05-04		FORM CMS-2552-96			3690 (3690 (Cont.)	
00 01		PROVIDER NO.: PERIOD:			WORKSHEET S-10		
TIQSDIT	TAL UNCOMPENSATED CARE DATA			FROM	1		
HOSFII	TAL UNCOMPENSATED CARE DATA			TO	.	•	
Theres	annested Core Information			1.~			
	pensated Care Information				X	1 1	
1 Do you have a written charity care policy?					X	2	
2 Are patients write-offs identified as charity? If yes answer lines 2.01 thru 2.04					X	2.01	
2.01						2.02	
2.02					X	2.03	
2.03					A	2.04	
2.04							
3					X	3	
4					X		
5					X	5	
6					X	6	
7					X	7	
8					X	8	
8.01					X	8.01	
9	0.01.1.004				X	9	
9.01					X	9.01	
9.02					X	9.02	
9.03					X	9.03	
9.04	Is it because your institution does not deem the di				X	9.04	
7.04	If charity determinations are made based upon incor	ne data what is the	maximum income that	can be earned by patients			
10	(single without dependent) and still determined to be	a a charity write off?	haannam moome war	om so omnos sy parrons	X	10	
10	If charity determinations are made based upon inco	me data is the incor	ne directly tied to Fede	ral poverty level?			
		me data, is the meon	ne directly nearly reac	rai poverty lever:	X	11	
11	If yes answer lines 11.01 thru 11.04	E 1 1	-10		X	11.01	
11.01					X	11.02	
11.02					X	11.02	
11.03							
11.04					X	11.04	
12	2 Are partial write-offs given to higher income patients on a gradual scale?				X	12	
13					X	13	
14	Is your hospital State or local government owned? If yes answer line 14.01 and 14.02				X	14	
14,01					X	14.01	
14.02	What percentage of the amount on line 14.01 is from government funding?				X	14.02	
15	Do you receive restricted grants for rendering care to charity patients?				X	15	
					X	16	
	pensated Care Revenues						
	Revenues from uncompensated care				X	17	
17.01	Gross Medicaid Revenues				X	17.01	
	Revenues from State and local indigent care programs				X	18	
					X	19	
					X	20	
					X	21	
21	Non-restricted grants	·········			X	22	
22	Total Gross Uncompensated Care Revenues						
	pensated Care Costs	1 indiana			X	23	
	Total charges for patients covered by State and loca				$\frac{\lambda}{x}$	24	
	Cost to Charge Ratio (Wkst C, Part I, column 3 line 103, divided by column 8, line 103)				X	25	
					$\frac{\lambda}{x}$	26	
	Total SCHIP charges from your records					27	
27	The state of the s				X		
					X	28	
29	Total gross Medicaid cost (line 24 x line 28)				X	29	
20	Other uncompensated care charges from your records (see instructions)			X	30		
30							
31	Uncompensated care cost (line 24 x line 30) Total uncompensated cost to the hospital (Sum of li				X	31	