	24,016,660	78,920,944
07	Other Government Fixed-Price Payors	5930									
08	Insurance Charge-Based	5935	23,652,676	17,936,549	41,589,225	19,574,344	15,079,101	34,653,445	4,076,332	2,867,248	6,935,780
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911									
11	Medicaid-HMO	5921	190,839,851	116,893,487	307,733,338	156,825,008	103,336,949	260,161,957	34,014,843	13,556,608	47,571,351
12	Commercial-HMO	5940	68,910,259	70,260,409	139,170,668	61,897,185	66,226,045	128,123,230	7,073,074	4,036,984	11,047,438
13	Commercial-PPO	5941	118,259,366	147,291,886	260,541,252	57,749,664	79,060,093	136,809,757	55,515,702	68,221,792	123,737,494
14	Other Commercial Discounted Payors	5945									
15	Admin, Contract and Policy Discounts	5980	19,195,074	49,479,658	69,674,732	9,714,119	19,966,376	29,680,495	9,480,955	20,513,292	30,994,247
16	Employee Discounts	5981									
17	Other Deductions from Revenue	5990				8,695,757	26,199,897	34,895,654	(8,695,757)	(26,199,897)	(34,895,654)
18	Restricted Funds for Indigent Care	5995									
19	Total Revenue and Deductions	C003	767,468,130	639,015,408	1,391,383,538	601,828,303	522,984,347	1,124,812,650	149,638,827	116,631,061	266,570,888
20	Federal Revenue	4900									
21	Adjusted Revenue And Deductions	C035	767,468,130	639,015,408	1,391,383,538	601,828,303	522,984,347	1,124,812,650	149,638,827	116,631,061	266,570,888
22	Total HMO/PO Payment	C004									
			182,356,293								

NOTE: THE AMOUNT ON LINE 19 COLUMN 3 SHOULD EQUAL ACCOUNT C57(3)

NOTE: THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4900(1),(2),(3) ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2017 TO: 9/30/2018

AHCA # 0010-0244

SUBMISSION NUMBER: 00100244100120170930201802122019093846

WORKSHEET C-3a(Rev)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE (1)	TOTAL OUTPATIENT REVENUE (2)	TOTAL PATIENT REVENUE (3)	TOTAL INPATIENT DEDUCTIONS FROM REVENUE (4)	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE (5)	TOTAL DEDUCTIONS FROM REVENUE (6)	NET INPATIENT REVENUE (7)	NET OUTPATIENT REVENUE (8)	TOTAL NET PATIENT REVENUE (9)
01	Bad Debts	5900	(1)								
02	Self-Pay Patients	5905	38,398,469	53,352,201	89,750,670	9,783,028	25,480,592	35,263,620	(0,789,089)	(25,480,592)	(35,263,620)
03	Charity Care-Hill Burton	5950							38,398,469	53,352,201	89,750,670
04	Charity Care-Other	5960									
05	Conventional-Medicare	5910	287,159,115	170,697,194	457,856,309	32,823,635	30,783,423	63,607,058	(32,823,635)	(30,783,423)	(63,607,058)
06	Conventional-Medicaid	5920				232,182,959	154,611,615	386,794,574	84,976,156	16,085,379	71,061,535
07	Other Government Fixed-Price Payors	5930									
08	Insurance Charge-Based	5935	16,603,693	13,623,381	29,626,984	13,049,938	11,297,966	24,347,904	2,953,685	2,325,616	5,279,080
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911	165,662,062	101,334,939	266,996,960	136,163,066	89,183,271	225,346,337	29,498,986	12,151,627	41,650,623
11	Medicaid-HMO	5921	67,900,345	65,101,731	133,002,072	60,589,078	64,976,849	125,565,927	7,311,288	124,682	7,435,970
12	Commercial-HMO	5940	97,463,020	134,673,664	232,136,684	49,929,775	70,592,988	120,522,763	47,533,285	64,080,676	111,613,921
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	18,986,709	66,802,170	85,787,879	4,651,333	16,473,350	20,924,683	14,334,378	50,828,610	64,863,106
15	Admin. Costley and Policy Discounts	5900									
16	Employer Discounts	5931									
17	Other Deductions from Revenue	5990				8,974,331	29,285,489	38,259,800	(8,974,331)	(29,285,489)	(38,259,800)
18	Restricted Funds for Indigent Care	6995									
19	Total Revenue and Deductions	6003	689,972,314	605,585,239	1,295,157,553	548,147,743	402,488,733	1,040,633,476	141,424,671	113,099,506	254,524,077
20	Reduction Therapy Revenue	4900									
21	Total Revenue and Deductions	6005	689,972,314	605,585,239	1,295,157,553	548,147,743	402,488,733	1,040,633,476	141,424,671	113,099,506	254,524,077
22	Total HMO/PRO Payment	6004			160,700,694		492,486,733	1,040,633,476	141,424,671	113,099,506	254,524,077

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C37(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	REPORTING PERIOD		TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
			FROM:	TO:							
01	Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	35,871,508	42,881,696	79,753,204	11,246,268	20,247,929	31,494,197	(11,246,268)	(20,247,929)	(31,494,197)
03	Charity Care-Hill Burton	5950	-	-	-	-	-	-	36,971,698	42,881,696	79,753,204
04	Charity Care-Other	5960	-	-	-	33,698,799	26,777,454	60,476,193	-	(26,777,454)	(60,476,193)
05	Conventional-Medicare	5910	286,991,478	150,973,431	437,964,909	232,933,455	130,801,433	363,814,808	(33,998,023)	20,091,998	74,090,021
06	Other Government-Medicare	5920	-	-	-	-	-	-	-	-	-
07	Other Government Fixed-Price Payors	5930	18,697,616	13,079,320	31,776,936	15,217,313	11,456,115	26,673,428	3,400,303	1,623,205	5,103,508
08	Insurance Charge-Based	5935	-	-	-	-	-	-	-	-	-
09	Other Charge Based Payors	5938	-	-	-	-	-	-	-	-	-
10	Medicare-HMO	5911	148,634,605	78,809,646	227,624,151	121,731,777	69,614,280	191,366,057	26,802,728	8,276,366	36,158,094
11	Medicaid-HMO	5921	61,162,255	63,197,405	124,365,660	53,717,921	59,004,617	112,722,538	7,444,334	4,192,786	11,637,122
12	Commercial-HMO	5940	89,590,793	122,237,692	227,192,885	62,409,654	66,025,420	110,334,294	47,181,938	55,312,262	102,494,197
13	Commercial-PPO	5941	-	-	-	-	-	-	-	-	-
14	Other Commercial Discounted Payors	5945	16,573,122	45,001,999	61,575,121	(2,402,860)	7,160,066	4,767,208	19,975,992	37,841,633	66,917,915
15	Admin, Courtesy and Policy Discounts	5980	-	-	-	-	-	-	-	-	-
16	Employee Discounts	5981	-	-	-	-	-	-	-	-	-
17	Other Deductions from Revenue	5990	-	-	-	7,721,112	26,991,650	33,712,662	(7,721,112)	(26,991,650)	(33,712,662)
18	Restricted Funds for Indigent Care	5995	-	-	-	-	-	-	-	-	-
19	Total Revenue and Deductions	0003	668,921,357	576,261,180	1,184,782,548	628,352,579	418,056,864	946,411,463	142,168,770	90,202,305	240,371,083
20	Adjusted Revenue And Deductions	4900	-	-	-	-	-	-	-	-	-
21	Total HMO/PPO Payment	0004	668,921,357	576,261,180	1,184,782,548	628,352,579	418,056,864	946,411,463	142,168,770	90,202,305	240,371,083
22	Total HMO/PPO Payment	0004	-	-	-	-	-	-	-	-	-
NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 0370(3).			THE REVENUE AMOUNTS FOR ACCOUNT 7990 SHOULD EQUAL ACCOUNT 4360(1)(2)(3) ON WORKSHEET C-3								
ON WORKSHEET C-3											

NOTES: ACCOUNT 5995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

WORKSHEET C-3a(Rev)

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2015 TO: 9/30/2018  
 AHCA # 0010-0244  
 SUBMISSION NUMBER: 00100244100120150930201602162017133232  
 WORKSHEET C-3a(rev)

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01	Bad Debt	5900	(1)								
02	Self-Pay Patients	5905	20,889,076	39,280,093	60,169,169	11,790,086	24,360,231	36,150,317	(11,790,086)	(24,360,231)	(36,150,317)
03	Charity Care-Hill Burton	5950							20,889,076	39,280,093	60,169,169
04	Charity Care-Other	5960									
05	Conventional Medicare	5970	285,897,018	135,135,251	421,032,269	23,936,850	20,447,279	44,384,129	(23,936,850)	(20,447,279)	(44,384,129)
06	Other Governmental Fixed-Price Payors	5920							68,287,655	14,482,106	82,769,761
07	Insurance Change-Based	5930									
08	Other Change Based Payors	5935	18,521,890	10,247,429	28,769,319	15,074,481	8,998,802	23,071,283	3,447,309	1,350,627	4,797,936
09	Medicare-HMO	5911									
10	Medicaid-HMO	5921	132,117,692	62,699,474	194,817,166	107,402,340	54,000,161	162,002,501	24,815,352	7,899,313	32,614,665
11	Commercial-HMO	5940	60,002,343	63,906,224	123,908,567	52,273,903	59,741,594	111,415,597	7,728,440	4,844,530	12,572,970
12	Commercial-PPO	5941	97,887,619	108,279,568	206,167,187	50,472,047	57,025,226	107,497,273	47,215,672	51,284,342	98,499,914
13	Other Commercial Discounted Payors	5945	15,468,107	41,704,123	57,172,230	3,128,078	6,393,821	9,510,999	12,353,119	3,610,302	15,963,421
14	Admin, Courtesy and Policy Discounts	5980									
15	Employee Discounts	5971									
16	Other Deductions from Revenue	5990				6,696,619	24,235,041	30,931,660	(6,696,619)	(24,235,041)	(30,931,660)
17	Restricted Funds for Indigent Care	5995									
18	Total Revenue and Deductions	6003	639,583,835	461,332,162	1,100,915,997	500,200,767	375,943,400	876,144,167	139,383,068	85,380,762	224,771,830
19	Adjusted Revenue And Deductions	6005									
20	Total HMO/PO Payment	6004	639,583,835	461,332,162	1,100,915,997	500,200,767	375,943,400	876,144,167	139,383,068	85,380,762	224,771,830
21											
22											
NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 6379(3).			THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4860(1),(2),(3) ON WORKSHEET C-3.								
ON WORKSHEET C-3											

NOTES: ACCOUNT 5995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2020 TO: 9/30/2021

ARICA # 0010-0220

SUBMISSION NUMBER: 00100220100120200930202102212022080114

WORKSHEET C-3(a)(v)

LN	NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01		Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02		Self-Pay Patients	5905	66,706,360	50,234,079	116,940,447	35,330,268	30,253,153	65,583,421	(35,330,269)	(30,253,153)	(65,583,421)
03		Charity Care-Hill Burton	5950							66,706,360	50,234,079	116,940,447
04		Charity Care-Other	5960									
05		Conventional Medicare	5910	659,000,210	273,760,343	932,760,553	65,491,992	37,058,190	103,550,182	(66,491,992)	(37,058,190)	(103,550,182)
06		Conventional Medicare	5920				655,208,013	239,728,820	794,937,533	103,792,197	34,031,323	137,823,520
07		Other Government Fixed-Price Payors	5930									
08		Insurance Charge-Based	5936	89,453,078	30,978,082	120,431,160	75,365,133	27,661,328	103,026,461	14,097,945	3,318,764	17,404,699
09		Other Charge Based Payors	5938									
10		Medicare-HMO	5911	530,922,307	217,867,684	748,789,971	446,913,759	193,238,807	639,152,566	95,008,548	24,628,857	109,637,405
11		Medicare-HMO	5921	128,977,805	69,619,316	198,597,121	116,421,611	82,977,085	199,208,696	12,556,194	6,742,231	19,298,425
12		Commercial-PPO	5940	336,253,095	260,273,074	596,526,089	180,758,320	142,901,895	323,660,205	155,484,776	117,371,110	272,855,886
13		Commercial-PPO	5941									
14		Other Commercial Discounted Payors	5945	35,313,410	54,707,750	90,021,160	3,492,716	12,080,195	15,963,451	31,440,720	42,647,015	74,087,735
15		Admin, Courtesy and Policy Discounts	5990									
16		Employee Discounts	5991									
17		Other Deductions from Revenue	5990				16,150,245	26,162,280	42,312,505	(16,150,245)	(26,162,280)	(42,312,505)
18		Restricted Funds for Indigent Care	5995									
19		Total Revenue and Deductions	C003	1,846,646,299	977,440,738	2,824,087,037	1,495,632,057	791,942,863	2,287,475,020	351,114,242	185,497,776	536,612,017
20		Adjusted Revenue And Deductions	4900									
21		Adjusted Revenue And Deductions	C093	1,840,646,299	977,440,738	2,824,087,037	1,495,632,057	791,942,863	2,287,475,020	351,114,242	185,497,776	536,612,017
22		Total HMO/PPO Payment	C004			401,807,724						

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C970(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4900(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3.

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.



STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2019 TO: 9/30/2020

AHCA # 0010-0220

SUBMISSION NUMBER: 0010022010012019093020200210202110038

WORKSHEET C-3a(rev)

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	53,720,034	47,377,522	111,107,556	37,730,764	20,229,190	57,959,954	(317,307,669)	(20,239,190)	(57,959,954)
03	Charity Care-Hill Burton	5950							63,730,034	47,377,522	111,107,556
04	Charity Care-Other	5960									
05	Conventional-Medicare	5970	557,279,517	219,411,556	776,691,073	59,530,514	28,246,713	87,777,227	(69,850,511)	(28,246,713)	(97,977,224)
06	Conventional-Medicaid	5920				485,568,583	192,386,181	677,954,764	917,710,028	27,025,375	118,735,303
07	Other Government Fixed Price Payors	5930									
08	Insurance Change-Based	5935									
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911	372,878,107	160,263,906	533,142,013	371,386,473	142,601,043	453,987,516	61,611,634	17,662,853	79,274,487
11	Medicaid-HMO	5921	80,565,928	59,330,888	139,896,816	72,417,696	57,121,517	129,539,213	8,338,230	2,208,381	10,546,611
12	Commercial-HMO	5940	237,203,997	190,055,897	427,259,894	127,098,580	104,020,181	231,918,761	109,309,397	86,035,706	195,345,103
13	Commercial-PPD	5941									
14	Other Commercial Discounted Payors	5945	30,372,050	42,301,276	72,673,326	9,716,445	6,717,405	16,433,850	20,955,645	35,583,871	56,539,516
15	Admin, Courtesy and Policy Discounts	5980									
16	Employee Discounts	5981									
17	Other Deductions from Revenue	5990				10,643,349	18,756,947	29,300,296	(10,543,349)	(10,756,947)	(29,300,296)
18	Restricted Funds for Indigent Care	5995									
19	Total Revenue and Deductions	C003	1,400,332,730	730,279,783	2,130,612,513	1,143,167,524	588,008,826	1,731,176,350	257,171,206	151,270,957	408,442,163
20	Rebellion Therapy Revenue	4900									
21	Adjusted Revenue And Deductions	C035	1,400,332,730	739,279,783	2,139,612,513	1,143,167,524	590,009,020	1,731,170,350	257,171,206	151,270,957	408,442,163
22	Total HMO/PPD Payment	C004									

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4900(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET G-2

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2018 TO: 9/30/2019

AHCA # 0010-0220

SUBMISSION NUMBER: 00100220100120180930201902182020033133

WORKSHEET C-3(a)(v)

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debts	5900	(1)								
02	Self-Pay Patients	5905	60,239,781	51,533,639	111,772,820	36,496,166	21,673,481	58,169,647	(35,486,166)	(21,673,481)	(58,169,647)
03	Charity Care-Hill Burton	5950							60,239,781	51,533,639	111,772,820
04	Charity Care-Other	5960									
05	Conventional-Medicare	5910	582,415,010	224,024,954	806,439,964	54,767,356	26,936,003	81,703,359	(54,767,356)	(28,936,003)	(81,703,359)
06	Conventional-Medicare	5920				490,618,996	197,009,780	687,628,776	51,756,014	27,018,174	18,874,188
07	Other Government Fixed-Price Payors	5930									
08	Insurance Charge-Based	5935	28,219,943	15,887,545	44,107,488				5,088,936	2,597,670	7,686,606
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911	338,076,938	142,036,488	480,113,426	282,672,344	126,116,326	408,788,710	59,404,594	16,920,162	72,324,716
11	Medicaid-HMO	5921	89,093,211	68,505,495	157,598,706	85,180,445	60,471,952	145,651,397	3,903,766	6,113,543	10,017,309
12	Commercial-HMO	6940	223,894,382	193,682,127	417,576,509	123,269,525	107,606,458	230,875,983	108,664,657	86,075,608	194,740,265
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	31,123,474	41,312,171	72,435,645	7,828,040	6,423,470	14,251,510	23,295,434	34,888,701	58,184,135
15	Admin, Courtesy and Policy Discounts	5880									
16	Employee Discounts	5881									
17	Other Deductions from Revenue	5990				9,775,133	16,353,035	26,128,168	(9,775,133)	(16,353,035)	(26,128,168)
18	Restricted Funds for Indigent Care	5995									
19	Total Revenue and Deductions	C903	1,355,402,139	735,082,419	2,090,484,558	1,113,778,032	574,077,490	1,688,655,532	239,324,087	160,184,939	399,509,026
20	Adjusted Revenue and Deductions	4900									
21	Total HMO/PPO Payment	C904	1,353,102,139	735,082,419	2,088,184,558	1,113,778,032	574,077,490	1,688,655,532	239,324,087	160,184,939	399,509,026
22											

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD		SUBMISSION NUMBER		WORKSHEET C-3a(Rev)
												FROM:	TO:	0010-0220	00100220100120170930201802182019032748	
01	Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	10/1/2017	9/30/2018	0010-0220	00100220100120170930201802182019032748	
02	Self-Pay Patients	5905	53,445,415	48,877,844	102,323,259	34,732,716	20,547,956	55,280,672	(34,732,716)	(20,547,956)	(55,280,672)					
03	Charity Care-Hill Burton	5950							53,445,415	48,877,844	102,323,259					
04	Charity Care-Other	5980				51,772,471	30,151,901	81,924,372	(51,772,471)	(30,151,901)	(81,924,372)					
05	Conventional-Medicare	5910	57,533,958	204,309,342	778,648,831	478,638,974	187,943,426	666,582,400	96,800,615	22,355,816	119,156,431					
06	Conventional-Medicaid	5920				23,748,971	10,558,038	34,307,009								
07	Other Government Fixed-Price Payors	5930		12,578,922	41,031,362				4,703,489	2,020,094	6,723,583					
08	Insurance Charge-Based	5935														
09	Other Charge Based Payors	5936														
10	Medicare-HMO	5911	282,610,320	116,212,845	397,823,165	235,777,595	100,261,620	336,039,216	46,832,725	14,951,325	61,784,050					
11	Medicaid-HMO	5921	103,682,227	66,280,607	169,962,834	93,690,028	64,689,714	158,379,743	9,592,198	1,590,893	11,183,091					
12	Commercial-HMO	5940	214,775,944	177,393,644	391,659,588	118,118,034	95,431,898	213,549,932	98,059,970	81,951,645	179,011,556					
13	Commercial-PPO	5947														
14	Other Commercial Discounted Payors	5945	32,486,155	64,585,109	86,061,264	1,700,988	12,038,715	13,739,703	30,385,167	42,566,994	72,942,161					
15	Admin. Courtesy and Policy Discounts	5960														
16	Employee Discounts	5961														
17	Other Deductions from Revenue	5990				13,918,858	16,771,192	30,690,050	(13,918,858)	(16,771,192)	(30,690,050)					
18	Reaffirmed Funds for Indigent Care	5995														
19	Total Revenue and Deductions	C003	1,289,792,090	678,238,413	1,968,030,503	1,051,996,636	532,394,760	1,584,391,396	237,795,484	146,643,653	384,639,137					
20	Radiation Therapy Revenue	4900														
21	Adjusted Revenue and Deductions	C003	1,289,792,090	678,238,413	1,968,030,503	1,051,996,636	532,394,760	1,584,391,396	237,795,484	146,643,653	384,639,137					
22	Total HMO/PPo Payment	C004			267,378,697			1,604,391,396	287,795,484	146,643,653	384,639,137					

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C970(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3.

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2016 TO: 9/30/2017

REPORTING PERIOD FROM: 10/1/2016 TO: 9/30/2017

HCFA # 0010-0220

SUBMISSION NUMBER 00100220100120160930201702202018135917

WORKSHEET C-3a(rev)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debt	5900	(1)								
02	Self-Pay Patients	5905	47,789,056	41,522,366	89,311,422	33,802,854	14,537,695	48,340,549	(33,802,854)	(14,537,695)	(48,340,549)
03	Charity Care-Hill Burton	5950							47,789,056	41,522,366	89,311,422
04	Charity Care-Other	5950									
05	Conventional Medicare	5910	561,627,577	177,075,395	738,702,972	46,630,525	24,182,433	70,812,958	(46,630,525)	(24,182,433)	(70,812,958)
06	Conventional Medicare	5920				461,979,895	151,382,531	613,362,426	98,647,682	25,882,464	125,549,146
07	Other Government Fixed-Price Payors	5930					8,402,300	30,114,087	4,925,250	1,312,001	6,237,331
08	Insurance Charge-Based	5935	26,637,037	9,714,381	36,351,418						
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5914	253,676,129	89,830,078	343,506,207	210,484,507	78,457,633	288,942,244	43,191,549	11,372,415	54,563,963
11	Medicaid-HMO	5921	105,311,305	63,969,181	169,280,486	89,476,678	61,461,034	150,937,712	15,834,827	2,508,147	18,342,774
12	Commercial-HMO	5940	211,456,663	153,938,724	365,395,387	176,098,029	83,802,535	259,900,564	89,358,634	70,136,189	159,494,823
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	34,493,035	34,243,875	68,737,710	(1,149,292)	11,807,157	10,657,905	35,643,127	22,438,716	58,079,845
15	Admin, Courtesy and Policy Discounts	5990									
16	Employee Discounts	5981				14,600,524	14,599,176	29,199,700	(14,600,524)	(14,599,176)	(29,199,700)
17	Other Deductions from Revenue	5990									
18	Restricted Funds for Indigent Care	5990									
19	Total Revenue and Deductions	C003	1,240,991,602	670,294,000	1,911,285,602	993,635,581	448,632,924	1,442,268,505	247,356,021	121,867,076	369,017,097
20	Adjusted Revenue And Deductions	C095									
21	Total HMO/PPD Payment	C004	1,240,991,602	570,294,000	1,811,285,602	993,635,581	448,632,924	1,442,268,505	247,356,021	121,867,076	369,017,097
22	Total HMO/PPD Payment	C004			230,407,500						389,017,097

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C970(3). THE REVENUE AMOUNTS FOR ACCOUNT 5900 SHOULD EQUAL ACCOUNT A360(1)(2)(3) ON WORKSHEET C-3

NOTES: ACCOUNT 5985 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	REPORTING PERIOD		TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
					FROM:	TO:							
01	Bad Debt	5900	(1)	(2)	10/1/2015	9/30/2016	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	52,294,091	40,036,573	9/30/2015	9/30/2016	92,331,664	37,989,742	21,129,137	59,109,879	(37,989,742)	(21,129,137)	(59,109,879)
03	Charity Care-Hill Burton	5950	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
04	Charity Care-Other	5960	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
05	Conventional-Medicare	5910	539,111,247	179,484,983	10/1/2015	9/30/2016	711,596,230	39,236,693	19,910,524	59,047,217	(39,236,693)	(19,910,524)	(59,047,217)
06	Other Government Fixed Price Payors	5920	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
07	Insurance Charge Based	5930	20,601,111	9,378,266	10/1/2015	9/30/2016	29,979,377	16,744,196	8,245,863	24,990,059	3,856,915	1,132,403	4,989,310
08	Other Charge Based Payors	5935	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
09	Medicare-HMO	5911	213,352,079	79,769,824	10/1/2015	9/30/2016	293,121,903	174,689,934	88,204,628	242,894,462	39,662,145	10,566,295	40,227,441
10	Medicaid-HMO	5921	100,389,376	69,210,352	10/1/2015	9/30/2016	169,604,727	91,813,488	60,142,800	151,956,288	8,572,887	9,075,562	17,648,439
11	Commercial-HMO	5940	188,446,693	159,086,280	10/1/2015	9/30/2016	347,532,973	102,049,528	80,989,668	183,029,196	88,397,107	72,098,592	151,495,699
12	Other Commercial Discounted Payors	5945	28,407,201	34,956,275	10/1/2015	9/30/2016	63,363,476	10,833,715	10,629,288	21,363,003	17,573,576	24,429,987	42,000,563
13	Admin. Contract and Policy Discounts	5980	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
14	Employee Discounts	5981	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
15	Other Deductions from Revenue	5990	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
16	Reafford Funds for Indigent Care	5995	-	-	10/1/2015	9/30/2016	-	-	-	-	-	-	-
17	Total Revenue and Deductions	C003	1,441,659,727	550,929,533	10/1/2015	9/30/2016	1,700,529,260	926,372,451	429,534,742	1,354,907,703	216,227,276	129,394,811	345,622,087
18	Adjusted Revenue And Deductions	A800	-	558,929,533	10/1/2015	9/30/2016	-	926,372,451	429,534,742	1,354,907,703	-	-	-
19	Total HMO/PRO Payment	C004	1,141,659,727	-	10/1/2015	9/30/2016	1,141,659,727	-	-	-	216,227,276	129,394,811	345,622,087
20													
21													
22													

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C379(Q). THE REVENUE AMOUNTS FOR ACCOUNT A800 SHOULD EQUAL ACCOUNT A880(Q), (2), (3) ON WORKSHEET C-3 ON WORKSHEET C-4

NOTES: ACCOUNT 5995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 7/1/2021 TO: 12/31/2021

ARCA # 0010-0107

SUBMISSION NUMBER: 00100107010120211231202105182022110755

WORKSHEET C-3a(10w)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debt	5900	(1)								
02	Sell-Pay Patients	5905	9,973,097	23,127,705	32,940,886	8,634,173	30,917,282	39,591,455	(8,634,173)	(30,917,282)	(39,551,455)
03	Charity Care-Hill Burton	5950							9,813,081	23,127,785	32,940,886
04	Charity Care-Other	5950									
05	Conventional-Medicare	5910	26,335,581	12,055,405	38,400,986	1,634,180	18,400	1,652,598	(1,634,180)	(18,400)	(1,652,598)
06	Conventional-Medicare	5920	6,943,732	6,601,007	13,544,739	20,433,636	11,728,028	32,161,664	5,901,945	337,377	6,239,322
07	Other Government Fixed-Ptnt Payors	5930	9,512,988	13,793,165	23,306,153	5,171,031	6,191,411	12,362,442	772,701	409,586	1,182,287
08	Insurance Charge-Based	5935				6,343,355	11,304,536	17,647,891	3,109,633	2,488,229	5,657,862
09	Other Charge Based Payors	5936									
10	Medicare-HMO	5911	44,848,886	31,201,790	76,150,676	36,245,878	28,280,793	64,532,673	8,702,808	2,914,995	14,617,803
11	Medicaid-HMO	5921	8,630,951	38,243,129	46,874,080	7,973,749	36,430,703	44,404,452	697,202	1,812,426	2,469,628
12	Commercial-HMO	5940	16,848,234	34,056,085	50,904,300	10,674,723	24,856,880	35,531,603	6,174,511	8,389,186	15,573,697
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	4,842,019	14,357,245	19,199,265	1,747,682	6,528,652	8,273,744	3,094,337	7,831,184	10,925,521
15	Admin, Courtesy and Policy Discounts	5980									
16	Employee Discounts	5981				74,272	151,348	225,621	(74,272)	(151,349)	(226,621)
17	Other Deductions from Revenue	5990				247,500	790,973	1,038,473	(247,500)	(790,973)	(1,038,473)
18	Resident Funds for Indigent Care	5995				170,699	384,211	554,910	(170,699)	(384,211)	(554,910)
19	Total Revenue and Deductions	C003	127,876,282	173,445,603	301,321,885	100,350,888	157,387,038	257,737,926	27,625,384	16,058,555	43,583,939
20	Adjusted Revenue And Deductions	C095									
21	Total HMO/PPO Payment	C004	127,876,282	173,445,603	301,321,885	100,350,888	157,387,038	257,737,926	27,625,384	16,058,555	43,583,939
22	Total HMO/PPO Payment	C004	127,876,282	173,445,603	301,321,885	100,350,888	157,387,038	257,737,926	27,625,384	16,058,555	43,583,939

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4366(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD	ARCA #	SUBMISSION NUMBER:	WORKSHEET C-3a(Rev)
												FROM:	TO:	00100107010120201231202005182021102657	
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	7/1/2020	0010-0107	00100107010120201231202005182021102657	
02	Self-Pay Patients	5905	14,029,086	24,736,317	38,765,403	9,881,920	29,021,705	38,903,625	(8,881,920)	(29,021,705)	(40,500,632)	12/31/2020			
03	Charity Care-Hill Burton	5960							14,029,985	24,736,317	38,766,303				
04	Charity Care-Other	5960													
05	Conventional Medicare	5910	39,103,718	15,897,016	54,999,734	2,201,734	272,345	2,474,079	(2,201,734)	(272,345)	(2,474,079)				
06	Medicaid-Medicare	5920	7,124,358	6,547,511	13,671,867	10,796,058	15,039,631	45,835,689	8,307,660	47,145	8,354,805				
07	Other Government Fixed-Price Payors	5930	2,075,014	6,920,809	8,995,823	6,476,589	6,279,476	12,756,065	647,707	288,035	935,742				
08	Insurance Charge Based	5935				1,309,522	4,305,746	5,615,268	755,492	2,114,053	2,869,545				
09	Other Charge Based Payors	5936													
10	Medicare-HMO	5911	91,399,131	25,752,820	117,151,951	42,493,440	43,704,692	86,198,132	8,905,693	1,968,428	10,874,121				
11	Medicaid-HMO	5921	10,351,678	26,626,820	36,978,503	9,348,771	25,823,090	35,171,861	1,002,007	803,730	1,805,737				
12	Commercial-HMO	5940	12,234,928	29,524,844	41,759,772	0,612,557	22,054,194	22,666,751	3,692,371	7,470,250	11,162,621				
13	Commercial-PPO	5941													
14	Other Commercial Discounted Payors	5945	5,858,016	14,059,648	19,917,664	3,692,513	7,856,870	11,549,383	2,166,423	5,192,876	7,359,299				
15	Admin, Country and Policy Discounts	5960				6,502	221,558	230,060	(8,602)	(221,558)	(230,060)				
16	Employee Discounts	5981													
17	Other Deductions from Revenue	5990													
18	Restricted Funds for Indigent Care	5995													
19	Total Revenue and Deductions	C003	142,177,647	160,005,903	292,243,330	114,896,457	136,746,241	251,742,698	(174,643)	(172,243)	(346,886)				
20	Adjusted Revenue And Deductions	4900													
21	Total HMO/PPO Payment	C005	142,177,647	150,085,603	292,243,330	114,896,457	136,746,241	251,742,698	27,181,190	13,319,442	40,500,632				
22	Total HMO/PPO Payment	C004													
NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C37(9).												292,243,330	23,772,859	00100107010120201231202005182021102657	
NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C37(9).												292,243,330	23,772,859	00100107010120201231202005182021102657	
NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C37(9).												292,243,330	23,772,859	00100107010120201231202005182021102657	

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.  
 ON WORKSHEET C-3

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

REPORTING PERIOD  
 FROM: 1/1/2019 TO: 12/31/2019

ARCA # 0010-0107 SUBMISSION NUMBER: 00100107010120191231201905272020093923 WORKSHEET C-3a(fov)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	10,057,059	32,659,752	40,716,811	19,118,150	33,755,206	52,873,439	(19,718,150)	(33,755,206)	(52,873,439)
03	Charity Care-Hill Burton	5950							16,057,059	32,659,752	48,716,811
04	Charity Care-Other	5950									
05	Conventional Medicare	5910	46,371,663	20,233,833	66,605,496	3,756,127	10,506,043	14,262,170	(2,430,266)	(374,460)	(2,804,726)
06	Conventional Medicare	5920	8,125,326	4,796,152	12,921,478	7,454,427	4,560,710	12,023,137	9,310,416	1,727,790	11,038,206
07	Other Government Fixed-Price Payors	5930	2,612,558	1,743,937	4,356,495	2,036,153	1,421,625	3,457,778	670,893	227,442	898,341
08	Insurance Charge Based	5935							576,405	322,312	898,717
09	Other Charge Based Payors	5936									
10	Negative-HMO	5911	42,916,324	22,036,945	64,953,269	34,716,220	20,075,121	54,790,341	9,201,194	1,951,824	10,152,028
11	Medicaid-HMO	5921	11,711,660	39,781,937	51,493,597	10,605,839	31,755,359	42,372,208	1,104,821	2,016,508	3,121,309
12	Commercial-HMO	5940	12,893,591	28,420,044	41,313,635	8,669,617	20,136,879	28,806,496	4,164,322	0,203,165	4,367,487
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	5,010,106	13,120,555	18,130,661	2,844,659	6,590,497	9,435,156	2,951,527	6,524,458	9,485,985
15	Admin, Courtesy and Policy Discounts	5980				11,214	83,261	94,475	(11,214)	(83,261)	(94,475)
16	Employee Discounts	5981					63,982	63,982		(63,982)	(63,982)
17	Other Deductions from Revenue	5990				007,216	84,334	1,071,617	(987,263)	(84,334)	(1,071,617)
18	Restricted Funds for Indigent Care	5995									
19	Total Revenues and Deductions	C003	146,238,907	156,793,636	303,032,543	126,739,203	137,431,559	263,170,892	20,499,624	19,362,067	39,861,691
20	Radiation Therapy Revenue	4900									
21	Adjusted Revenue Amt Deductions	C025	146,238,907	156,793,636	303,032,543	126,739,203	137,431,559	263,170,892	20,499,624	19,362,067	39,861,691
22	Total HMO/PO Payment	C004				25,731,828	125,730,283	151,462,111	20,499,624	19,362,067	39,861,691

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.



STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD		SUBMISSION NUMBER:		WORKSHEET C-3(Rev)
												FROM:	TO:	00100107010120181231201805242019124117	00100107010120181231201805242019124117	
01	Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	11/2018	12/31/2018			
02	Self-Pay Patients	5905	18,870,871	32,383,035	51,253,907	18,207,240	30,645,835	48,853,175	(19,207,340)	(38,645,035)	(54,853,175)					
03	Charity Care-Hill Burton	5950							18,870,871	32,383,035	51,253,907					
04	Charity Care-Other	5960														
05	Conventional-Medicare	5970	47,995,539	21,971,102	69,966,641	943,627	387,383	1,331,210	(943,627)	(387,383)	(1,331,210)					
06	Conventional-Medicare	5920	5,088,116	5,227,829	10,315,945	39,633,122	20,037,412	59,670,534	0,352,417	1,933,690	10,280,107					
07	Other Government Fixed-Price Payors	5930	2,220,492	1,907,557	4,128,049	6,077,207	3,385,708	9,462,915	(989,053)	1,881,943	862,858					
08	Insurance Charge-Based	5935				1,386,364	1,342,797	2,729,161	834,128	584,760	1,388,888					
09	Other Charge Based Payors	5938														
10	Medicare-HMO	5911	36,347,497	18,845,633	55,193,130	30,531,799	17,096,009	47,627,809	5,015,698	1,749,624	7,565,322					
11	Medicare-HMO	5921	12,626,914	32,032,314	44,659,228	11,696,408	30,789,848	42,485,256	839,418	2,043,466	2,873,884					
12	Commercial-HMO	5940	14,884,781	23,641,108	38,525,889	8,584,084	18,780,770	27,365,854	6,280,047	7,080,328	13,360,375					
13	Commercial-PRO	5941														
14	Other Commercial Discounted Payors	5945	3,832,630	12,405,928	16,238,558	1,886,614	6,990,370	8,876,984	1,936,016	5,805,550	7,741,574					
15	Admin, Courtesy and Policy Discounts	5980														
16	Employee Discounts	5981														
17	Other Deductions from Revenue	5990				121,824	560,976	682,800	(121,824)	(560,976)	(682,800)					
18	Restricted Funds for Indigent Care	5995				1,590,070	179,324	1,769,394	(1,590,070)	(179,324)	(1,769,394)					
19	Total Revenue and Deductions	C003	141,816,709	140,503,705	291,319,978	120,659,741	133,871,838	254,530,579	21,157,449	15,631,347	36,788,396					
20	Radiation Therapy Revenue	4900														
21	Adjusted Revenue And Deductions	C035	141,816,709	140,503,705	291,319,978	120,659,741	133,871,838	254,530,579	21,157,449	15,631,347	36,788,396					
22	Total HMO/PRO Payment	C004	141,816,709	140,503,705	291,319,978	120,659,741	133,871,838	254,530,579	21,157,449	15,631,347	36,788,396					

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C970(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4380(1,2)(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

REPORTING PERIOD FROM: 1/1/2017 TO: 12/31/2017

REPORTING PERIOD FROM: 12/31/2017 TO: 12/31/2017

AHCA # 0010-0107 SUBMISSION NUMBER: 00100107010120171231201706142018133304

WORKSHEET C-3a(gay)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	78,085,397	38,631,394	52,456,791	17,008,309	39,042,438	56,050,729	(17,008,309)	(38,042,429)	(52,456,791)
03	Charity Care-Hill Burton	5950							15,065,597	36,631,394	52,456,791
04	Charity Care-Other	5960									
05	Conventional-Medicare	5910	49,124,038	24,345,079	73,470,077	43,470,400	25,134,764	68,605,164	(432,419)	(234,033)	(665,511)
06	Other Government Fixed Price Payors	5920	7,791,280	6,080,766	13,872,086	5,414,611	5,244,987	10,659,602	5,453,085	(849,803)	5,105,193
07	Insurance Charge Based	5930	1,752,441	1,997,955	3,750,398	779,294	971,384	1,750,678	2,376,608	835,795	3,212,484
08	Other Charge Based Payors	5935							973,147	1,028,571	1,959,718
09	Medicare-HMO	5936									
10	Medicaid-HMO	5911	35,928,504	14,028,977	49,957,481	23,161,919	12,036,335	35,198,254	12,776,585	1,992,642	14,769,227
11	Commercial-HMO	5921	14,429,626	39,748,625	54,178,251	10,482,957	34,422,943	44,905,300	3,947,289	5,325,892	9,272,951
12	Commercial-PRO	5940	10,835,584	27,818,005	40,653,589	8,135,654	9,010,922	15,146,576	12,700,030	18,907,003	31,507,113
13	Other Commercial Discounted Payors	5945									
14	Admin. Courtesy and Policy Discounts	5980	8,081,587	12,659,792	20,741,379	7,311,741	8,881,783	16,193,524	789,846	3,708,029	4,557,075
15	Employee Discounts	5981									
16	Other Deductions from Revenue	5990									
17	Restricted Funds for Indigent Care	5995									
18	Total Revenue and Deductions	C003	151,818,487	163,321,513	315,140,000	130,617,515	148,834,215	279,451,730	21,200,572	14,487,298	35,688,270
19	Adjusted Revenue And Deductions	C035									
20	Total HMO/PRO Payment	C004	151,818,487	163,321,513	315,140,000	130,617,515	148,834,215	279,451,730	21,200,572	14,487,298	35,688,270

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3), THE REVENUE AMOUNTS FOR ACCOUNT 4800 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	REPORTING PERIOD		TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	
					FROM:	TO:								
01	Best Deals	5900	(1)	(2)	7/1/2016	12/31/2016	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
02	Self-Pay Patients	5905	14,971,043	31,251,423			46,233,066	19,450,501	27,176,895	46,627,497	(10,450,501)	(22,176,895)	14,077,497	
03	Charity Care-Hill Burton	5950												
04	Charity Care-Other	5950												
05	Conventional-Medicare	5910	50,053,513	25,695,049			75,748,562	40,701,044	22,517,171	63,218,215	9,352,759	4,177,378	13,530,647	
07	Other Government Fixed-Price Payors	5920	4,198,957	7,653,421			11,792,378	2,391,970	4,923,782	7,067,932	1,248,907	2,729,639	3,074,628	
08	Insurance Charge-Based	5930	3,047,145	2,549,080			5,596,225	2,270,573	1,745,573	4,022,146	779,572	903,507	1,574,079	
09	Other Charge Based Payors	5936												
10	Medicare-HMO	5911	20,221,679	13,214,576			41,436,355	19,540,451	14,371,434	37,011,095	9,581,210	1,843,242	10,424,450	
11	Medicaid-HMO	5921	14,245,056	30,930,404			51,175,530	10,470,247	28,227,024	38,697,271	3,774,019	8,703,440	12,478,259	
12	Commercial-HMO	5940	17,542,874	20,701,508			47,244,443	12,370,418	21,085,134	34,331,560	6,165,150	7,710,435	12,002,893	
13	Commercial-PRO	5941												
14	Other Commercial Discounted Payors	5945												
15	Admin. Courtesy and Policy Discounts	5990	3,573,492	8,500,382			12,073,854	1,507,280	3,158,284	4,055,572	2,088,194	5,342,098	7,409,292	
16	Employee Discounts	5991												
17	Other Deductions from Revenue	5990												
18	Redefined Funds for Indigent Care	5995												
19	Total Revenue and Deductions	C903	135,734,650	153,505,624			292,240,723	123,350,005	137,974,552	261,324,957	12,444,584	10,591,112	30,975,765	
20	Redefined Therapy Revenue	4900												
21	Adjusted Revenue And Deductions	C935												
22	Total HMO/PRO Payment	C904	135,734,650	150,505,084			282,309,723	123,350,005	137,974,552	261,324,957	12,444,584	10,591,112	30,975,765	
					ON WORKSHEET C-3		35,785,612		35,785,612					
					ON WORKSHEET C-3		202,309,723		202,309,723					
					ON WORKSHEET C-3		35,785,612		35,785,612					

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.  
 THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4860(1)(2)(3) ON WORKSHEET C-3  
 ON WORKSHEET C-3

REPORTING PERIOD FROM: 7/1/2016 TO: 12/31/2016  
 ACHA # 0010-0107  
 SUBMISSION NUMBER: 00100107010120161231201606192017015947  
 WORKSHEET C-3a(7a)

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD		SUBMISSION NUMBER		WORKSHEET C-3a(70v)
												FROM:	TO:	01/12/2021	01/12/2021	
01	Bad Debt	5800	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)					
02	Self-Pay Patients	6905	130,209,089	156,500,770	286,709,859	58,722,031	92,071,192	150,793,223	(68,722,031)	(62,029,192)	(120,751,223)					
03	Charity Care-Hill Burton	5950							130,209,089	156,500,770	286,709,859					
04	Charity Care-Other	5960														
05	Conventional Medicare	5910	776,582,086	803,541,046	1,580,123,132	150,395,724	116,303,775	266,709,499	(160,395,724)	(116,303,775)	(276,709,499)					
06	Conventional Medicare	5920				593,031,673	665,625,421	1,258,657,094	123,521,193	137,916,625	261,437,818					
07	Other Government Fixed Price Payors	5930	100,373,280	60,949,687	161,322,967	82,789,478	50,995,754	133,785,232	17,533,778	9,952,933	27,586,711					
08	Insurance Charge-Based	5935														
09	Other Charge Based Payors	5936														
10	Medicare-HMO	5911	590,649,767	523,055,021	1,113,704,788	498,660,299	446,600,297	945,260,596	83,601,470	76,356,724	160,058,194					
11	Medicare-HMO	5921	489,784,647	470,927,284	960,711,931	435,977,037	410,237,663	846,214,700	53,806,410	51,689,621	105,496,031					
12	Commercial-HMO	5940	454,646,004	630,675,007	1,085,321,011	231,517,703	373,313,698	604,831,301	223,129,201	325,301,313	548,430,514					
13	Commercial-PPO	5941														
14	Other Commercial Discounted Payors	5945	179,289,214	202,639,139	381,928,353	58,116,071	36,005,822	94,121,893	123,171,340	167,694,317	290,765,657					
15	Admin. Courtesy and Policy Discounts	5980														
16	Employee Discounts	5981														
17	Other Deductions from Revenue	5990														
18	Restricted Funds from Revenue	5990														
19	Total Revenue and Deductions	6003	2,660,494,737	2,976,332,937	5,636,827,674	2,130,018,333	2,301,821,172	4,431,839,505	520,576,432	614,607,245	1,135,183,677					
20	Reduction Therapy Revenue	4900														
21	Adjusted Revenue And Deductions	6035	2,660,494,737	2,976,332,937	5,636,827,674	2,130,018,333	2,301,821,172	4,431,839,505	520,576,432	614,607,245	1,135,183,677					
22	Total HMO/PPO Payment	C004				820,966,197	2,301,821,172	4,431,839,505	620,576,432	314,650,292	1,135,183,677					

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3).  
 NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

REPORTING PERIOD  
 FROM: 10/1/2019 TO: 9/30/2020

AHCA # 0010-0012

SUBMISSION NUMBER: 00100012100120190930202002262021094208

WORKSHEET C-3a(fw)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
02	Self-Pay Patients	5905	140,613,647	145,554,761	286,168,408	40,660,719	76,074,707	116,725,426	(40,660,719)	(76,074,707)	(116,725,426)
03	Charity Care-Hill Burton	5950							140,613,647	145,554,761	286,168,408
04	Charity Care-Other	5960									
05	Conventional/Medicare	6910	770,161,608	690,093,326	1,460,254,934	157,164,344	79,703,334	236,867,678	(157,164,344)	(79,703,334)	(236,867,678)
06	Conventional/Medicaid	6920				645,038,027	576,912,974	1,221,950,991			
07	Other Government Fixed-Price Payors	6930									
08	Insurance Change-Based	6935	86,652,719	42,692,725	129,345,444	70,802,490	35,065,916	106,771,296	16,045,629	6,716,800	22,762,429
09	Other Change Based Payors	6936									
10	Medicare-HMO	6911	523,028,011	403,225,708	926,253,719	436,421,373	351,631,343	788,052,716	66,610,053	51,609,765	118,219,818
11	Medicaid-HMO	6921	435,730,979	304,201,576	739,932,555	369,702,726	325,763,622	695,466,348	67,028,253	38,437,654	105,465,907
12	Commercial-HMO	6940	419,380,699	695,203,005	1,114,583,704	213,552,418	309,090,290	523,542,697	205,028,276	275,216,730	480,245,006
13	Commercial-PPO	5841									
14	Other Commercial Discounted Payors	5945	153,070,417	180,341,641	333,412,058	64,113,035	69,628,030	123,699,123	69,665,332	130,616,603	200,281,935
15	Admin, Courtesy and Policy Discounts	5980									
16	Employee Discounts	6901									
17	Other Deductions from Revenue	7950									
18	Restricted Funds for Indigent Care	5895									
19	Total Revenue and Deductions	6993	2,635,033,577	2,471,701,141	5,106,734,718	2,031,313,059	1,905,809,053	3,937,122,112	605,121,718	516,245,633	1,121,367,351
20	Radiation Therapy Revenue	4900									
21	Adjusted Revenue And Deductions	6935	2,536,853,577	2,471,701,141	5,008,033,577	2,031,313,059	1,905,809,053	3,937,122,112	605,121,718	516,245,633	1,121,367,351
22	Total HMO/PPO Payment	6004									
						124,723,024					

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C97(3).  
 THE REVENUE AMOUNTS FOR ACCOUNT 7900 SHOULD EQUAL ACCOUNT 436(1)(2)(3) ON WORKSHEET C-3  
 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD		AHCA #	SUBMISSION NUMBER:	WORKSHEET C-3a(Rev)
												FROM:	TO:			
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	10/1/2018	9/30/2019	0010-0012	0010001210012018093020190219202022806	
02	Self-Pay Patients	5905	140,050,540	155,179,010	286,039,358	47,214,871	82,259,450	129,474,431	(47,214,871)	(82,259,450)	(129,474,431)					
03	Charity Care-Hill Burton	5950							140,050,540	155,179,010	286,039,358					
04	Charity Care-Other	5950														
05	Conventional Medicare	5910	836,007,823	699,041,112	1,534,120,035	143,029,260	78,113,005	221,142,265	(143,029,260)	(78,113,005)	(221,142,265)					
06	Other Government Fixed Price Payors	5930							143,029,260	78,113,005	221,142,265					
07	Insurance Charge-Based	5935	50,786,423	34,141,837	84,928,260	68,690,724	596,090,450	1,270,611,193	150,857,093	112,860,633	263,517,726					
08	Other Charge Based Payors	5936														
09	Medicare-HMO	5911	465,522,021	369,220,431	834,742,452	305,800,000	308,370,000	614,170,000	79,713,985	54,040,500	133,754,485					
10	Medicaid-HMO	5921	432,488,201	381,626,016	814,114,217	399,781,434	338,490,000	738,271,434	72,705,787	42,547,116	115,252,903					
11	Commercial-HMO	5940	413,303,228	585,017,494	998,320,722	210,140,822	300,066,826	510,207,648	203,164,403	225,012,851	428,177,254					
12	Other Commercial Discounted Payors	5945	170,138,200	197,181,076	367,319,276	94,656,442	88,677,302	183,333,744	75,571,758	59,505,774	135,077,532					
13	Admin, Courtesy and Policy Discounts	5980														
14	Employees Discounts	6081														
15	Other Deductions from Revenue	5990														
16	Restricted Funds for Indigent Care	6095														
17	Total Revenue and Deductions	6003	2,569,772,336	2,551,621,972	4,031,394,308	1,053,319,000	1,807,249,104	2,860,568,104	610,072,237	521,372,434	1,131,444,671					
18	Adjusted Revenue And Deductions	4800														
19	Total HMO/PPD Payment	6004	2,569,772,336	2,551,621,972	4,031,394,308	1,053,319,000	1,807,249,104	2,860,568,104	610,072,237	521,372,434	1,131,444,671					

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(9). THE REVENUE AMOUNTS FOR ACCOUNT 4800 SHOULD EQUAL ACCOUNT 4380(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

REPORTING PERIOD FROM: 10/1/2017 TO: 9/30/2018

AHCA # 0010-0012

SUBMISSION NUMBER: 001000121001201709302018021120190224154

WORKSHEET C-3a(Rev)

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE (1)	TOTAL OUTPATIENT REVENUE (2)	TOTAL PATIENT REVENUE (3)	TOTAL INPATIENT DEDUCTIONS FROM REVENUE (4)	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE (5)	TOTAL DEDUCTIONS FROM REVENUE (6)	NET INPATIENT REVENUE (7)	NET OUTPATIENT REVENUE (8)	TOTAL NET PATIENT REVENUE (9)
01	Bad Debts	5900									
02	Self-Pay Patients	5905	117,576,680	137,760,546	255,337,226	44,014,006	87,104,171	131,118,177	144,014,006	137,760,546	191,191,177
03	Charity Care-Hill Burton	5950							147,570,673	137,760,546	285,337,226
04	Charity Care-Other	5980									
05	Conventional-Medicare	5910	775,856,927	618,300,407	1,394,157,334	11,144,130	73,202,331	188,460,004	1,177,257,472	73,202,331	1,549,291,004
06	Conventional-Medicaid	5920							184,240,782	98,770,331	283,011,113
07	Other Government Fixed-Price Payors	5930									
08	Insurance Change-Based	5935									
09	Other Change Based Payors	5936									
10	Medicaid-HMO	5911	384,534,049	270,351,493	654,885,542	315,745,777	240,786,766	556,532,543	60,359,052	37,584,432	107,943,484
11	Medicaid-HMO	5921	303,446,469	347,701,374	651,147,843	292,980,154	301,920,334	594,900,488	70,488,315	45,780,030	116,268,345
12	Commercial-HMO	5940	363,874,809	403,439,277	767,314,086	183,537,222	276,300,312	459,837,537	180,487,304	217,137,035	397,624,339
13	Commercial-PPO	5941									
14	Other Commercial Discounted Payors	5945	133,116,349	173,871,743	306,988,092	61,089,231	65,493,208	126,582,439	79,027,065	103,378,535	182,405,600
15	Admin. Courtesy and Policy Discounts	5980									
16	Employee Discounts	5981									
17	Other Deductions from Revenue	5220									
18	Restricted Funds for Indigent Care	5906									
19	Total Revenue and Deductions	0793	2,175,177,335	2,072,771,117	4,247,948,452	1,683,113,111	1,662,336,627	3,345,449,738	128,688,317	70,624,037	199,312,354
20	Radiation Therapy Revenues	4900									
21	Adjusted Revenue And Deductions	0905	2,175,177,335	2,072,771,117	4,247,948,452	1,683,113,111	1,662,336,627	3,345,449,738	128,688,317	70,624,037	199,312,354
22	Total HMO/PPO Payment	0904									

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 0370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4900(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5985 IS "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND OUTPATIENT SERVICES

LN	NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	REPORTING PERIOD		AMGA #	SUBMISSION NUMBER:		WORKSHEET C-3a(Rev)
							FROM:	TO:		0010-0012	00100012100120160930201710042019060917	
01		Bed Bills	5900	11	(2)	(3)		10/1/2016	0010-0012	00100012100120160930201710042019060917		
02		Self-Pay Patients	5905	107,378,664	105,933,493	214,374,153	41,630,576	9/30/2017				
03		Charity Care-Hill Burton	5930				58,590,197					
04		Charity Care-Other	5980				100,241,453					
05		Conventional Medicare	5910	764,391,228	483,921,767	1,247,012,595	610,638,163					
06		Other Government Fixed-Price Payors	5920				26,795,817					
07		Other Government Fixed-Price Payors	5930				10,910,026					
08		Insurance Charge-Based	5935	32,413,303	22,325,139	54,738,520	44,705,643					
09		Other Charge Based Payors	5936									
10		Madigan-HMO	5971	844,704,031	215,138,201	589,130,232	420,730,022					
11		Madigan-HMO	5921	359,889,164	267,309,493	627,208,053	524,072,105					
12		Commercial-HMO	5940	350,088,439	472,651,450	822,739,889	403,910,928					
13		Commercial-PPO	5941									
14		Other Commercial/Discounted Payors	5945									
15		Aetna Country and Policy Discounts	5980	141,724,639	120,251,831	271,976,521	88,305,269					
16		Employee Discounts	5981									
17		Other Deductions from Revenue	5930				62,000,000					
18		Resitified Funds for Indigent Care	5935				87,415,457					
19		Total Revenue and Deductions	5905	2,107,123,534	1,637,921,527	3,745,045,161	2,839,341,911					
20		Adjusted Revenue And Deductions	4800									
21		Total HMO/PPO Payment	0004	2,107,123,534	1,637,921,527	3,745,045,161	2,839,341,911					
22		Total HMO/PPO Payment	0004									

NOTE: THE AMOUNT ONLINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(3). THE REVENUE AMOUNTS FOR ACCOUNT 4800 SHOULD EQUAL ACCOUNT 4800(1)(2)(3) ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS \*RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.



STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD	ATCA #	SUBMISSION NUMBER	WORKSHEET
											FROM:	TO:	0010-0012	00100012100120150930201602162017123855
01	Bad Debts	5900	(1)	(2)	(3)	(4)	(5)	(7)	(8)	(9)	10/12/015	0010-0012	00100012100120150930201602162017123855	C-3a(rov)
02	Self-Pay Patients	5905	107,982,253	103,029,136	211,011,389	70,751,153	90,568,402	(70,709,190)	(60,580,402)	161,421,987	9/30/2016			
03	Charity Care-Hill Burton	5950						107,632,253	103,029,136	211,011,389				
04	Charity Care-Other	5960												
05	Conventional-Medicare	5970	766,482,405	443,937,733	1,210,420,138	91,324,039	61,503,833	(81,356,872)	(31,905,939)	149,514,200				
06	Conventional-Medicaid	5920						154,940,260	71,233,040	226,173,300				
07	Other Government Med. or Pkco Payors	5930	34,220,049	26,461,594	60,681,643	26,215,333	16,617,027	0,004,611	3,844,637	64,837,010				
08	Insurance Charge-Based	5935												
09	Other Charge Based Payors	5936												
10	Medicaid-HMO	5911	291,150,986	177,076,842	468,227,828	235,010,636	140,607,110	95,170,639	41,398,728	327,039,100				
11	Medicaid-HMO	5921	326,294,102	245,738,793	572,032,895	280,678,719	221,369,217	65,645,463	24,967,376	83,282,841				
12	Commercial-HMO	5940	350,295,800	302,403,480	652,699,280	181,163,237	217,473,339	173,210,551	9,133,130	164,077,421				
13	Commercial-PPO	5941												
14	Other Commercial Discounted Payors	5225	145,283,189	143,333,124	288,616,313	47,280,731	29,305,620	07,985,467	116,846,100	213,930,389				
15	Admin. Courtesy and Policy Discounts	5980												
16	Employee Discounts	5981												
17	Other Deductions from Revenue	5982												
18	Restricted Funds for Judicial Ctr	5265												
19	Total Revenue and Deductions		2,025,177,031	1,579,783,737	3,604,960,768	1,249,327,717	1,203,423,255	475,000,000	1,128,000,000	2,253,000,000				
20	Radiation Therapy Revenue	4800												
21	Adjusted Revenue And Deductions		2,025,177,031	1,579,783,737	3,604,960,768	1,249,327,717	1,203,423,255	475,000,000	1,128,000,000	2,253,000,000				
22	Total HMO/PPO Payment:	CR04												

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(9),  
 ON WORKSHEET C3

NOTE: THE REVENUE AMOUNTS FOR ACCOUNT 4800 SHOULD EQUAL ACCOUNT 4380(1),(2),(3) ON WORKSHEET C3

2. NOTES: ACCOUNT 5995 IS \*RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-

STATEMENT OF PATIENT CARE REVENUES AND DEDUCTIONS  
 FROM REVENUE BY PAYOR OR CLASS FOR INPATIENT AND  
 OUTPATIENT SERVICES

LN NO	REVENUE BY PAYOR CLASSIFICATION	ACCT. NUMB.	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE	REPORTING PERIOD		AHCA #	SUBMISSION NUMBER:	WORKSHEET C-3(ref)
											FROM:	TO:			
01	Bad Debt	5900	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	10/1/2015	00100012100120150930201602162017123855		
02	Self-Pay Patients	5905	107,992,293	103,023,138	211,015,431	20,709,190	90,530,411	181,297,592	(70,703,039)	(60,500,409)	161,207,592	9/30/2016			
03	Charity Care-Hill Burton	5960			211,015,431				103,023,138	41,011,389					
04	Charity Care-Other	5910													
05	Conventional Medicare	5920	766,482,405	443,931,733	1,210,414,138	611,921,545	372,703,633	598,492,593	(1,168,432)	4,276,706					
06	Conventional Medicaid	5930													
07	Other Government Fixed-Fee Payors	5935	34,220,049	20,481,694	54,701,743	26,215,413	16,617,027	28,486,330	3,884,677	11,823,776					
08	Insurance Charge-Based	5936													
09	Other Charge Based Payors	5911													
10	Medicare-HMO	5921	291,188,986	177,073,842	468,262,828	235,611,119	149,617,119	232,651,709	27,390,723	61,650,713					
11	Medicaid-HMO	5940	326,284,182	245,736,793	572,020,975	260,079,719	221,360,217	351,951,256	65,649,563	61,650,713					
12	Commercial-PPO	5941	384,995,840	322,413,620	707,409,460	181,163,217	247,270,396	526,139,063	24,007,576	61,650,713					
13	Other Commercial Discounted Payors	5945													
14	Admin. Courtesy and Policy Discounts	5900	140,293,183	145,350,792	285,643,975	47,207,701	20,385,620	238,436,274	119,045,173	119,045,173					
15	Employee Discounts	5901													
16	Other Deductions from Revenues	5930													
17	Redeemed Funds for Indigent Care	5935													
18	Total Revenue and Deductions		2,021,153,023	1,579,917,617	3,601,070,640	1,541,111,111	1,000,000,000	2,060,000,000	310,969,529	310,969,529					
19	Adjusted Revenue And Deductions														
20	Total HMO/PEO Payor		2,021,153,023	1,579,917,617	3,601,070,640	1,541,111,111	1,000,000,000	2,060,000,000	310,969,529	310,969,529					
21	Total HMO/PEO Payor														
22	Total HMO/PEO Payor														

NOTE: THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT C370(Q). THE REVENUE AMOUNTS FOR ACCOUNT 4800 SHOULD EQUAL ACCOUNT 4800(1),(2),(3) ON WORKSHEET C-3 ON WORKSHEET C-3

NOTES: ACCOUNT 5995 IS RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE WHICH FORMERLY APPEARED ON WORKSHEET C-2.