

EXHIBIT 6

Garden City Hospital

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FEB. 2018		BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	Month Total	Month Avg.
Total Patients Seeking Care (Total ED Visits)			145	114	160	119	160	115	126	142	106	119	116	153	157	110	131	131	108	124	136	147	124	135	113	113	119	147	115	125	3610	129
Pre- Registration Time(HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		#DIV/0!
Registration Time (HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		#DIV/0!
Door to Doctor Time (HH:MM time format)			0:49	0:23	0:25	0:21	0:52	0:36	0:25	0:41	0:42	0:30	0:22	0:47	1:03	0:40	0:38	0:32	0:21	0:31	0:21	0:30	0:18	0:29	0:21	0:21	0:24	0:21	0:16	0:22		0:30
Midnight Hospital Census			106	90	92	89	102	93	92	83	72	76	89	87	88	85	100	93	97	91	92	76	76	75	71	79	85	93	83	75	2430	87
ED Census			145	114	160	119	160	115	126	142	142	119	116	154	157	110	131	131	108	124	136	147	124	135	113	113	119	147	115	125	3647	130
Patient Disposition Mix																																
Total ED Admits			15	11	20	11	24	22	28	21	12	18	18	23	28	24	21	25	15	10	21	11	17	24	25	20	22	22	12	19	539	19
ED Admits % of Total Visits			10%	10%	13%	9%	15%	19%	22%	15%	11%	15%	16%	16%	18%	22%	16%	19%	14%	8%	15%	7%	14%	18%	22%	18%	18%	15%	10%	15%		15%
Admits to Critical Care			1	3	2	0	5	0	2	2	0	1	3	3	4	0	4	1	1	0	4	0	1	3	1	1	2	1	1	2	48	2
% Admits to Critical Care			7%	27%	10%	0%	21%	0%	7%	10%	0%	6%	17%	13%	14%	0%	19%	4%	7%	0%	19%	0%	6%	13%	4%	5%	9%	5%	8%	11%		9%
Admits to Telemetry			9	4	14	10	13	19	23	19	11	16	13	15	21	22	13	20	10	7	15	8	13	17	19	15	15	19	10	13	405	14
% Admits to Telemetry			60%	36%	70%	91%	54%	86%	82%	90%	92%	89%	72%	70%	75%	92%	62%	80%	67%	70%	71%	73%	76%	71%	76%	75%	73%	86%	83%	68%		75%
Admits to Med / Surg			4	4	3	1	4	2	2	0	1	0	2	3	3	2	4	4	4	2	2	3	3	4	5	4	4	2	1	3	76	3
% Admits to Med / Surg			27%	36%	15%	9%	17%	9%	7%	0%	8%	0%	11%	13%	11%	8%	19%	16%	27%	20%	10%	27%	18%	17%	20%	20%	18%	9%	8%	16%		15%
Admits to All Others			0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	5	0
% Admits to All Others			0%	0%	5%	0%	0%	5%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%		1%
Discharged Home			121	96	130	98	107	87	90	109	80	94	94	107	113																	

Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	1:00	0:00	0:00	0:00	1:24	5:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	7:24	0:15	
ED Saturation (internal) (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Throughput Stats																															
Pt Arrival to Triage (HH:MM time format)		0:23	0:14	0:13	0:12	0:25	0:12	0:13	0:23	0:20	0:16	0:12	0:22	0:15	0:22	0:21	0:17	0:14	0:19	0:16	0:12	0:13	0:19	0:11	0:16	0:16	0:15	0:12	0:12	7:35	0:16
Triage to Bed (HH:MM time format)		0:21	0:05	0:07	0:06	0:22	0:18	0:10	0:15	0:17	0:06	0:05	0:19	0:45	0:13	0:14	0:13	0:04	0:10	0:05	0:12	0:04	0:06	0:09	0:04	0:06	0:03	0:03	0:02	5:04	0:10
Bed to MD (HH:MM time format)		0:07	0:06	0:08	0:05	0:07	0:07	0:05	0:05	0:07	0:10	0:06	0:05	0:07	0:03	0:04	0:05	0:06	0:06	0:02	0:07	0:03	0:04	0:05	0:06	0:04	0:04	0:03	0:04	2:31	0:05
VD to Final Disposition (HH:MM time format)		1:38	1:44	1:47	2:47	3:09	1:53	1:50	1:54	1:31	1:54	1:38	1:52	1:48	2:09	1:33	1:53	1:27	1:32	1:39	1:49	1:05	2:04	1:48	1:50	1:31	1:31	1:39		48:55	1:48

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Total Registry Hours (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
Total Diversion Time (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	5:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	1:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	6:00	0:00	0:11		
Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Saturation (internal) (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Throughput Stats																																		
Patient Arrival to Triage (HH:MM time format)		0:18	0:19	0:12	0:13	0:26	0:16	0:22	0:12	0:18	0:14	0:11	0:14	0:14	0:16	0:15	0:15	0:15	0:14	0:17	0:20	0:22	0:13	0:20	0:16	0:16	0:16	0:12	0:19	0:16	0:20	0:16	8:27	0:16
Arrival to Bed (HH:MM time format)		0:16	0:15	0:04	0:06	0:12	0:12	0:05	0:05	0:05	0:05	0:05	0:10	0:07	0:05	0:19	0:19	0:08	0:27	0:20	0:26	0:06	0:04	0:08	0:02	0:03	0:16	0:09	0:16	0:05	0:03	5:08	0:09	
Length of MD (HH:MM time format)		0:08	0:04	0:05	0:05	0:05	0:05	0:05	0:03	0:05	0:06	0:07	0:04	0:03	0:03	0:02	0:05	0:07	0:06	0:03	0:03	0:03	0:04	0:04	0:04	0:04	0:04	0:03	0:05	0:05	2:20	0:04		
MD to Final Disposition (HH:MM time format)		1:25	4:05	1:08	1:18	1:44	1:34	1:40	1:36	2:50	2:16	1:22	1:33	1:44	3:29	1:21	2:00	2:00	1:49	2:05	1:54	1:43	1:08	1:40	2:14	1:32	2:07	1:37	1:29	2:19	2:31	1:29	58:42	1:53

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Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	9:00	24:00	24:00	9:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	66:00	2:12	
ED Saturation (Internal) (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
ED Saturation (Internal) excluding psychiatric patient holds (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
ED Throughput Stats																																	
Pt Arrival to Triage (HH:MM time format)		0:14	0:15	0:20	0:21	0:20	0:14	0:13	0:13	0:15	0:12	0:21	0:26	0:13	0:18	0:14	0:21	0:16	0:19	0:14	0:18	0:25	0:18	0:15	0:12	0:23	0:17	0:14	0:15	0:18	0:15	0:00	#DIV/0!
Triage to Bed (HH:MM time format)		0:05	0:06	0:20	0:12	0:09	0:03	0:04	0:04	0:11	0:04	0:17	0:10	0:21	0:04	0:05	0:15	0:09	0:07	0:04	0:05	0:00	0:01	0:07	0:03	0:03	0:10	0:01	0:04	0:01	0:03	0:00	#DIV/0!
Bed to MD (HH:MM time format)		0:07	0:03	0:04	0:05	0:05	0:04	0:05	0:04	0:03	0:04	0:05	0:07	0:06	0:06	0:04	0:04	0:03	0:04	0:05	0:04	0:15	0:05	0:03	0:04	0:06	0:03	0:04	0:04	0:03	0:04	0:00	#DIV/0!
Final Disposition (HH:MM time format)		1:30	1:08	1:30	1:41	1:54	1:37	1:53	1:47	1:43	1:30	1:36	1:58	1:32	1:31	2:30	1:47	1:21	1:43	2:24	2:41	1:45	1:06	1:22	1:37	2:03	1:28	1:02	1:18	2:28	1:43	0:00	#DIV/0!

	Total	AVG
Pt Arrival to Triage (HH:MM time format)	8:27	0:16
Triage to Bed (HH:MM time format)	3:28	0:06
Bed to MD (HH:MM time format)	2:23	0:04
MD to Final Disposition (HH:MM time format)	####	1:42

Garden City Hospital

MAY, 2018																															BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total	Month Avg.	
Total Patients Seeking Care (Total ED Visits)																																145	137	137	143	127	118	114	160	122	148	150	141	121	115	139	138	140	157	107	137	130	132	138	140	135	122	144	128	129	175	140	4209	136	
Pre-Registration Time(HH:MM time format)																																																																	#DIV/0!
Registration Time (HH:MM time format)																																																																	#DIV/0!
Inpatient Doctor Time (HH:MM time format)																																0:26	0:33	0:22	0:23	0:23	0:21	0:21	0:22	0:20	0:32	0:23	0:32	0:23	0:21	0:28	0:23	0:24	0:30	0:20	0:25	0:26	0:28	0:24	0:25	0:20	0:25	0:35	0:22	0:22	0:33	0:23		0:25	
Midnight Hospital Census																																91	97	95	89	85	88	88	83	76	71	69	77	83	86	89	82	96	83	77	73	77	92	100	88	85	70	76	77	82	71	73	2569	83	
Midnight ED Census																																147	137	137	143	126	118	114	160	122	148	150	141	122	115	139	138	140	157	107	137	130	132	138	141	135	129	145	128	129	175	140	4220	136	
Patient Disposition Mix																																																																	
Total ED Admits																																23	23	21	20	21	17	17	17	18	18	16	26	21	14	22	16	23	19	15	13	17	27	16	17	22	11	17	11	20	16	16	570	18	
ED Admits % of Total Visits																																16%	17%	15%	14%	17%	14%	15%	11%	15%	12%	11%	18%	17%	12%	16%	12%	16%	12%	14%	9%	13%	20%	12%	12%	16%	9%	12%	9%	16%	9%	11%		14%	
Admits to Critical Care																																4	2	1	2	3	0	4	1	0	3	4	0	2	1	3	2	5	2	0	1	3	2	1	2	2	1	2	1	3	1	0	58	2	
% Admits to Critical Care																																17%	9%	5%	10%	14%	0%	24%	6%	0%	17%	25%	0%	10%	7%	14%	13%	22%	11%	0%	8%	18%	7%	6%	12%	9%	12%	9%	15%	6%	0%		10%		
Admits to Telemetry																																16	12	14	14	17	16	12	14	15	13	12	23	19	11	15	12	16	16	10	12	9	21	12	11	17	10	11	10	14	14	13	431	14	
% Admits to Telemetry																																70%	52%	67%	70%	81%	94%	71%	82%	83%	72%	75%	88%	90%	79%	68%	75%	70%	84%	67%	92%	53%	78%	75%	65%	77%	91%	65%	91%	70%	88%	81%		76%	
Admits to Med / Surg																																3	9	4	4	1	1	1	1	2	2	0	2	0	2	4	2	1	1	4	0	5	4	3	3	2	0	4	0	2	1	3	71	2	
% Admits to Med / Surg																																13%	39%	19%	20%	5%	6%	6%	6%	11%	11%	0%	8%	0%	14%	18%	13%	4%	5%	27%	0%	29%	15%	19%	18%	9%	0%	24%	0%	10%	6%	19%		12%	
Admits to All Others																																0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	5	0	
% Admits to All Others																																0%	0%	10%	0%	0%	0%	0%	0																										

[illegible]

Garden City Hospital

JUN, 2018	BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Month Total	Month Avg.
Total Patients Seeking Care (Total ED Visits)		151	120	121	138	136	130	135	99	128	128	115	132	134	123	140	133	126	141	134	111	135	127	127	119	126	118	150	138	107	118	3840	128
Pre- Registration Time(HH:MM time format)		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	#DIV/0!	
Registration Time (HH:MM time format)		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	#DIV/0!	
Arrival to Doctor Time (HH-MM time format)		0:34	0:18	0:30	0:40	0:24	0:20	0:21	0:14	0:15	0:25	0:21	0:24	0:23	0:13	0:19	0:27	0:35	0:37	0:21	0:14	0:22	0:32	0:17	0:23	0:22	0:20	0:24	0:17	0:15	0:15	0:22	
Midnight Hospital Census		75	80	87	96	90	84	84	75	81	86	89	80	83	80	74	85	89	92	95	86	84	76	81	79	82	86	88	84	70	67	2488	83
Midnight ED Census		151	120	121	138	136	129	135	99	128	128	115	132	134	123	140	133	126	141	134	111	135	124	127	119	126	118	150	138	107	118	3836	128
Patient Disposition Mix																																	
Total ED Admits		24	17	16	25	18	25	18	19	16	15	20	20	20	19	23	20	28	19	15	18	16	26	11	16	19	21	26	20	11	17	578	19
ED Admits % of Total Visits		16%	14%	13%	18%	13%	19%	13%	19%	13%	12%	17%	15%	15%	15%	16%	15%	22%	13%	11%	16%	12%	20%	9%	13%	15%	18%	17%	14%	10%	14%		15%
Admits to Critical Care		1	0	1	0	5	0	4	2	0	1	1	5	2	3	0	4	3	2	2	2	4	4	3	3	2	1	3	0	0	3	61	2
% Admits to Critical Care		4%	0%	6%	0%	28%	0%	22%	11%	0%	7%	5%	25%	10%	16%	0%	20%	11%	11%	13%	11%	25%	15%	27%	19%	11%	5%	12%	0%	0%	18%		11%
Admits to Telemetry		22	14	13	22	10	20	12	14	13	12	14	12	16	12	19	16	21	15	9	16	11	19	8	10	12	18	18	16	10	12	436	15
% Admits to Telemetry		92%	82%	81%	88%	56%	80%	67%	74%	81%	80%	70%	60%	80%	63%	83%	80%	75%	79%	60%	89%	69%	73%	73%	63%	63%	86%	69%	80%	91%	71%		75%
Admits to Med / Surg		0	3	2	3	3	5	2	3	3	2	5	2	2	4	3	0	2	2	4	0	1	2	0	4	5	1	5	3	1	2	74	2
% Admits to Med / Surg		0%	18%	13%	12%	17%	20%	11%	16%	19%	13%	25%	10%	10%	21%	13%	0%	7%	11%	27%	0%	6%	8%	0%	25%	26%	5%	19%	15%	9%	12%		13%
Admits to All Others		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	4	0
% Admits to All Others		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	5%	0%	0%		1%
Discharged		114	92	94	81	110	97	111	78	106	99	91	102	105	100	104	101	79	99	110	86	104	95	107	93	102	89	113	111	93	94	2960	99
Discharged Home % Total Visits		75%	77%	78%	59%	81%	75%	82%	79%	83%	77%	79%	77%	78%	81%	74%	76%	63%	70%	82%	77%	77%	75%	84%	78%	81%	75%	75%	80%	87%	80%		77%
Transfer		0	5	3	6	3	2	4	0	3	3	3	2	2	1	3	3	3	4	3	5	3	0	3	2	0	3	2	2	1	4	78	3
Transfer % of Total Visits		0%	4%	2%	4%	2%	2%	3%	0%	2%	2%	3%	2%	1%	1%	2%	2%	2%	3%	2%	5%	2%	0%	2%	2%	0%	3%	1%	1%	1%	3%		2%
LWBS		10	3	3	22	3	3	0	0	1	1	1	4	4	2	4	4	12	10	0	0	10	2	2	2	1	1	4	0	1	1	111	4
LWBS % of Total Visits		7%	3%	2%	16%	2%	2%	0%	0%	1%	1%	1%	3%	3%	2%	3%	3%	10%	7%	0%	0%	7%	2%	2%	2%	1%	1%	3%	0%	1%	1%		3%
AMA		1	2	5	1	1	3	1	1	1	1	4	0	4	2	1	4	4	1	3	4	1	2	4	2	3	3	3	2	3	1	68	2
AMA % Total Visits		1%	2%	4%	1%	1%	2%	1%	1%	1%	3%	0%	3%	1%	1%	3%	3%	1%	2%	3%	1%	1%	3%	2%	3%	2%	3%	1%	2%	1%	1%		2%
Elopements		0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Elopements % Total Visits		0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%
Pediatric Visits (<age 14)		21	16	12	9	19	15	20	14	9	17	11	16	10	10	18	14	13	12	13	10	16	13	9	18	14	11	12	14	13	12	411	14
Pediatric % of Total Visits		14%	13%	10%	7%	14%	12%	15%	14%	7%	13%	10%	12%	7%	8%	13%	11%	10%	9%	10%	9%	12%	10%	7%	15%	11%	9%	8%	10%	12%	10%		11%
Pediatric Admits		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pediatric Transfers		0	1	0	0	0	0	1	0	1	1	0	1	0	0	0	0	2	1	2	1	1	0	1	0	0	1	0	1	0	1	16	1
Acuity Level by Charges																																	
Level 1																																0	#DIV/0!
Level 2																																0	#DIV/0!
Level 3																																0	#DIV/0!
Level 4																																0	#DIV/0!
Level 5																																0	#DIV/0!
Critical Care																																0	#DIV/0!
Deaths (Excluding DOA)		1	0	0	1	1	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	2	0	0	0	0	0	0	9	0
Deaths %of Total Visits		0.7%	0.0%	0.0%	0.7%	0.7%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.2%
Average ED Length of Stay (use HH:MM time format)	<02:00	4:40	4:35	5:29	4:49	4:38	3:40	3:33	3:17	3:30	2:33	4:30	3:31	4:03	3:36	5:13	4:36	6:12	4:44	4:43	4:34	4:41	3:59	3:34	2:59	3:01	3:45	3:38	4:25	2:46	2:47		4:04
Average ED LOS-Inpatient (excluding Psych) (HH:MM time format)		5:34	5:16	7:06	8:08	6:00	5:20	6:03	4:17	4:30	5:34	4:44	5:40	5:40	4:08	4:41	6:15	10:55	13:07	7:04	6:37	4:52	5:23	4:36	4:21	5:29	5:31	5:36	5:05	3:57	3:25		5:49
Average ED LOS- Out-patients (HH:MM time format)		3:09	2:25	2:36	3:24	2:40	2:49	2:27	2:04	2:11	1:06	2:41	2:51	2:41	2:20	2:24	2:46	2:43	2:55	2:45	2:23	2:49	2:49	2:14	2:16	2:32	2:41	3:11	2:32	2:17	2:25		2:34
ED (Transfer) LOS (use HH:MM time format)		4:02	3:45	4:25	7:30	6:17	4:03	1:53	5:52	5:51	5:22	4:18					5:17	1:37	2:27	2:46		3:28	2:49	1:32	6:38	2:18	3:34	3:56	6:19	3:09		4:07	
ED (Discharged) (use HH:MM time format)		4:39	3:06	4:21	3:29	4:29	3:02	2:57	3:04	2:38	3:31	3:56	3:08	3:55	2:38	3:32	3:35	3:50	3:11	4:02	2:50	4:31	3:35	2:58	2:27	2:03	2:50	3:17	4:05	2:38	2:25		3:21
ED Admits - LOS All Areas (use HH:MM time format)		5:34	5:16	7:06	8:08	6:00	5:20	6:03	4:17	4:30	5:34	4:44	5:40	5:40	4:08	4:41	6:15	13:21	13:07	7:04	6:37	4:52	5:23	4:36	4:21	5:29	6:13	5:36	6:45	3:57	3:25		5:59
ED Admits - LOS Critical Care (use HH:MM time format)		6:05		3:48		4:26		5:35	3:48		2:20	4:25	4:54	6:18	4:00		7:37	10:50	2:22	3:21	5:57	4:58	7:14	4:37	5:10	10:36	6:17	3:14		2:10		5:13	
ED Admits - LOS Telemetry (use HH:MM time format)		5:32	5:24	7:20	8:21	6:01	5:37	6:36	4:22	4:35	5:40	5:06	6:20	5:33	4:08	4:46	5:53	11:10	14:39	7:25	6:41	4:50	5:13	4:35	3:55	5:02	5:31	6:07	4:53	3:51	3:32		5:57
ED Admits - LOS Med / Surg (use HH:MM time format)			4:39	7:04	6:28	8:28	4:09	3:39	4:11	4:08	6:31	4:25	3:30	5:37	4:11	4:06		8:23	12:19	8:06		4:43	3:06		4:58	4:30	4:37	5:08	6:08	4:50	4:31		5:28
LAB TAT Total Order to Release																																	
Basic Metabolic Panel (<60 min)	90%																																#DIV/0!
Complete Blood Count (<60 min)	90%																																#DIV/0!
Troponin (<60 min - Arrival to Results)	90%																																#DIV/0!
Urinalysis (<45 min - Received to Release)	90%																																#DIV/0!
RAD TAT																																	

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Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00		
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00		
ED Saturation (internal) (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00		
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00		
ED Throughput Stats																																		
Pt Arrival to Triage (HH:MM time format)		0:08	0:15	0:14	0:10	0:16	0:18	0:20	0:25	0:13	0:18	0:12	0:15	0:14	0:17	0:18	0:16	0:14	0:16	0:17	0:13	0:11	0:22	0:16	0:17	0:15	0:15	0:15	0:11	0:16	0:19	0:11	7:57	0:15
Triage to Bed (HH:MM time format)		0:02	0:05	0:06	0:01	0:09	0:13	0:00	0:21	0:17	0:07	0:03	0:03	0:04	0:09	0:09	0:10	0:11	0:04	0:05	0:03	0:03	0:00	0:05	0:05	0:03	0:06	0:05	0:03	0:05	0:12	0:03	3:12	0:06
Bed to MD (HH:MM time format)		0:05	0:04	0:03	0:05	0:05	0:04	0:04	0:09	0:05	0:03	0:04	0:03	0:03	0:05	0:04	0:03	0:03	0:03	0:03	0:05	0:06	0:14	0:03	0:03	0:06	0:05	0:03	0:06	0:05	0:04	0:03	2:21	0:04
Final Disposition (HH:MM time format)		1:21	1:30	1:30	1:36	4:51	3:14	2:29	2:06	2:50	1:51	1:25	1:45	1:44	4:37	1:18	2:22	1:20	1:20	2:29	1:55	1:57	1:46	1:25	2:04	1:49	2:53	4:00	1:42	1:29	2:50	1:51	67:19	2:10

AUG. 2018		BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total	Month Avg.
Total Patients Seeking Care (Total ED Visits)			117	115	110	129	132	141	135	126	136	133	130	123	149	126	133	133	112	115	108	12	140	121	110	113	120	119	148	125	134	135	105	3785	122
Pre-Registration Time(HH:MM time format)																																			#DIV/0!
Registration Time (Avg. in Minutes) (HH:MM time format)																																			#DIV/0!
Door to Doctor Time (Avg. in Minutes)(HH:MM time format)			0:17	0:14	0:19	0:22	0:23	0:25	0:21	0:25	0:18	0:16	0:20	0:23	0:17	0:24	0:22	0:21	0:23	0:24	0:23	0:27	0:25	0:25	0:19	0:16	0:17	0:15	0:24	0:17	0:29	0:30	0:26		0:21
M Hospital Census			61	59	50	54	70	81	86	83	81	75	79	80	77	72	82	78	74	77	80	87	83	73	60	56	62	74	92	87	85	88	79	2325	75
M ED Census			117	115	110	129	132	141	135	126	136	133	130	123	149	126	133	133	112	115	108	120	140	121	110	114	120	119	148	125	134	135	105	3894	126
Total ED Admits			9	12	14	15	24	22	20	20	16	17	17	14	18	20	21	23	19	20	15	15	20	18	16	15	14	21	23	21	21	25	15	560	18
ED Admits % of Total Visits			8%	10%	13%	12%	18%	16%	15%	16%	12%	13%	11%	12%	16%	16%	17%	17%	14%	125%	14%	15%	15%	13%	12%	18%	16%	17%	16%	19%	14%			18%	
Admits to Critical Care			1	1	2	5	1	4	3	3	1	1	2	4	3	1	2	5	1	1	0	3	0	2	1	1	3	0	0	4	3	2	1	61	2
% Admits to Critical Care			11%	8%	14%	33%	4%	18%	15%	15%	6%	6%	12%	29%	17%	5%	10%	22%	5%	5%	0%	20%	0%	11%	6%	7%	21%	0%	0%	19%	14%	8%	7%		11%
Admits to Telemetry			8	9	11	7	16	9	13	15	9	12	13	9	11	15	17	14	13	17	12	9	14	13	12	11	9	15	20	14	13	18	12	390	13
% Admits to Telemetry			89%	75%	79%	47%	67%	41%	65%	75%	56%	71%	76%	64%	61%	75%	81%	61%	68%	85%	80%	60%	70%	72%	75%	73%	64%	71%	87%	67%	62%	72%	80%		70%
Admits to Med / Surg			0	2	1	3	7	8	4	2	6	4	2	1	4	3	2	4	5	2	3	3	6	3	3	2	2	5	3	3	5	5	1	104	3
% Admits to Med / Surg			0%	17%	7%	20%	29%	36%	20%	10%	38%	24%	12%	7%	22%	15%	10%	17%	26%	10%	20%	30%	17%	19%	13%	14%	24%	13%	14%	24%	20%	7%		18%	
Admits to All Others			0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	0
% Admits to All Others			0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	
Discharged			100	89	9																														

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Garden City Hospital

SEP. 2018		BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Month Total	Month Avg.
Total Patients Seeking Care (Total ED Visits)			108	139	111	134	133	123	120	118	107	124	138	147	138	123	129	138	153	140	146	136	159	111	134	128	130	139	141	114	99	111	3871	129
(Pre-Registration Time(HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	#DIV/0!
Registration Time (HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	#DIV/0!
Door to Doctor Time (HH:MM time format)			0:20	0:18	0:16	0:17	0:25	0:30	0:17	0:23	0:19	0:18	0:17	0:19	0:21	0:15	0:16	0:18	0:24	0:23	0:31	0:18	0:25	0:21	0:20	0:25	0:15	0:13	0:15	0:14	0:09	0:14		0:19
M Hospital Census			71	76	76	81	82	86	81	73	76	76	80	80	75	68	76	85	90	88	94	86	80	77	82	88	83	83	77	66	86	84	2384	79
M ED Census			108	139	111	134	133	123	121	118	107	124	139	147	138	124	129	138	153	140	146	136	159	111	134	128	130	139	141	114	99	111	3874	129
Patient Disposition Mix																																		
Total ED Admits			15	18	8	19	25	23	17	12	13	22	21	18	23	17	17	25	14	20	27	13	24	16	17	16	32	21	17	18	11	24	563	19
ED Admits % of Total Visits			14%	13%	7%	14%	19%	19%	14%	10%	12%	18%	15%	12%	17%	14%	13%	18%	9%	14%	18%	10%	15%	14%	13%	13%	25%	15%	12%	16%	11%	22%		15%
Admits to Critical Care			0	2	1	3	4	2	2	1	2	2	1	0	2	1	2	4	0	3	1	1	5	1	3	1	0	2	4	0	1	54	2	
% Admits to Critical Care			0%	11%	13%	16%	16%	9%	12%	8%	15%	9%	5%	0%	9%	6%	12%	16%	0%	15%	4%	8%	21%	6%	18%	19%	3%	0%	12%	22%	0%	4%		10%
Admits to Telemetry			13	13	6	14	16	19	12	5	11	16	19	16	14	14	9	15	10	15	21	8	15	14	12	11	26	18	12	12	10	20	416	14
% Admits to Telemetry			87%	72%	75%	74%	64%	83%	71%	42%	85%	73%	90%	89%	61%	82%	53%	60%	71%	75%	78%	62%	63%	88%	71%	69%	81%	86%	71%	67%	91%	83%		74%
Admits to Med / Surg			1	3	1	2	5	2	2	5	0	3	1	2	7	2	6	5	4	2	5	3	3	1	1	2	4	3	3	2	1	3	84	3
% Admits to Med / Surg			7%	17%	13%	11%	20%	9%	12%	42%	0%	14%	5%	11%	30%	12%	35%	20%	29%	10%	19%	23%	13%	6%	6%	13%	13%	14%	18%	11%	9%	13%		15%
Admits to All Others			1	0	0	0	0	0	1	1	0	1	0	0	0	0	0	1	0	0	0	1	1	0	1	0	1	0	0	0	0	0	9	0
% Admits to All Others			7%	0%	0%	0%	0%	0%	6%	8%	0%	5%	0%																					

Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Saturation (internal) (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
Total Diversion Hours (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
ED Throughput Stats																																	
Pt Arrival to Triage (HH:MM time format)		0:15	0:15	0:13	0:11	0:13	0:23	0:12	0:13	0:13	0:14	0:13	0:11	0:10	0:11	0:14	0:15	0:16	0:18	0:17	0:12	0:10	0:15	0:14	0:18	0:13	0:09	0:11	0:08	0:09	0:09	0:00	#DIV/0!
Triage to Bed (HH:MM time format)		0:04	0:03	0:02	0:04	0:11	0:07	0:03	0:11	0:05	0:03	0:03	0:07	0:11	0:03	0:01	0:00	0:05	0:05	0:11	0:04	0:10	0:04	0:02	0:03	0:02	0:02	0:00	0:03	0:00	0:02	0:00	#DIV/0!
Bed to MD (HH:MM time format)		0:04	0:04	0:03	0:04	0:04	0:04	0:04	0:02	0:03	0:03	0:03	0:02	0:02	0:03	0:04	0:04	0:04	0:03	0:04	0:04	0:08	0:05	0:06	0:04	0:03	0:04	0:07	0:05	0:02	0:05	0:00	#DIV/0!
MD to final Disposition (HH:MM time format)		2:09	2:49	1:05	2:27	2:56	3:12	3:18	3:10	1:54	2:21	1:20	1:34	1:22	1:14	1:43	2:21	2:37	1:36	1:50	1:32	2:27	1:53	2:07	1:38	1:58	1:38	2:03	1:52	1:41	1:32	0:00	#DIV/0!

Door to Triage	0:13	min
Triage to Bed	0:04	min
Bed to MD	0:03	mm:hh
MD to final Disposition	2:02	mm:hh

Garden City Hospital

[illegible]

Paramedic / Ambulance Admits																																0	#DIV/0!	
Paramedic / Ambulance Admits % of Total Admits		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Total Registry Hours (HH:MM time format)	0:00																															0:00	#DIV/0!	
Total Diversion Time (HH:MM time format)	0:00																															0:00	#DIV/0!	
Diversion due to ED saturation (HH:MM time format)	0:00																															0:00	#DIV/0!	
Diversion due to Other Reasons (HH:MM time format)																																0:00	#DIV/0!	
ED Saturation (internal) (HH:MM time format)																																0:00	#DIV/0!	
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)																																0:00	#DIV/0!	
Total Diversion Hours (HH:MM time format)	0:00																															0:00	#DIV/0!	
ED Throughput Stats																																		
Pt Arrival to Triage (HH:MM time format)		0:10	0:13	0:09	0:11	0:06	0:10	0:15	0:11	0:14	0:12	0:12	0:07	0:08	0:10	0:09	0:08	0:10	0:11	0:09	0:13	0:20	0:09	0:11	0:12	0:07	0:11	0:07	0:09	0:12	0:14	0:11	5:31	0:10
Triage to Bed (HH:MM time format)		0:03	0:08	0:08	0:03	0:03	0:00	0:15	0:09	0:03	0:06	0:03	0:03	0:01	0:00	0:02	0:01	0:09	0:01	0:04	0:10	0:11	0:08	0:02	0:03	0:04	0:03	0:04	0:04	0:10	0:04	0:02	2:27	0:04
Bed to MD (HH:MM time format)		0:05	0:06	0:05	0:04	0:03	0:03	0:03	0:03	0:04	0:04	0:02	0:02	0:03	0:03	0:02	0:03	0:03	0:03	0:05	0:08	0:06	0:05	0:02	0:02	0:04	0:03	0:03	0:03	0:04	0:02	0:03	1:51	0:03
MD to Final Disposition (HH:MM time format)		2:54	1:53	2:42	1:52	1:20	2:25	1:59	1:47	1:48	2:14	1:34	3:40	1:20	1:45	1:27	1:37	2:02	1:22	1:51	2:07	2:07	1:32	1:27	2:02	1:58	1:23	2:11	4:28	2:33	1:46	3:49	64:55	2:05

Garden City Hospital

NOV, 2018		BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Month Total	Month Avg.	
Total Patients Seeking Care (Total ED Visits)			99	137	119	98	134	129	122	110	109	118	131	136	130	120	115	107	114	109	132	119	116	100	115	123	126	134	134	138	147	115	3636	121	
Pre-Registration Time(HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		#DIV/0!	
Registration Time (HH:MM time format)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		#DIV/0!	
Door to Doctor Time (HH:MM time format)			0:11	0:12	0:17	0:17	0:30	0:22	0:12	0:18	0:16	0:16	0:12	0:18	0:13	0:18	0:19	0:15	0:14	0:16	0:15	0:12	0:14	0:14	0:12	0:15	0:14	0:16	0:16	0:17	0:23	0:14		0:15	
M t Hospital Census			77	77	85	87	100	90	90	73	89	82	91	90	79	78	82	81	75	85	96	90				68	79	90	93	87	76	77	75	2322	83
M t ED Census			99	137	119	98	134	129	122	110	108	118	131	136	130	120	115	107	114	109	132	119	116	100	115	123	126	134	134	138	147	115	3636	121	
Patient Disposition Mix																																			
Total ED Admits			17	25	21	12	18	20	18	15	19	22	23	17	19	25	22	20	17	16	26	17	20	11	19	21	17	17	17	22	23	18	574	19	
ED Admits % of Total Visits			17%	18%	18%	12%	13%	16%	15%	14%	17%	19%	18%	13%	15%	21%	19%	19%	15%	15%	20%	14%	17%	11%	17%	17%	13%	13%	13%	16%	16%	16%		16%	
Admits to Critical Care			3	1	4	4	0	1	2	0	3	2	3	4	1	1	3	3	1	4	2	2	0	1	1	0	2	3	3	2	2	1	59	2	
% Admits to Critical Care			18%	4%	19%	33%	0%	5%	11%	0%	16%	9%	13%	24%	5%	4%	14%	15%	6%	25%	8%	12%	0%	9%	5%	0%	12%	18%	18%	9%	9%	6%		11%	
Admits to Telemetry			13	24	16	8	18	18	14	13	12	17	16	12	15	20	15	15	13	10	17	12	17	8	16	18	12	12	12	17	21	16	447	15	
% Admits to Telemetry			76%	96%	76%	67%	100%	90%	78%	87%	63%	77%	70%	71%	79%	80%	68%	75%	76%	63%	65%	71%	85%	73%	84%	86%	71%	71%	71%	77%	91%	89%		77%	
Admits to Med / Surg			1	0	0	0	0	0	2	2	3	3	3	0	3	4	4	2	3	2	7	3	3	2	2	3	3	2	2	3	0	1	63	2	
% Admits to Med / Surg			6%	0%	0%	0%	0%	0%	11%	13%	16%	14%	13%	0%	16%	16%	18%	10%	18%	13%	27%	18%	15%	18%	11%	14%	18%	12%	12%	14%	0%	6%		11%	
Admits to All Others			0	0	1	0	0	1	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	
% Admits to All Others			0%	0%	5%	0%	0%	5%	0%	0%	5%	0%	4%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		1%	
Discharged			77	105	95	82	95	100	94	91	84	88	96	110	104	90	87	77	88	89	98	97	92	82	92	97	102	111	111	109	113	89	2845	95	
Discharged Home % Total Visits			78%	77%	80%	84%	71%	78%	77%	83%	77%	75%	73%	81%	80%	75%	76%	72%	77%	74%	82%	79%	82%	80%	79%	81%	83%	83%	79%	77%	77%		78%		
Transfer			2	2	3	2	9	4	6	2	2	1	5	4	3	3	5	2	3	3	2	1	0	3	2	2	1	2	2	1	5	3	85	3	
Transfer % of Total Visits			2%	1%	3%	2%	7%	3%	5%	2%	2%	1%	4%	3%	2%	3%	4%	2%	3%	3%	2%	1%	0%	3%	2%	2%	1%	1%	1%	3%	3%		2%		
LWBS			2	1	0	1	8	1	2	2	0	1	0	0	1	1	0	2	3	0	1	1	0	0	0	1	0	2	1	2	2	3	38	1	
LWBS % of Total Visits			2%	1%	0%	1%	6%	1%	2%	2%	0%	1%	0%	0%	1%	1%	0%	2%	3%	0%	1%	1%	0%	0%	0%	1%	0%	1%	1%	1%	3%		1%		
AMA			1	4	0	1	1	3	2	0	1	2	1	2	2	0	1	5	3	1	3	1	3	0	1	1	5	0	0	3	1	2	50	2	
AMA % Total Visits			1%	3%	0%	1%	1%	2%	2%	0%	1%	2%	1%	1%	2%	0%	1%	5%	3%	1%	2%	1%	3%	0%	1%	1%	4%	0%	0%	2%	1%	2%		1%	
Elopements			0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	
Elopements % Total Visits			0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%		0%	
Pediatric Visits (<age 14)			10	8	23	12	13	18	11	14	12	16	22	21	17	18	9	17	13	11	18	17	20	18	16	10	17	19	17	22	21	17	477	16	
Prediatric % of Total Visits			10%	6%	19%	12%	10%	14%	9%	13%	11%	14%	17%	15%	13%	15%	8%	16%	11%	10%	14%	14%	17%	18%	14%	8%	13%	14%	13%	16%	14%	15%		13%	
Pediatric Admits			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pediatric Transfers			1	1	0	0	1	1	1	0	0	1	0	2	1	2	0	0	1	0	1	0	0	0	0	0	0	0	1	1	1	1	17	1	
Level 1																																	0	#DIV/0!	
Level 2																																	0	#DIV/0!	
Level 3																																	0	#DIV/0!	
Level 4																																	0	#DIV/0!	
Level 5																																	0	#DIV/0!	
Critical Care																																	0	#DIV/0!	
Deaths (Excluding DOA)			0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	2	0	8	0	
Deaths %of Total Visits			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.7%	0.7%	0.0%	1.4%	0.0%		0.2%	
Average ED Length of Stay (use HH:MM time format)		<02:00	2:45	3:31	4:10	4:14	4:38	4:09	3:47	3:43	3:34	3:13	6:04	3:46	3:09	4:06	4:32	3:26	3:29	3:58	3:32	3:50	3:03	3:00	3:12	2:50	3:05	3:54	2:58	3:04	4:11	2:39		3:39	
Average ED LOS-Inpatient (excluding Psych) (HH:MM time format)			3:55	4:30	8:37	18:32	11:16	7:19	4:57	4:32	4:19	4:36	6:09	5:41	4:39	4:37	4:30	6:10	4:16	4:51	5:10	5:34	4:21	3:52	4:20	4:10	4:54	5:11	4:26	5:35	5:43	4:29		5:46	
Average ED LOS- Out-patients (HH:MM time format)			2:10	2:13	2:33	2:05	2:53	2:43	2:29	2:27	2:23	2:43	2:33	2:33	2:24	2:41	2:47	2:39	2:08	2:23	2:25	2:28	2:43	2:13	2:28	2:32	2:18	2:18	2:28	2:38	2:54	2:19		2:29	
Elopement/Transfer LOS (use HH:MM time format)			4:24	2:47	4:58	5:12	5:54	5:21	3:59		2:22	3:38	5:03	3:03	2:46	3:53	6:22	4:28	4:03	3:32	3:36			3:36	6:10	5:26			3:24	4:03	3:02	3:54		4:11	
ED (Discharged) (use HH:MM time format)			2:12	3:21	2:44	2:05	3:05	3:13	2:44	3:25	3:33	2:59	3:16	2:43	2:45	3:40	3:51	2:41	2:47	3:05	2:52	3:26	2:51	2:58	2:27	2:32	2:40	3:33	2:35	2:38	3:35	2:19		2:57	
ED Admits - LOS All Areas (use HH:MM time format)			3:55	4:30	8:40	18:32	11:16	7:19	4:57	4:32	4:19	4:36	6:09	5:41	4:39	4:37	4:30	6:10	4:16	4:51	5:10	5:34	4:21	3:52	4:20	4:10	4:54	5:11	4:26	5:35	5:43	4:29		5:42	
ED Admits - LOS Critical Care (use HH:MM time format)			4:12	4:25	6:54	6:12		4:44	4:47		3:44	4:02	4:59	5:57	1:18	3:44	4:57	6:34	2:09	4:58	4:30	5:59		2:53	2:16		9:01	3:44	3:36	4:55	2:51	1:50		4:26	
ED Admits - LOS Telemetry (use HH:MM time format)			3:33	4:30	9:02	24:41	11:16	7:25	5:03	4:29	3:54	4:45	6:54	5:47	5:10	4:40	4:38	6:07	4:20	4:46	6:17	5:43	4:16	3:52	4:40	4:18	4:22	5:17	4:38	6:00	5:59	4:46		6:00	
ED Admits - LOS Med / Surg (use HH:MM time format)			7:41							4:23	4:50	7:11	4:06	3:58		3:11	4:36	3:37	5:44	4:41	4:59	5:05	4:42	4:48	4:21	2:43	3:23	4:13	8:40	4:31	3:38	2:35		4:35	
LAB TAT Total Order to Release																																			
Basic Metabolic Panel (<60 min)		90%																																#DIV/0!	
Complete Blood Count (<60 min)		90%																																#DIV/0!	
Tropoin (<60 min - Arrival to Results)		90%																																#DIV/0!	
Urinalysis (<45 min - Received to Release)		90%																																#DIV/0!	
RAD TAT																																			

Diversion due to ED saturation (HH:MM time format)	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00				
Diversion due to Other Reasons (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00				
ED Saturation (internal) (HH:MM time format)		0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00				
ED Saturation (internal) excluding psychiatric patient holds (HH:MM time format)			0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00				
ED Throughput Stats																																			
Pt Arrival to Triage (HH:MM time format)			0:07	0:11	0:17	0:12	0:13	0:13	0:08	0:19	0:13	0:13	0:11	0:13	0:14	0:13	0:16	0:10	0:09	0:12	0:10	0:11	0:10	0:08	0:10	0:19	0:12	0:09	0:09	0:13	0:09	0:09	0:00	#DIV/0!	
Triage to Bed (HH:MM time format)			0:02	0:02	0:00	0:03	0:17	0:09	0:03	0:02	0:09	0:03	0:02	0:04	0:00	0:05	0:03	0:02	0:03	0:01	0:02	0:00	0:03	0:02	0:00	0:00	0:01	0:05	0:03	0:03	0:11	0:02	0:00	#DIV/0!	
Bed to MD (HH:MM time format)			0:04	0:03	0:04	0:06	0:03	0:02	0:03	0:02	0:02	0:03	0:03	0:02	0:02	0:02	0:02	0:04	0:05	0:05	0:06	0:04	0:03	0:03	0:04	0:04	0:03	0:05	0:04	0:05	0:03	0:04	0:04	0:00	#DIV/0!
MD to Final Disposition (HH:MM time format)			1:18	2:09	1:50	1:13	1:43	1:51	1:52	1:50	2:06	1:22	2:58	1:28	1:35	2:14	2:20	1:41	1:47	2:01	1:47	2:15	1:29	1:45	1:24	1:13	1:36	1:55	1:36	1:34	2:15	1:15	0:00	#DIV/0!	

	Month Total Average	
Pt Arrival to Triage (HH:MM time format)	5:53	0:11
Triage to Bed (HH:MM time format)	1:42	0:03
Bed to MD (HH:MM time format)	1:47	0:03
MD to Final Disposition (HH:MM time format)	53:22:00	1:46

DEC. 2018		BMK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total	Month Avg.
Total Patients Seeking Care (Total ED Visits)			109	142	129	142	111	125	109	111	112	141	145	139	120	125	143	133	130	145	130	135	119	131	128	126	103	153	129	121	124	119	107	3936	127
Pre-Registration Time(HH:MM time format)																																			#DIV/0!
Registration Time (HH:MM time format)																																			#DIV/0!
Door to Doctor Time (HH:MM time format)			0:17	0:18	0:16	0:14	0:18	0:16	0:13	0:16	0:10	0:17	0:40	0:30	0:25	0:13	0:14	0:23	0:21	0:29	0:26	0:25	0:12	0:36	0:32	0:29	0:12	0:25	0:27	0:15	0:19	0:18	0:17		0:20
Inpatient Hospital Census			88	93	96	80	68	67	66	72	87	97	94	81	75	85	90	86	85	85							85	85	94	82	91	95	82	2186	84
Inpatient ED Census			109	142	129	142	111	125	109	112	112	141	145	139	120	125	143	133	130	145	130	135	119	131	128	126	103	153	129	121	124	120	107	3938	127
Patient Disposition Mix																																			
Total ED Admits			20	16	21	12	13	14	21	21	13	18	26	23	10	26	24	15	25	23	18	25	13	12	8	15	17	22	27	17	22	18	19	576	19
ED Admits % of Total Visits			18%	11%	16%	8%	12%	11%	19%	19%	12%	13%	19%	17%	8%	21%	17%	11%	19%	16%	14%	19%	11%	9%	6%	12%	17%	14%	21%	14%	18%	15%	18%		15%
Admits to Critical Care			3	2	2	1	0	1	2	3	1	1	4	3	0	3	3	4	4	0	1	4	2	0	0	0	1	2	3	0	4	2	1	57	2
% Admits to Critical Care			15%	13%	10%	8%	0%	7%	10%	14%	8%	6%	14%	13%	0%	12%	13%	27%	16%	0%	6%	16%	15%	0%	0%	0%	6%	9%	11%	0%	18%	11%	5%		9%
Admits to Telemetry			16	12	18	10	11	11	17	16	11	15	20	17	10	20	19	9	14	20	16	17	6	6	7	13	12	18	21	13	12	15	18	440	14
% Admits to Telemetry			80%	75%	86%	83%	85%	79%	81%	76%	85%	83%	71%	74%	100%	77%	79%	60%	56%	87%	89%	68%	46%	50%	88%	87%	71%	82%	78%	76%	55%	83%	95%		77%
Admits to Med / Surg			1	2	1	1	2	2	2	1	2	4	3	0	3	2	2	7	3	1	4	5	5	1	1	4	2	3	4	6	0	0	76	2	
% Admits to Med / Surg			5%	13%	5%	8%	15%	14%	10%	10%	8%	11%	14%	13%	0%	12%	8%	13%	28%	13%	6%	16%	38%	42%	13%	7%	24%	9%	11%	24%	27%	0%	0%		13%
Admits to All Others			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	3	0	
% Admits to All Others			0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%	0%	7%	0%	0%	0%	0%	0%	6%	0%		1%	
Discharged			81	121	100	121	9																												

[illegible]

EXHIBIT 7

[Michigan.gov Home](#)[LARA Home](#) | [LARA Sitemap](#) | [Contact LARA](#)**Menu**[License Home Page](#)[Logout](#)**Payment Receipt**

It will take three business days before the renewal can be verified on the Internet at [Health Care License Look-up](#).

Payment received - thank you.

Licensee: GARDEN CITY HOSPITAL
License Number: 1060000095
Merchant: State MI Hlth License
Process: Renew License process
Authorization Code: 3126
Received Amount: \$3,590.00
Received Date: 5/31/2018 8:06:05 AM
Transaction ID: 18053156965141

Total Paid: \$3,590.00

[Print Receipt](#)[Return to Licensing Home Page](#)

[Michigan.gov Home](#) | [LARA Home](#) | [State Web Sites](#)
[Accessibility Policy](#) | [Link Policy](#) | [Privacy Policy](#) | [Security Policy](#) | [Michigan News](#) | [Michigan.gov Survey](#)

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LARA e-License Application/Renewal

Department of Licensing and Regulatory Affairs

LARA
Bureau of Community and Health Systems

05/14/2018

Renew your license(s) at
<http://www.michigan.gov/elicense>

GARDEN CITY HOSPITAL
6245 INKSTER RD
GARDEN CITY MI 48135

Re: Hospital License Renewal
License/Permanent ID: 1060000095
License Renewal Fees: \$3,590.00

The state license for health facilities, agencies, and substance use disorder programs are renewed on an annual basis with an expiration date of July 31st of each year. The renewal process for a state license is completed through the eLicense portal using a credit card or electronic check for payment of the licensing fees. Mailing a check to the department will greatly increase the processing time for the license renewal and may result in a delay in the receipt of the paper license.

To renew a state license, please use the following process:

1. Go to www.michigan.gov/elicense
2. Scroll down to bottom of the page and select Renew a Health Facility License.
3. Enter the Permanent ID number listed above and select the Login button by clicking on it. Note: Pushing the return button on the keyboard will not work for this step.
4. Select Pay For License on the menu on the left side.
5. Select Continue in the upper left corner of the box containing the license information.
6. Follow the prompts to provide payment information for the license renewal fee.
7. Print the receipt for the payment, this is the only opportunity to print a receipt for the payment.

It takes approximately three weeks from the point of payment until the paper copy of the license is received through the mail. Please plan accordingly to ensure that the paper copy of the license is received prior to the expiration date.

If a state license is not renewed on or before the expiration date of July 31, 2018, the license is expired in accordance with MCL 333.20164, 333.6238, and 333.1137, as applicable by license type. Therefore, the license will be null and void on August 1, 2018.

For any questions about the license renewal process or information on how to change license information, please contact:

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
State Licensing Section
Phone: (517) 241-1970
Email: BCHS-StateLicensing@michigan.gov
Website: www.michigan.gov/bchs

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GARDEN CITY HOSPITAL
6245 INKSTER RD
ATTN: BONNIE BARRINGER
GARDEN CITY MI 48135

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE,
ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE
OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING
AND REGULATORY AFFAIRS BY EMAILING
BCHS-STATELICENSING@MICHIGAN.GOV OR CALL (617) 241-1970

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS
IMPORTANT INFORMATION.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

N365655

ACUTE CARE HOSPITAL * 309 LICENSED BEDS

ISSUED TO THIS HEALTH FACILITY/AGENCY PURSUANT TO THE PUBLIC HEALTH CODE, P.A.
368 OF 1978, AS AMENDED, MCL 333.1101 TO MCL 333.25211 OF THE MICHIGAN
COMPILED LAWS, AS AMENDED, AND APPLICABLE MICHIGAN ADMINISTRATIVE CODE.

THIS LICENSE REMAINS THE PROPERTY OF THE MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), IS NOT TRANSFERABLE, AND IS SUBJECT TO PAYMENT OF
LICENSE FEES FOR ANNUAL RENEWAL. THIS LICENSE MAY BE LIMITED, SUSPENDED, OR
REVOKED BY LARA FOR ANY OF THE CONDITIONS SPECIFIED IN MCL 333.20165(1) OR
MCL 333.20168(1).

LICENSEE: PRIME HEALTHCARE SERVICES - GARDEN CITY, LLC
GARDEN CITY HOSPITAL
6245 INKSTER RD
GARDEN CITY MI 48135

WAYNE

* LARA/ BHS NO. 820070

PERMANENT I.D. NO.
1060000095

EXPIRATION DATE
07/31/2019

4613478

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN.

EXHIBIT 8

			Page(s):	Page 1 of 9
			Saved As:	PFS-A05
Subject:	Charity Care Policy		Formulated:	1/2015
Manual:	Patient Financial Services		Reviewed:	1/2016, 3/2017, 10/2018
Governing Board Approval		Date:	Revised:	1/2016, 3/2017, 10/2018
			10/2018	

Policy:

Garden City Hospital will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of the state of Michigan.

Procedure:

1. Eligibility for Participation In Charity Care Program

A. Self-Pay Patients

A patient qualifies for the Charity Care Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the patient's family income does not exceed 350% of the Federal Poverty Level; **and** (4) the patient has monetary assets of less than \$10,000.00.

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care Program, but may qualify for the Discount Payment Program if certain conditions are met.

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Manual:	Patient Financial Services		Reviewed:	1/2016, 3/2017, 10/2018
Governing Board Approval		Date:	Revised: 10/2018	1/2016, 3/2017, 10/2018

C. Other Circumstances

The Director of the Hospital's Patient Financial Services, (PFS) Department shall also have the discretion to extend charity care or a discount to patients under the following circumstances:


- (i) The patient qualifies for limited benefits under the State's Medicaid Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital.
- (ii) The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.
- (iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;
- (iv) A Third Party Collection Agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or a discount be offered.

D. Definition of Patient's Family & Determination of Family Income

The "patient's family" means the following: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns.

In determining a patient's monetary assets, the hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred

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Governing Board Approval		Date:	Revised: 10/2018	1/2016, 3/2017, 10/2018

compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000.00).

E. Federal Poverty Levels

The measure of 350% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

The 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in family	Poverty Guidelines	350% of Poverty Level
1	\$12,140.00	\$42,490.00
2	\$16,460.00	\$57,610.00
3	\$20,780.00	\$72,730.00
4	\$25,100.00	\$87,850.00
5	\$29,420.00	\$102,970.00
6	\$33,740.00	\$118,090.00
7	\$38,060.00	\$133,210.00
8	\$42,380.00	\$148,330.00

For Families with more than 8 persons, add \$4,320 for each additional person

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Governing Board Approval		Date:	Revised:	1/2016, 3/2017, 10/2018
			10/2018	

2. Charity Care

The patient balances for those patients who qualify to participate in the Charity Care Program, as determined by the hospital, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

3. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.

4. Notices

In order to ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken:

A. Written Notice to Patients

Each patient who is seen at Garden City Hospital, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

B. Posting of Notices

The notice attached hereto as Exhibit 2 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) Other Outpatient Settings.

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			10/2018	

The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

C. Notice to Accompany Bills To Potentially Eligible Patients

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 3. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

5. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid

Garden City Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

(1) Private health insurance; (2) Medicare; and/or (3) the Medicaid program, or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payer or requests a discounted price or charity care then the patient shall be provided with an application for the Medicaid program, or other governmental program prior to discharge.

6. Collection Activities

Garden City Hospital may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her

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			10/2018	

designee has reviewed the account and approved the advancement of the debt to collection. Garden City Hospital shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of Michigan State laws/regulations.

Neither Garden City Hospital nor any collection agency utilized by Garden City Hospital shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may qualify for the Charity Care Program.

In addition, if a patient is attempting to qualify for eligibility under Garden City Hospital Charity Care Program or the Discount Payment Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Garden City Hospital shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with Michigan State laws/regulations.

Garden City Hospital shall not, in dealing with patients eligible under the Charity Care Program or the Discount Payment Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

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Governing Board Approval		Date:	Revised:	1/2016, 3/2017, 10/2018
			10/2018	

EXHIBIT 1

Charity Care & Discounted Payment Program

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Garden City Hospital PFS Designee, at the Hospital may be contacted at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.

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Governing Board Approval		Date:	Revised: 10/2018	1/2016, 3/2017, 10/2018

Exhibit 2

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT GARDEN CITY HOSPITAL PFS DESIGNEE, at **734-458-4436** TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT **866-898-7139** FOR FURTHER INFORAMTION.

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Governing Board Approval		Date:	Revised:	1/2016, 3/2017, 10/2018
			10/2018	

Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, or other similar programs. If you have such coverage, please contact our office at **734-458-4436** as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, Garden City Hospital's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medicaid, or other similar programs, please contact Garden City Hospital PFS Designee at **734-458-4436** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Garden City Hospital or PFS Designee, at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.

EXHIBIT 9

Garden City Hospital

ADMINISTRATIVE POLICY

SUBJECT: CHARITY CARE

Effective: 07/09 Revised: 2/07, 1/08, 10/11
Reviewed: 10/06, 10/08, 7/12

Purpose

To establish standards policies and procedures for the determination of eligibility criteria and administrative procedures for charity care, including accounting and reporting of charity care.

Policy

Charity care will be provided to all patients who meet the eligibility criteria, and may be provided to other patients at the discretion of executive management. Services provided pursuant to this policy will be accounted for in accordance with generally accepted accounting principles.

Definitions:

Charity care is defined as health care services that are never expected to result in cash inflows. Charity care results from providing health care services at a reduced charge, to individuals determined to meet certain eligibility criteria prior to the delivery of services. Charity care does not include write offs or adjustments under contractual arrangements with third parties.

Eligibility Criteria:

Eligibility for charity care will be determined by comparing the patient's family size and family income to Income Poverty Guidelines. These guidelines are revised annually by the Department of Health and Human Services and are published in the Federal Register prior to April of each year. The Financial Counselor will screen all individuals referred for charity care consideration. *Patients with income up to 200% of the federal poverty guideline may be eligible for charity care.* Final determination of eligibility will be the responsibility of the Director of Revenue Cycle.

Patients who are eligible for the Adult Benefit Waiver (ABW) program have been determined by the Medicaid program to be at or below 35% of the poverty guideline. ABW recipients do not have inpatient benefits and will be automatically eligible for Garden City Hospital's charity care program if Medicaid disability criteria is not met.

Garden City Hospital has the option of declining charity care if the patients and their families have disposable assets, do not pursue other forms of assistance (e.g., Medicaid coverage, Crime Victim's Compensation, etc.) or if they reside outside of the hospital's service area. Garden City Hospital also has the option of excluding certain charges and services for charity care eligibility (e.g., cosmetic surgery)

Garden City Hospital may provide charity care to patients who do not meet the above eligibility requirements at the discretion of executive management. Provision of such care will be documented by Garden City Hospital's operating units and forwarded to hospital financial services for appropriate action.

Accounting Policy and Procedures:

Services rendered pursuant to this policy meet the definition of charity care and will be accounted for in accordance with generally accepted accounting principles. Charges related to charity care are not considered revenue and should not be reported in gross revenues or receivables in the financial statements. Such charges should be recorded as write offs of receivables at the time they are determined to be charity care, and an allowance should be recorded for estimated future write offs. These amounts should also be recorded in a separate account, which will be classified as a reduction of revenues, in order to determine the annual amount of charity care write offs to be disclosed in the notes to the audited financial statements.

Procedure

Responsible Party

Financial Counselor

Guidelines/Action Steps

1. Identify patients potentially eligible for charity care through the pre-registration, admission, financial counseling process, or through self-pay account review and collection activities.
2. Obtain and receive a charity care application from the patient.

3. Determine eligibility by obtaining the following information from the patient, such as:
 - Gross Income and recent W-2
 - Prior year's tax return (required)
 - Last 3 pay stubs
 - Employment status and future earnings capacity
 - Family size
 - Certified Income statement
4. Complete the charity care cover form and forward to Director of Patient Financial Services.

Revenue Cycle Director

5. Review the charity care application to ensure that it is complete. Approve or deny the application and return to the Financial Counselor. Note: Charity care will not be granted for non-medically necessary services or in cases where a patient is eligible for Public Aid and refuses to apply for coverage.
6. The Director of Patient Financial Services may approve charity care up to \$25, 000 per visit.
7. Charity care approval for amounts greater than \$25,000 must be approved by the Chief Financial Officer.

Financial Counselor

8. Send determination letter to patient within 7 business days of the approval or denial.
9. Comment the Invision system with the charity care determination.

Cash Poster

10. Write-off the accounts to charity care before month-end close.

Revenue Cycle Director

11. Maintain monthly log of all patients that have been approved for charity care in accordance with State guidelines.

Administrative Responsibility

The Chief Financial Officer has the responsibility for administering this policy.

Charity Care

EXHIBIT 10

MONTH	LAST	FIRST	FAM SIZE	Program	ECO Number	QOS	CHARGES	INCOME	Comments	App Good Until
Jan-18	Tomlinson	Douglas	1	Charity	532216	11/9/2017	\$10.47	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	529487	11/16/2017	\$41.21	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	533703	11/30/2017	\$149.29	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	539738	12/6/2017	\$10.47	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	537379	12/7/2017	\$152.83	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	541758	12/13/2017	\$10.47	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	537454	12/14/2017	\$34.53	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	543211	12/20/2017	\$10.47	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	542996	12/26/2017	\$10.47	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	542994	12/28/2017	\$60.34	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	544863	1/3/2018	\$25.63	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	944929	1/4/2018	\$283.71	\$29,748.16		Jul-18
Jan-18	Tomlinson	Douglas	1	Charity	546507	1/11/2018	\$167.04	\$29,748.16		Jul-18
Jan-18	Milbocker	Dennis	1	Charity	524935	10/16/2017	\$11,755.18	\$0.00		Jan-19
Jan-18	Moore	Cynthia	2	Charity	423925	12/15/2016	\$107.35	\$33,185.79		Feb-18
Jan-18	Tkachuk	Eleanor	1	Discount	459174	03/22/2017-03/23/2017	\$1,695.40	\$33,960.00	Cardiology dx-DRG 073	Jan-19
Jan-18	Slabaugh	Janet	1	Discount	507308	8/18/2017	\$791.68	\$18,288.00	SDS Cardiology dx's-No DRG	Jan-19
Jan-18	Slabaugh	Janet	1	Discount	512629	9/5/2017	\$10.20	\$18,288.00		Jan-19
Feb-18	Gibbons	Christopher	1	Charity	547068	1/4/2018	\$4,444.58	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	221550	05/30/2015-05/31/2015	\$107.41	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	333144	03/30/2016-04/07/2016	\$1,288.00	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	396605	9/22/2016	\$80.90	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	417593	11/19/2016	\$131.48	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	421044	11/30/2016-12/01/2016	\$139.09	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	425432	12/13/2016-12/14/2016	\$71.25	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	435611	1/15/2017	\$181.99	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	445328	2/11/2017	\$98.37	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	452818	03/03/2017-03/07/2017	\$1,316.00	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	460496	3/26/2017	\$63.84	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	462939	04/02/2017-04/03/2017	\$137.24	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	467646	4/15/2017	\$135.06	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	468319	04/17/2017-04/18/2017	\$93.85	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	471379	4/26/2017	\$63.84	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	487886	6/15/2017	\$176.54	\$0.00		Feb-19
Feb-18	Gibbons	Christopher	1	Charity	530998	11/5/2017	\$105.05	\$0.00		Feb-19
Feb-18	Brooks	Jermaine	1	Charity	548637	01/09/2018-01/10/2018	\$6,837.97	\$0.00		Feb-19
Feb-18	Greco	Thomas	1	Discount	424518	12/11/2016	\$43.00	\$24,254.00	Denied-in Collections-50% Disc Offered	
Feb-18	Greco	Thomas	1	Discount	520576	10/1/2017	\$7,657.03	\$24,254.00		Feb-19
Feb-18	Greco	Thomas	1	Discount	529405	10/22/2017	\$670.21	\$24,254.00		Feb-19
Feb-18	Koza	Patricia	1	Discount	RG# 187453	11/17/2013-02/10/2016	\$1,385.73	\$18,384.00		Feb-19
Feb-18	Koza	Patricia	1	Discount	512920	9/7/2017	\$104.55	\$18,384.00		Feb-19
Feb-18	Koza	Patricia	1	Discount	514825	9/15/2017	\$49.62	\$18,384.00		Feb-19
Feb-18	Koza	Patricia	1	Discount	517197	10/2/2017	\$100.94	\$18,384.00		Feb-19
Feb-18	Peavler	Randall	3	Discount	339519	04/17/2016-04/19/2016	\$1,138.67	\$66,581.00	Denied-in Collections-50% Disc Offered	
Feb-18	Blackburn	Dolores	1	Charity	547290	1/4/2018	\$64.42	\$22,438.80		May-18
Feb-18	Blackburn	Dolores	1	Charity	547444	1/15/2018	\$204.88	\$22,438.80		May-18
Feb-18	Blackburn	Dolores	1	Charity	547443	1/19/2018	\$116.54	\$22,438.80		May-18
Feb-18	Blackburn	Dolores	1	Charity	555851	2/12/2018	\$39.86	\$22,438.80		May-18
Feb-18	Dlmachk	Wael	1	Charity	475154	5/7/2017	\$6,045.29	\$2,600.00		Feb-19
Feb-18	Moore	Cynthia	2	Charity	546514	1/11/2018	\$4,860.25	\$33,185.79		Feb-18
Feb-18	Moore	Cynthia	2	Charity	951982	2/1/2018	\$139.75	\$33,185.79		Feb-18
Feb-18	Parker	David	1	Charity	559648	3/19/2018	\$5,859.53	\$0.00		Mar-19
Feb-18	Jones	Steven	2	Charity	598676	12/2/2017	\$201.23	\$22,815.00		Aug-18
Feb-18	Jones	Steven	2	Charity	516072	9/16/2017	\$193.65	\$22,815.00		Aug-18
Feb-18	Jones	Renita	2	Charity	551200	1/18/2018	\$46.97	\$22,815.00		Jun-18
Mar-18	Hudson	Tevin	1	Charity	377877	8/2/2016	\$2,117.66	\$0.00		Mar-19
Mar-18	Hudson	Tevin	1	Charity	563059	3/2/2018	\$2,393.70	\$0.00		Mar-19
Mar-18	Warren	Jennifer	1	Charity	965584	03/11/2018-03/12/2018	\$5,349.54	\$0.00		Mar-19
Mar-18	Kish	Emily	1	Charity	514415	9/11/2017	\$1,235.20	\$38,500.41		Mar-19
Mar-18	Kish	Emily	1	Charity	514969	09/12/2017-09/13/2017	\$957.50	\$38,500.41		Mar-19
Mar-18	Kish	Patricia	2	Charity	536355	11/24/2017	\$3,177.90	\$19,128.00		Mar-19
Mar-18	Slater	Allyson	1	Discount	523946	13/11/2017	\$1,880.25	\$2,045.00		Mar-19
Mar-18	Laffore	Delicia	2	Discount	930657	11/3/2017	\$203.31	\$33,150.34		Mar-19
Mar-18	Burtley	Cecelia	2	Charity	562853	03/01/2018-03/02/2018	\$85,703.49	\$15,940.20	Cardiology dx-DRG 287	Mar-19
Mar-18	Swope	Katherine	1	Discount	546885	1/3/2018	\$127.63	\$32,442.00		Dec-18
Apr-18	Hakim	Rudina	4	Discount	507338	8/17/2017	\$100.00	\$0.00	Denied-in Collections-50% Disc Offered	
Apr-18	Jones	Steven	2	Charity	565335	3/10/2018	\$132.41	\$22,815.00		Aug-18
Apr-18	Kish	Emily	1	Charity	265153	9/26/2015	\$806.00	\$38,500.41		Mar-19
Apr-18	Kurash	Barbara	1	Discount	533071	11/12/2017-11/13/2017	\$1,283.10	\$20,340.00	Cardiology dx-DRG 552	Mar-19
Apr-18	Tusset	Louis	8	Discount	935263	11/22/2017	\$67.39	\$39,520.00		Mar-19
Apr-18	Devlin	Laura	1	Charity	559706	2/20/2018	\$258.90	\$19,041.00		Jul-18
Apr-18	Devlin	Laura	1	Charity	569344	3/24/2018	\$1,200.15	\$19,041.00		Jul-18
Apr-18	Mattson	Audrey	1	Charity	939960	11/17/2017-12/27/2017	\$560.48	\$22,224.00		Jul-18
Apr-18	Mattson	Audrey	1	Charity	533960	01/03/2018-01/26/2018	\$100.00	\$22,224.00		Jul-18
Apr-18	Albu-Issa	Ali	1	Charity	529080	10/30/2017	\$10,873.95	\$2,770.00		Apr-19
Apr-18	Nichol	Sandra	2	Charity	539122	12/4/2017	\$1,425.60	\$37,144.00		Apr-19
Apr-18	Anastasion	Nicolette	2	Charity	537373	11/28/2017	\$2,988.37	\$18,881.49		Apr-19
Apr-18	Collins	Demetrius	4	Charity	425879	12/15/2016	\$6,008.29	\$22,490.00		Apr-19
Apr-18	Kelly	Bonita	1	Charity	546395	1/2/2018	\$80.00	\$6,693.60		Apr-19
Apr-18	Deleon	Linda	1	Charity	163774	12/28/2014	\$113.05	\$8,892.00		Apr-19
Apr-18	Deleon	Linda	1	Charity	203239	4/11/2015	\$96.11	\$8,892.00		Apr-19
Apr-18	Deleon	Linda	1	Charity	218936	5/22/2015	\$75.36	\$8,892.00		Apr-19
Apr-18	Deleon	Linda	1	Charity	283636	11/16/2015	\$153.82	\$8,892.00	ER Cardiology dx's-No DRG	Apr-19
Apr-18	Deleon	Linda	1	Charity	553751	1/28/2018	\$188.29	\$8,892.00	ER Cardiology dx's-No DRG	Apr-19
Apr-18	Deleon	Linda	1	Charity	555259	01/31/2018-02/06/2018	\$1,340.00	\$8,892.00	Cardiology dx-DRG 488	Apr-19
Apr-18	Baker	James	1	Charity	522735	10/8/2017	\$43,019.00	\$0.00		Apr-19

MONTH	LAST	FIRST	FAM SIZE	Program	ECO Number	DO's	CHARGES	INCOME	Comments	App Good Until
Apr-18	Jones	Steven	2	Charity	65335	3/10/2018	\$132.41	\$22,815.00		18-Aug
Apr-18	Kiah	Emily	1	Charity	265153	9/28/2015	\$806.00	\$38,500.41		19-Mar
Apr-18	Ferguson	Joanne	2	Charity	435642	1/15/2017	\$3,533.00	\$0.00	ER Cardiology dx's-No DRG	1-Apr
Apr-18	Ferguson	Joanne	2	Charity	452951	3/4/2017	\$1,007.50	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	560018	03/19-02/20/2018	\$1,011.50	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	565598	3/12/2018	\$2,393.70	\$0.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	566423	3/14/2018	\$1,677.40	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	567275	3/17/2018	\$2,126.40	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	567588	3/19/2018	\$2,149.00	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	568613	3/22/2018	\$1,008.90	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	569490	3/26/2018	\$1,672.00	\$0.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	572843	4/5/2018	\$1,670.00	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	573527	4/8/2018	\$3,593.80	\$0.00		4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	573443	4/8/2018	\$319.00	\$0.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Ferguson	Joanne	2	Charity	575498	4/15/2018	\$564.35	\$0.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Houck	Lindsey	1	Discount	528932	10/28-10/29/2017	\$2,632.30	\$3,413.00		4/1/2019
Apr-18	Wickham	Megan	3	Discount	104655	8/7-8/8/2014	\$148.25	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	104245	8/8/2014	\$1,331.50	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	245740	8/5/2015	\$9.75	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	247259	8/26/2015	\$32.16	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	254000	8/27/2015	\$21.35	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	305411	1/16/2016	\$28.20	\$3,668.46		4/1/2019
Apr-18	Wickham	Megan	3	Discount	308232	1/24/2016	\$119.88	\$3,668.46		4/1/2019
Apr-18	Wickham	Addison	3	Discount	308705	1/25-1/27/2017	\$454.48	\$3,668.46		4/1/2019
Apr-18	Mazloum	Fatmeh	1	Discount	550593	2/8/2018	\$596.03	\$0.00		4/1/2019
Apr-18	Towshack	Roberta	1	Discount	558569	02/14-02/16/2018	\$927.48	\$14,760.00		4/1/2019
Apr-18	Martinez-Rodrig	Norimar	3	Discount	558717	2/15/2018	\$633.75	\$26,607.76		4/1/2019
Apr-18	Iajle	Teresa	5	Discount	305186	01/15-01/18/2016	\$817.05	\$16,092.00		4/1/2019
Apr-18	Marchone	Francas	1	Discount	241653	4/15/2016	\$101.15	\$15,520.80		4/1/2019
Apr-18	Watson	Verdean	1	Discount	543881	12/22-12/23/2017	\$148.76	\$16,558.00		4/1/2019
Apr-18	Tardiff	Cade	4	Discount	388748	8/2/2016	\$195.00	\$50,309.23		4/1/2019
Apr-18	Tardiff	Cade	4	Discount	405206	10/17/2016	\$195.00	\$50,309.23		4/1/2019
Apr-18	Tardiff	Jason	4	Discount	249444	08/15-08/18/2015	\$3,124.48	\$50,309.23		4/1/2019
Apr-18	Tardiff	Cort	4	Discount	218754	5/21/2015	\$195.00	\$50,309.23		4/1/2019
Apr-18	Touchie	Emma	3	Discount	432962	01/07-01/11/2017	\$4,446.31	\$33,950.00		4/1/2019
Apr-18	Schork	Joseph	1	Discount	446712	2/20/2017	\$1,236.02	\$9,253.76		4/1/2019
Apr-18	Wilhelme	Brian	2	Discount	514247	3/11/2017	\$43.39	\$17,281.29	Denied in Collections 50% Disc Offered	4/1/2019
Apr-18	Wilhelme	Brian	2	Discount	515513	9/20/2017	\$535.95	\$17,281.29		4/1/2019
Apr-18	Boerema	Deborah	2	Discount	406747	10/26/2016	\$2,317.61	\$49,054.08		4/1/2019
Apr-18	Boerema	Deborah	2	Discount	413811	11/16/2016	\$1,020.24	\$49,054.08		4/1/2019
Apr-18	Moore	Treg	2	Discount	298487	12/28/2015	\$44.01	\$27,545.84		4/1/2019
Apr-18	Moore	Treg	2	Discount	301274	1/7/2016	\$169.05	\$27,545.84		4/1/2019
Apr-18	Moore	Treg	2	Discount	305104	1/18/2016	\$137.60	\$27,545.84		4/1/2019
Apr-18	Moore	Treg	2	Discount	388187	9/3/2016	\$137.60	\$27,545.84		4/1/2019
Apr-18	Moore	Treg	2	Discount	478399	5/16-5/18/2017	\$1,283.10	\$27,545.84		4/1/2019
Apr-18	Wietecha	Paul	4	Discount	391196	09/07-09/13/2016	\$1,352.69	\$32,730.88		4/1/2019
Apr-18	Walcutt	James	1	Discount	241960	4/23/2016	\$1,559.02	\$2,178.00		4/1/2019
Apr-18	Stulock	Helen	2	Discount	515903	9/15-9/20/2017	\$1,246.54	\$19,728.00	Cardiology dx- DRG 444	4/1/2019
Apr-18	Roundtree	John	1	Discount	544116	11/22/2017	\$816.05	\$19,694.40	SDS Cardiology dx's-No DRG	4/1/2019
Apr-18	Roundtree	John	1	Discount	545407	12/19-12/31/2017	\$1,283.10	\$19,694.40	Cardiology dx- DRG 246	4/1/2019
Apr-18	Roundtree	John	1	Discount	547697	1/6/2018	\$20.48	\$19,694.40		4/1/2019
Apr-18	Dimoski	Lubla	1	Discount	834592	11/17/2017	\$461.76	\$26,083.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Dimoski	Lubla	1	Discount	542616	12/16/2017	\$1,559.19	\$26,083.00	ER Cardiology dx's-No DRG	4/1/2019
Apr-18	Boehringer	Karen	1	Discount	149087	11/18-12/1/2014	\$1,520.92	\$16,236.00		4/1/2019
Apr-18	Boehringer	Karen	1	Discount	168390	01/09-01/13/2015	\$1,004.93	\$16,236.00		4/1/2019
Apr-18	Boehringer	Karen	1	Discount	264983	9/28/2015	\$168.09	\$16,236.00		4/1/2019
Apr-18	Harris	Natalie	1	Discount	529722	11/2/2017	\$92.16	\$15,162.00		4/1/2019
Apr-18	Harris	Natalie	1	Discount	531881	11/15/2017	\$204.38	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	408186	10/26/2016	\$68.60	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	413734	11/11/2016	\$135.00	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	416313	11/18/2016	\$74.46	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	416314	11/28/2016	\$68.64	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	420808	12/9/2016	\$77.41	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	423936	12/13/2016	\$77.41	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	430422	12/30/2016	\$121.23	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	433434	1/10/2017	\$265.43	\$15,162.00		4/1/2019
Apr-18	Guy	Robert	1	Discount	436199	1/17/2017	\$110.42	\$15,162.00		4/1/2019
Apr-18	Yagley	Brooke	3	Discount	450964	3/5/2017	\$293.66	\$0.00		4/1/2019
Apr-18	Yagley	Brooke	3	Discount	455025	3/13/2017	\$582.70	\$0.00	Denied in Collections 50% Disc Offered	4/1/2019
Apr-18	Yagley	Brooke	3	Discount	530296	11/8/2017	\$131.16	\$0.00		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	430608	12/30/2016	\$28.58	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	429679	12/30-1/10/2017	\$570.48	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	501781	07/31-08/04/2017	\$1,014.00	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503008	8/5/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503009	8/6/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503418	8/7-8/28/2017	\$273.91	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503011	8/8/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503012	8/9/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503013	8/10/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503014	8/11/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503015	8/12/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503016	8/13/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503017	8/14/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503018	8/15/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503019	8/16/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503020	8/17/2017	\$84.14	\$14,998.80		4/1/2019

MONTH	LAST	FIRST	FAM SIZE	Program	ECD Number	DOB	CHARGES	INCOME	Comments	App Good Until
Apr-18	Thayer	Timothy	1	Discount	503020	8/18/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503022	8/19/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503023	8/20/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503024	8/21/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503978	8/22/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503979	8/23/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503980	8/24/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503981	8/25/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503982	8/26/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503983	8/27/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503984	8/28/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503985	8/29/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503986	8/30/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503987	8/31/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506384	9/1/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506365	9/2/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506366	9/3/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506367	9/4/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506368	9/5/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506369	9/6/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	506370	9/7/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513370	9/8/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513371	9/9/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513372	9/10/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513373	9/11/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513374	9/12/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513375	9/13/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	513376	9/14/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Thayer	Timothy	1	Discount	503010	8/7/2017	\$84.14	\$14,998.80		4/1/2019
Apr-18	Deleon	Linda	1	Charity	163774	12/28/2014	\$113.05	\$8,892.00		4/1/2019
Apr-18	Deleon	Linda	1	Charity	203239	4/11/2015	\$98.11	\$8,892.00		4/1/2019
Apr-18	Deleon	Linda	1	Charity	218936	5/22/2015	\$75.36	\$8,892.00		4/1/2019
Apr-18	Deleon	Linda	1	Charity	283636	11/16/2015	\$153.62	\$8,892.00		4/1/2019
Apr-18	Deleon	Linda	1	Charity	553751	1/28/2018	\$188.29	\$8,892.00		4/1/2019
Apr-18	Deleon	Linda	1	Charity	55259	01/31-02/06/2018	\$1,340.00	\$8,892.00		4/1/2019
Apr-18	Blackburn	Deloris	1	Charity	562705	3/12/2018	\$39.86	\$22,438.80		5/1/2018
Apr-18	Richardson	Wendy	2	Charity	567937	03/20-03/25/2018	\$61,705.74	\$35,593.17		4/1/2019
Apr-18	Hensley	Thomas	1	Charity	54829	1/8/2018	\$9,949.68	\$17,170.00		4/1/2019
Apr-18	Gerard	John	5	Charity	559477	2/17/2018	\$5,941.20	\$17,290.00		4/1/2019
Apr-18	Gardner	Gary	1	Charity	300167	1/2/2016	\$1,542.00	\$17,031.43		4/1/2019
Apr-18	Gardner	Gary	1	Charity	571274	03/30-04/03/2018	\$32,757.58	\$17,031.43		4/1/2019
Apr-18	Nagy	William	3	Discount	517235	09/26-09/21/2017	\$10,963.59	\$32,202.00		4/1/2019
Apr-18	McGarry	Kenneth	4	Discount	571176	03/30-04/1/2018	\$15,843.90	\$66,890.00	Cardiology dx- DRG 812	4/1/2019
Apr-18	Luter	Pamela	1	Discount	485999	06/07-06/14/2017	\$1,283.10	\$15,240.72	Cardiology dx- DRG 917	4/1/2019
Apr-18	Thomas	Robert	2	Discount	514332	9/14/2017	\$731.72	\$35,672.00	Denied-in Collections-50% Disc Offered	4/1/2019
Apr-18	Thomas	Robert	2	Discount	539794	12/7-01/16/2018	\$1,274.13	\$35,672.00		4/1/2019
May-18	Zadikian	John	1	Discount	554633	06/08-06/23/2016	\$182.72	\$14,283.00	Denied-in Collections-50% Disc Offered	5/1/2019
May-18	Zadikian	John	1	Discount	494475	07/07-07/20/2017	\$700.00	\$14,283.00	Denied-in Collections-50% Disc Offered	5/1/2019
May-18	Zadikian	John	1	Discount	549934	01/12-01/23/2018	\$5,099.07	\$14,283.00		5/1/2019
May-18	Hernandez	Marissa	1	Charity	570055	3/27/2018	\$1,291.30	\$10,079.96		5/1/2019
May-18	Devlin	Laura	1	Charity	574051	4/12/2018	\$401.25	\$19,041.00		5/1/2019
May-18	Jordan	Pauline	1	Discount	516917	09/19-09/20/2017	\$715.65	\$12,228.00		5/1/2019
May-18	Short	Shirley	1	Discount	528666	10/11-10/13/2017	\$800.00	\$21,276.00	Denied- Over Assets	5/1/2019
Jun-18	Abou Arela	Nour	3	Charity	542751	12/17/2017	\$4,101.66	\$45,825.00		6/1/2019
Jun-18	Campbell	Eva	1	Charity	586915	5/24/2018	\$4,536.08	\$0.00		6/1/2019
Jun-18	Genson	Terri	1	Discount	142245	11/3/2014	\$953.00	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	166878	1/6/2015	\$182.60	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	312577	2/5/2016	\$681.85	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	423930	12/9/2016	\$5,704.45	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	424384	13/10/2016	\$5,500.35	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	441209	1/30/2017	\$2,545.70	\$24,703.22	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Genson	Terri	1	Discount	511528	8/31-9/4/2017	\$688.06	\$24,703.22		6/1/2019
Jun-18	Grim	Devlin	1	Discount	435520	1/14/2017	\$243.75	\$20,294.00		6/1/2019
Jun-18	Glenn	Rebecca	2	Discount	566412	3/20/2018	\$224.89	\$49,004.80		6/1/2019
Jun-18	Glenn	Rebecca	2	Discount	569113	3/23/2018	\$170.70	\$49,004.80		6/1/2019
Jun-18	Maughon	Loretta	1	Discount	198555	4/9/2015	\$46.65	\$17,448.00	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Maughon	Loretta	1	Discount	552985	01/23-02/06/2018	\$1,560.00	\$17,448.00		6/1/2019
Jun-18	Maughon	Loretta	1	Discount	581679	5/30/2018	\$59.30	\$17,448.00		6/1/2019
Jun-18	Ramey	Joshua	1	Discount	386086	8/24/2015	\$20.00	\$0.00	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Ramey	Joshua	1	Discount	390860	12/21/2016	\$324.18	\$0.00		6/1/2019
Jun-18	Tolbert	Donnera	4	Discount	387395	08/27-08/29/2016	\$325.12	\$30,718.00	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Blackburn	Deloris	1	Discount	570451	4/9/2018	\$38.86	\$30,285.96		6/1/2019
Jun-18	Blackburn	Deloris	1	Discount	580015	5/7/2018	\$28.70	\$30,285.96		6/1/2019
Jun-18	Veal	Theodore	1	Discount	218364	5/21/2015	\$84.33	\$17,477.20	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Veal	Theodore	1	Discount	534222	11/15/2017	\$75.00	\$17,477.20	Denied-in Collections-50% Disc Offered	6/1/2019
Jun-18	Veal	Theodore	1	Discount	536416	3/3/2018	\$80.00	\$17,477.20		6/1/2019
Jun-18	Veal	Theodore	1	Discount	572509	4/4/2018	\$9.75	\$17,477.20		6/1/2019
Jun-18	Veal	Theodore	1	Discount	570067	04/10-04/11/2018	\$287.62	\$17,477.20		6/1/2019
Jun-18	Thomson	Alice	2	Discount	163377	12/26/2014	\$2.82	\$34,762.32		6/1/2019
Jun-18	Thomson	Alice	2	Discount	258477	9/14/2015	\$1,228.50	\$34,762.32		6/1/2019
Jun-18	Thomson	Alice	2	Discount	301971	1/7/2016	\$737.48	\$34,762.32		6/1/2019
Jun-18	Thomson	Alice	2	Discount	540489	12/15/2017	\$402.32	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	105182	8/13/2014	\$60.68	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	222482	6/3/2015	\$107.04	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	299000	12/30/2015	\$107.04	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	429385	12/27-12/30/2016	\$1,221.67	\$34,762.32		6/1/2019

MONTH	LAST	FIRST	FAM SIZE	Program	ECD Number	DOS	CHARGES	INCOME	Comments	App Good Until
Jun-18	Thomson	David	2	Discount	528003	10/27/2017	\$36.30	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	554035	01/29-02/01/2018	\$1,306.50	\$34,762.32		6/1/2019
Jun-18	Thomson	David	2	Discount	567058	3/16/2018	\$108.68	\$34,762.32		6/1/2019
Jun-18	Adams	Jacqueline	2	Discount	561427	02/24-02/27/2018	\$1,028.20	\$18,643.21		6/1/2019
Jun-18	Benedict	Michael	1	Charity	565138	04/10-04/11/2018	\$1,330.00	\$8,460.00		6/1/2019
Jun-18	Barna	Rodica	2	Charity	559303	02/16-02/18/2018	\$16,215.29	\$21,370.00		6/1/2019
Jun-18	Fawaz	Maya	1	Charity	491534	6/27/2017	\$111.38	\$31,775.00		6/1/2019
Jun-18	Fawaz	Maya	1	Charity	574576	4/11/2018	\$342.20	\$31,775.00		6/1/2019
Jun-18	Tomlinson	Douglas	1	Charity	560826	2/26/2018	\$120.81	\$29,748.16		6/1/2019
Jun-18	Tomlinson	Douglas	1	Charity	575619	4/16/2018	\$80.00	\$29,748.16		6/1/2019
Jun-18	Veal	Theodora	1	Discount	580212	05/02-05/31/2018	\$312.00	\$17,477.20		6/1/2019
Jun-18	Maughon	Loretta	1	Discount	284541	5/22/2018	\$146.25	\$17,448.00		6/1/2019
Jun-18	Slaughter	Esther	1	Discount	557687	02/12-02/15/2018	\$1,306.50	\$15,793.00		6/1/2019
Jun-18	Kocibelli	Valbona	4	Discount	467511	4/14/2017	\$441.00	\$59,294.00	Denied- in Collections-50% Disc Offered	6/1/2019
Jun-18	Kocibelli	Valbona	4	Discount	471611	5/3/2017	\$159.00	\$59,294.00	Denied- in Collections-50% Disc Offered	6/1/2019
Jun-18	Kocibelli	Valbona	4	Discount	581423	05/06-05/08/2018	\$2,661.16	\$59,294.00		6/1/2019
Jun-18	Doak	Tammy	1	Discount	377276	7/30/2016	\$21.12	\$13,272.00	Denied- in Collections-50% Disc Offered	6/1/2018
Jun-18	Doak	Tammy	1	Discount	487759	6/16/2017	\$43.39	\$13,272.00	Denied- in Collections-50% Disc Offered	6/1/2019
Jun-18	Doak	Tammy	1	Discount	486724	6/19/2017	\$456.50	\$13,272.00		6/1/2019
Jun-18	Herrick	Douglas	2	Discount	552006	1/25/2018	\$806.86	\$25,641.60		6/1/2019
Jun-18	Noble	Victoria	1	Discount	563243	3/2/2018	\$616.14	\$14,614.58		6/1/2019
Jun-18	Noble	Victoria	1	Discount	563367	3/3/2018	\$27.05	\$14,614.58		6/1/2019
Jun-18	Lamb	Dennis	2	Discount	477054	5/17/2017	\$170.62	\$26,008.00		6/1/2019
Jun-18	Lamb	Dennis	2	Discount	483720	6/7/2017	\$170.62	\$26,008.00		6/1/2019
Jun-18	Lamb	Dennis	2	Discount	495407	7/12/2017	\$1,770.62	\$26,008.00		6/1/2019
Jun-18	Lamb	Dennis	2	Discount	563696	3/13/2018	\$73.12	\$26,008.00		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	323524	3/4/2016	\$960.53	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	332853	4/6/2016	\$29.66	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	552114	1/22/2018	\$23.58	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	553142	1/25/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	554094	1/29/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	555135	2/1/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	556435	2/6/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	557055	2/8/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	557899	2/12/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	561913	2/26/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	563010	3/1/2018	\$47.96	\$47,730.54		6/1/2019
Jun-18	Wethington	Tamara	3	Discount	563920	03/05-03/06/2018	\$230.64	\$47,730.54		6/1/2019
Jun-18	West	Jeffrey	1	Charity	588040	05/29-05/31/2018	\$11,217.85	\$24,715.55		6/1/2019
Jul-18	Devlin	Laura	1	Charity	586963	6/5/2018	\$260.76	\$19,041.00		7/1/2018
Aug-18	Blackburn	Deloris	1	Discount	587276	6/4/2018	\$28.70	\$30,285.96		8/1/2019
Aug-18	Blackburn	Deloris	1	Discount	93175	7/2/2018	\$28.81	\$30,285.96		8/1/2019
Aug-18	Walker	Peggy	2	Discount	567049	3/13/2018	\$224.21	\$12,228.00		8/1/2019
Aug-18	Walker	Peggy	2	Discount	570138	4/2/2018	\$529.23	\$12,228.00		8/1/2019
Aug-18	Walker	Peggy	2	Discount	576998	4/23/2018	\$0.06	\$12,228.00		8/1/2019
Aug-18	Walker	Peggy	2	Discount	599881	7/11/2018	\$21.34	\$12,228.00		8/1/2019
Aug-18	Majewicz	Donna	1	Discount	321273	2/28/2016	\$441.53	\$1,361.70	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Majewicz	Donna	1	Discount	167354	1/8/2015	\$892.11	\$1,361.70		8/1/2019
Aug-18	Bennett	Sonya	2	Discount	602363	7/25/2018	\$37.18	\$24,459.19		8/1/2019
Aug-18	Bennett	Sonya	2	Discount	435385	1/14/2017	\$110.30	\$24,459.19	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Bennett	Sonya	2	Discount	395295	9/19/2016	\$79.23	\$24,459.19	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Bennett	Sonya	2	Discount	270086	10/10/2015	\$60.75	\$24,459.19		8/1/2019
Aug-18	Bennett	Sonya	2	Discount	236485	7/11/2015	\$67.58	\$24,459.19	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Anderlie	Suzette	1	Discount	577557	5/2/2018	\$263.07	\$18,396.00		8/1/2019
Aug-18	Steptski	Susan	1	Discount	509487	8/24/2017	\$619.00	\$37,345.09		8/1/2019
Aug-18	Cohen	Nick	1	Discount	567152	3/20/2018	\$812.14	\$20,852.97		8/1/2019
Aug-18	Allen	Glen	1	Discount	534677	11/17/2017	\$1,582.75	\$24,888.00		8/1/2019
Aug-18	Jaghab	Assam	2	Discount	557456	2/10/2018	\$1,306.50	\$10,056.00		8/1/2019
Aug-18	Mattarolo	Deanna	1	Discount	340599	5/10/2016	\$35.00	\$14,580.00	Denied- in Collections-50% Disc Offered	8/1/2018
Aug-18	Mattarolo	Deanna	1	Discount	555581	02/03-02/09/2018	\$818.00	\$14,580.00		8/1/2019
Aug-18	Bevak	Dennis	1	Discount	544595	12/14-12/27/2017	\$745.87	\$20,388.00		8/1/2019
Aug-18	Jagosz	Alexis	2	Discount	585555	5/19/2018	\$462.69	\$14,051.64		8/1/2019
Aug-18	Jagosz	Alexis	2	Discount	585666	5/20/2018	\$1,090.16	\$14,051.64		8/1/2019
Aug-18	Gondek	Christina	5	Discount	588649	5/30/2018	\$1,274.45	\$49,429.51		8/1/2019
Aug-18	Gondek	Christina	5	Discount	590631	6/7/2018	\$287.27	\$49,429.51		8/1/2019
Aug-18	Konopaski	Karen	3	Discount	575221	4/13/2018	\$1,058.38	\$75,412.00		8/1/2019
Aug-18	Konopaski	Karen	3	Discount	574309	4/16/2018	\$82.42	\$75,412.00		8/1/2019
Aug-18	Konopaski	Karen	3	Discount	581701	5/8/2018	\$175.21	\$75,412.00		8/1/2019
Aug-18	Allen	Daniel	1	Discount	370718	7/15/2016	\$175.20	\$13,416.00	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Allen	Daniel	1	Discount	510585	8/30/2017	\$341.55	\$13,416.00		8/1/2019
Aug-18	Allen	Daniel	1	Discount	520123	10/4/2017	\$341.55	\$13,416.00		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	433572	11/1/2017	\$68.49	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	530820	11/4/2017	\$141.65	\$59,796.66	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Hemphill	Angela	5	Discount	535518	11/20/2017	\$66.91	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	544797	12/26/2017	\$99.10	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	564892	3/8/2018	\$101.66	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	575832	4/16/2018	\$52.15	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	582638	5/9/2018	\$55.48	\$59,796.66		8/1/2019
Aug-18	Hemphill	Angela	5	Discount	588071	5/29/2018	\$49.25	\$59,796.66		8/1/2019
Aug-18	Fox	Alise	1	Charity	582983	05/10-05/11/2018	\$13,416.24	\$23,434.00		8/1/2019
Aug-18	Owens	Deloris	1	Charity	568411	03/21-03/23/2018	\$23,698.71	\$9,708.00		8/1/2019
Aug-18	Wood	Steven	1	Charity	581100	5/4/2018	\$3,282.97	\$17,323.15		8/1/2019
Aug-18	Wood	Steven	1	Charity	583489	05/12-05/14/2018	\$26,564.81	\$17,323.15		8/1/2019
Aug-18	Wood	Steven	1	Charity	589169	06/01-06/04/2018	\$17,520.39	\$17,323.15		8/1/2019
Aug-18	Green	Dejon	1	Charity	587878	5/28/2018	\$9,056.15	\$6,565.42		8/1/2019
Aug-18	Green	Dejon	1	Charity	591947	5/11/2018	\$319.00	\$6,565.42		8/1/2019

MONTH	LAST	FIRST	FAM SIZE	Program	ECO Number	DO#	CHARGES	INCOME	Comments	App Good Until
Aug-18	Green	Dejon	1	Charity	605196	07/28-07/31/2018	\$14,349.02	\$6,565.42		8/1/2019
Aug-18	Turrill	George	3	Discount	444443	02/08-02/09/2017	\$4,021.87	\$55,897.82		8/1/2019
Aug-18	Turrill	Roseann	3	Discount	439947	01/26-01/31/2017	\$3,631.87	\$55,897.82		8/1/2019
Aug-18	McGee	Sharon	1	Discount	571381	3/31/2018	\$134.95	\$14,356.00		8/1/2019
Aug-18	Leone	Christopher	1	Discount	546228	12/31/2017	\$341.25	\$24,347.65		8/1/2019
Aug-18	Putci	Radivol	1	Discount	234991	7/9/2015	\$1,333.12	\$6,912.00		8/1/2019
Aug-18	Vandebeml	Lillian	1	Discount	583262	5/11/2018	\$251.65	\$14,976.00		8/1/2019
Aug-18	Vandebeml	Lillian	1	Discount	585138	5/21/2018	\$1,045.18	\$14,976.00		8/1/2019
Aug-18	Sadler	Michelle	3	Discount	528348	10/26/2017	\$1,400.85	\$19,287.00	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Sadler	Michelle	3	Discount	551336	1/19/2018	\$49.49	\$19,287.00		8/1/2019
Aug-18	Krsteviski	Todor	1	Discount	589123	6/1/2018	\$138.55	\$19,046.00		8/1/2019
Aug-18	Krsteviski	Todor	1	Discount	588967	6/4/2018	\$80.73	\$19,046.00		8/1/2019
Aug-18	Krsteviski	Todor	1	Discount	588964	6/19/2018	\$46.39	\$19,046.00		8/1/2019
Aug-18	Jones Jr.	Darius	4	Discount	596501	6/27/2018	\$97.50	\$68,696.00		8/1/2019
Aug-18	Jones Jr.	Darius	4	Discount	560316	2/20/2018	\$1,627.27	\$68,696.00		8/1/2019
Aug-18	Jones Jr.	Darius	4	Discount	372309	7/17/2018	\$1,007.50	\$68,696.00	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Jones Jr.	Darius	4	Discount	370087	7/11/2016	\$100.00	\$68,696.00	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Geistler	Carl	2	Discount	178878	2/6/2015	\$63.37	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	184472	2/20-2/26/2015	\$936.00	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	187807	3/2/2015	\$19.36	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	188030	3/28/2015	\$14.30	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	198617	3/30/2015	\$14.30	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	207881	4/23/2015	\$29.25	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	209055	4/27/2015	\$20.38	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	213570	5/8/2015	\$25.52	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	219642	5/26-6/3/2015	\$901.87	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	237531	7/15/2015	\$31.43	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	292129	12/16/2015	\$146.25	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	295856	12/28/2015	\$57.11	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	311597	2/2-2/4/2016	\$331.50	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	319892	2/26/2016	\$31.56	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	381093	8/10-8/13/2016	\$268.12	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	434337	1/11/2017	\$853.12	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	499181	7/3-7/6/2017	\$511.87	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	513945	9/9-9/13/2017	\$882.50	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	525236	10/16-10/28/2017	\$341.25	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	575035	4/13/2018	\$78.00	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	589982	6/4/2018	\$78.00	\$28,992.00		8/1/2019
Aug-18	Geistler	Carl	2	Discount	590867	6/7/2018	\$78.00	\$28,992.00		8/1/2019
Aug-18	Edick	Christopher	1	Discount	486390	5/10/2017	\$18.32	\$22,527.34	Denied- in Collections-50% Disc Offered	8/1/2019
Aug-18	Edick	Christopher	1	Discount	544467	12/23/2017	\$777.38	\$22,527.34		8/1/2019
Aug-18	Blackburn	Delores	1	Discount	598756	7/5/2018	\$121.87	\$30,285.96		8/1/2019
Aug-18	Beaubien	Rosamond	1	Discount	584427	5/24/2018	\$196.58	\$15,315.00		8/1/2019
Aug-18	Beaubien	Rosamond	1	Discount	589771	6/4/2018	\$78.00	\$15,315.00		8/1/2019
Aug-18	O'Bryan	Shawn	1	Discount	588360	05/29-05/31-2018	\$4,000.66	\$41,866.00		8/1/2019
Aug-18	Batchelor	Michelle	2	Discount	270680	10/14-10/30/2015	\$367.18	\$7,600.00		8/1/2019
Aug-18	Kane	Angela	1	Charity	534548	11/16/2017	\$8,943.61	\$37,362.00		8/1/2019
Sep-18	Galicia Muno	Marla	4	Charity	612995	8/26-8/29/2018	\$18,490.55	\$55,186.00		9/1/2019
Sep-18	Arcois-Nava	Emmanuel	2	Charity	600263	7/11/2018	\$5,671.19	\$10,641.00		9/1/2019
Sep-18	Kuptz	Carol	1	Charity	610456	8/16-8/19/2018	\$23,054.51	\$11,367.00		9/1/2019
Sep-18	Kuptz	Carol	1	Charity	208261	4/24-4/28/2015	\$2,288.77	\$11,367.00		9/1/2019
Sep-18	Soper	Dustin	2	Charity	478477	5/26/2017	\$9,074.05	\$12,272.18		9/1/2019
Sep-18	Soper	Dustin	2	Charity	487498	6/23/2017	\$1,284.08	\$12,272.18		9/1/2019
Sep-18	Jones	Kendra	4	Discount	508002	8/20/2017	\$50.00	\$68,690.00	Denied- in Collections-50% Disc Offered	9/1/2019
Sep-18	Jones	Kendra	4	Discount	508002	8/23/2017	\$4,343.94	\$68,690.00		9/1/2019
Sep-18	Jones	Kendra	4	Discount	508002	11/13/2017	\$50.00	\$68,690.00	Denied- in Collections-50% Disc Offered	9/1/2019
Sep-18	McHugh	Elizabeth	1	Discount	597649	7/2/2018	\$2,333.78	\$21,549.76		9/1/2019
Sep-18	McHugh	Elizabeth	1	Discount	612830	8/24-8/29/2018	\$2,992.39	\$21,549.76		9/1/2019
Sep-18	Stewart	Carol	2	Discount	559423	2/17-2/20/2018	\$2,088.01	\$31,395.64		9/1/2019
Sep-18	Hammoud	Rima	4	Discount	593629	6/17/2018	\$633.75	\$14,599.29		9/1/2019
18-Oct	Catalano	Frank	2	Discount	605822	8/6/2018	\$726.18	\$19,894.92		10/1/2019
18-Oct	Catalano	Frank	2	Discount	603006	7/30/2018	\$186.03	\$19,894.92		10/1/2019
18-Oct	Catalano	Frank	2	Discount	602970	7/24/2018	\$905.32	\$19,894.92		10/1/2019
18-Oct	Turrill	George	3	Discount	617622	9/12/2018	\$1,719.30	\$55,897.82		10/1/2019
18-Oct	Williams	Richard	1	Charity	625959	10/11-10/12/2018	\$4,717.20	\$0.00		10/1/2019
18-Oct	Allen	Penix	4	Charity	525654	10/17/2017	\$1,007.50	\$22,363.50		10/1/2019
18-Nov	Hutchinson	Dan	1	Discount	595189	7/9/2018	\$947.96	\$12,900.00		11/1/2019
18-Nov	Allen	Nancy	1	Discount	594088	6/18/2018	\$5,483.67	\$48,321.00		11/1/2019
18-Nov	Nunez	Marina	3	Charity	620302	9/21/2019	\$5,054.01	\$30,344.19		11/1/2019
18-Nov	Nunez	Marina	3	Charity	623123	10/15/2018	\$13,554.18	\$30,344.19		11/1/2019
18-Nov	Ortiz	Alisha	1	Charity	590818	6/7/2018	\$2,089.10	\$20,529.84		11/1/2019
18-Nov	Goss	Thomas	1	Discount	566025	03/23-07/16/2018	\$674.31	\$14,052.00		11/1/2019
18-Nov	Roach	Desmond	2	Discount	582058	5/14/2018	\$509.35	\$70,764.00		11/1/2019
18-Nov	Wiklanski	Richard	2	Discount	620392	09/21-09/25/2018	\$1,306.50	\$20,647.00		11/1/2019
18-Nov	Mastafa	Eman	4	Discount	581427	5/6/2018	\$3,448.57	\$5,658.00		11/1/2019
18-Nov	Boone	Tyler	1	Discount	608952	8/11/2018	\$1,026.60	\$13,349.90		11/1/2019
18-Dec	Marshick	Angela	3	Charity	362290	6/18/2016	\$40.45	\$12,144.00	Denied- in Collections-50% Disc Offered	12/1/2019
18-Dec	Marshick	Angela	3	Charity	386384	8/24/2016	\$5.72	\$12,144.00	Denied- in Collections-50% Disc Offered	12/1/2019
18-Dec	Marshick	Angela	3	Charity	455365	03/11-12/2017	\$658.00	\$12,144.00	Denied- in Collections-50% Disc Offered	12/1/2019
18-Dec	Marshick	Angela	3	Charity	515247	9/13/2017	\$28.68	\$12,144.00	Denied- in Collections-50% Disc Offered	12/1/2019
18-Dec	Salih	Alaa	1	Charity	557397	2/10/2018	\$5,061.48	\$16,424.00		12/1/2019
18-Dec	Fares	Mohamad	4	Charity	609548	8/14/2018	\$4,130.27	\$18,000.00		12/1/2019
18-Dec	Reynolds	Valerie	1	Discount	597145	06/29-07/01/2018	\$6,398.08	\$33,740.00		12/1/2019
18-Dec	Goss	Thomas	1	Discount	566025	07/01-16/2018	\$91.89	\$14,051.00		12/1/2019
18-Dec	Daupan	Harold	3	Discount	604351	7/25/2018	\$604.54	\$76,765.37		12/1/2019
18-Dec	Abu-Sara	Khader	2	Discount	596999	7/6/2018	\$301.94	\$15,000.00		12/1/2019

MONTH	LAST	FIRST	FAM SIZE	Program	ECD Number	DOS	CHARGES	INCOME	Comments	App Good Until
18-Dec	Ferguson	Joanne		Charity	622119	9/28/2018	\$2,037.20	\$0.00		12/1/2019
18-Dec	Anderson	Raymond		Charity	584032	05/12-16/2018	\$16,263.06	\$0.00		12/1/2019
18-Dec	Oleszkowicz	Jacqueline	3	Discount	604360	7/25/2018	\$1,939.15	\$24,673.23		12/1/2019
18-Dec	Wolski	Pauline	2	Discount	495386	07/11-14/2017	\$1,706.25	\$14,592.00		12/1/2019
18-Dec	Murry	Joann	2	Discount	610322	8/16/2018	\$1,475.18	\$52,000.00		12/1/2019

EXHIBIT 11

CONSOLIDATED FINANCIAL STATEMENTS

Prime Healthcare Services, Inc. and Subsidiaries
Years Ended December 31, 2017, 2016, and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Financial Statements

Years Ended December 31, 2017, 2016, and 2015

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Report of Independent Auditors

The Board of Directors
Prime Healthcare Services, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Prime Healthcare Services, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of December 31, 2017 and 2016, and the related consolidated statements of operations and comprehensive (loss) income, stockholder's equity, and cash flows for each of the three years in the period ended December 31, 2017, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Prime Healthcare Services, Inc. and Subsidiaries at December 31, 2017 and 2016, and the consolidated results of their operations and their cash flows for each of the three years in the period ended December 31, 2017, in accordance with U.S. generally accepted accounting principles.

Ernst + Young LLP

April 30, 2018

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Balance Sheets
(Dollars in Thousands)

	December 31	
	2017	2016
Assets		
Current assets:		
Cash and cash equivalents*	\$ 171,942	\$ 171,987
Patient accounts receivable, less allowances of \$276,762 and \$317,022 at December 31, 2017 and 2016, respectively*	486,031	526,626
Estimated third-party payor settlements	47,365	56,258
Provider fee receivable	312,330	125,337
Supplies inventory*	62,897	67,619
Prepaid expenses and other current assets*	78,015	103,947
Short-term investments	5,097	7,479
Related-party receivables	6,075	733
Total current assets	1,169,752	1,059,986
Property and equipment, net of accumulated depreciation and amortization*	1,305,650	1,310,604
Insurance claims and reserves recoverable*	122,129	153,560
Goodwill	40,430	82,727
Other assets*	29,565	37,798

Total assets	<u>\$ 2,667,526</u>	<u>\$ 2,644,675</u>
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*Account balances contain assets of the consolidated variable interest entities that can only be used to settle obligations of the variable interest entities (see Note 1).

See accompanying notes to consolidated financial statements.

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Balance Sheets
(Dollars in Thousands, Except Share Data)

	December 31	
	2017	2016
Liabilities and stockholder's equity		
Current liabilities:		
Accounts payable*	\$ 176,769	\$ 212,529
Accrued expenses*	251,295	228,968
Medical claims payable	1,315	3,290
Current portion of related-party payables	36,522	42,660
Estimated third-party payor settlements	57,707	35,694
Provider fee payable	169,900	76,519
Current portion of capital leases	53,775	39,274
Current portion of long-term debt*	33,899	34,258
Total current liabilities	781,182	673,192
Long-term liabilities:		
Revolving credit facility	336,139	323,721
Sale lease-back liability	651,229	653,000
Insurance claims liabilities and reserves*	165,967	197,508
Related-party note	30,000	30,000
Pension liabilities	25,832	25,506
Capital leases, net of current portion	111,802	121,637
Long-term debt, net of current portion*	518,502	542,204
Other long-term liabilities	33,831	34,876
Total long-term liabilities	1,873,302	1,928,452
Stockholder's equity:		
Common stock, \$0.01 par value, 3,000 shares authorized, 30 shares issued and outstanding	—	—
Additional paid-in capital	3	3
Accumulated other comprehensive loss	(7,536)	(6,820)
Accumulated deficit	(350,700)	(313,925)
Non-controlling interest	371,275	363,773
Total stockholder's equity	13,042	43,031
Total liabilities and stockholder's equity	\$ 2,667,526	\$ 2,644,675

*Account balances contain liabilities of the consolidated variable interest entities for which creditors do not have recourse to the general credit of the Company (see Note 1).

See accompanying notes to consolidated financial statements.

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Statements of Operations and Comprehensive (Loss) Income
(Dollars in Thousands)

	Year Ended December 31		
	2017	2016	2015
Revenue			
Net patient service revenue (net of contractual allowances and discounts)	\$ 4,232,340	\$ 4,028,093	\$ 3,543,398
Provision for doubtful accounts	866,378	698,780	493,963
Net patient service revenue, less provision for doubtful accounts	3,365,962	3,329,313	3,049,435
Premium revenue	20,593	19,909	19,535
Other operating revenue	224,414	137,908	121,087
	3,610,969	3,487,130	3,190,057
Operating expenses			
Compensation and employee benefits	1,787,677	1,823,128	1,513,416
General and administrative	503,325	487,333	421,529
Supplies	486,217	535,941	498,976
Professional services	410,974	462,677	402,606
Depreciation and amortization	167,864	156,042	118,777
Rent and lease	70,109	69,274	62,865
Medical claims	6,905	5,105	5,965
Goodwill impairment	44,879	32,961	—
	3,477,950	3,572,461	3,024,134
Income (loss) from operations	133,019	(85,331)	165,923
Interest expense	(149,270)	(171,740)	(121,120)
Gain on bargain purchase	—	—	6,461
(Loss) income before provision (benefit) for income taxes	(16,251)	(257,071)	51,264
Income tax provision (benefit)	1,985	2,645	(2,010)
Net (loss) income	(18,236)	(259,716)	53,274
Allocation of net income to non-controlling interest	(15,866)	(93,539)	(98,659)
Controlling interest in net loss	(34,102)	(353,255)	(45,385)
Other comprehensive loss	(716)	(918)	(3,591)
Total comprehensive (loss) income	\$ (18,952)	\$ (260,634)	\$ 49,683

See accompanying notes to consolidated financial statements.

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Statements of Stockholder's Equity
(Dollars in Thousands, Except Share Data)

	Shares	Common Stock	Additional Paid-In Capital	Accumulated Other Comprehensive Loss	Retained Earnings (Accumulated Deficit)	Non-Controlling Interest	Total
Balance, December 31, 2014	30	\$ —	\$ 3	\$ (2,311)	\$ 181,933	\$ 198,877	\$ 378,502
Distribution of Glendora Community Hospital	—	—	—	—	(28,924)	—	(28,924)
Unrealized loss in defined benefit pension plan	—	—	—	(3,591)	—	—	(3,591)
Cash distributions	—	—	—	—	—	(973)	(973)
Controlling interest in net loss	—	—	—	—	(45,385)	—	(45,385)
Non-controlling interest in net income	—	—	—	—	—	98,659	98,659
Balance, December 31, 2015	30	—	3	(5,902)	107,624	296,563	398,288
Distribution of Landmark Medical Center, Rehabilitation Hospital of Rhode Island, and Landmark Physician Office Services	—	—	—	—	(66,652)	—	(66,652)
Unrealized loss in defined benefit pension plan	—	—	—	(918)	—	—	(918)
Cash distributions	—	—	—	—	(1,642)	(26,329)	(27,971)
Controlling interest in net loss	—	—	—	—	(353,255)	—	(353,255)
Non-controlling interest in net income	—	—	—	—	—	93,539	93,539
Balance, December 31, 2016	30	—	3	(6,820)	(313,925)	363,773	43,031
Unrealized loss in defined benefit pension plan	—	—	—	(716)	—	—	(716)
Cash distributions	—	—	—	—	(2,861)	(8,988)	(11,849)
Other	—	—	—	—	188	624	812
Controlling interest in net loss	—	—	—	—	(34,102)	—	(34,102)
Non-controlling interest in net income	—	—	—	—	—	15,866	15,866
Balance, December 31, 2017	30	\$ —	\$ 3	\$ (7,536)	\$ (350,700)	\$ 371,275	\$ 13,042

See accompanying notes to consolidated financial statements.

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (Dollars in Thousands)

	Year Ended December 31		
	2017	2016	2015
Operating activities			
Net (loss) income	\$ (18,236)	\$ (259,716)	\$ 53,274
Adjustments to reconcile net (loss) income to net cash provided by operating activities:			
Depreciation and amortization	167,864	156,042	118,777
(Gain) loss on sale of assets	(1,535)	63	15
Provision for doubtful accounts	866,378	698,780	493,963
Goodwill impairment	44,879	32,961	-
Other	(2,942)	-	-
Gain on bargain purchase	-	-	(6,461)
Loss on extinguishment and amortization of deferred debt issuance costs	2,584	11,924	3,259
Net realized and unrealized gain on investments	(555)	(165)	-
Changes in assets and liabilities, net of hospital acquisitions/distributions:			
Patient accounts receivable	(823,095)	(530,010)	(631,933)
Supplies inventory	5,505	(592)	(17,889)
Prepaid expenses and other current assets	26,205	(11,463)	34,577
Other assets	3,290	5,332	(6,555)
Related party receivables/payables	(11,884)	16,930	13,803
Accounts payable	(85,233)	(37,268)	74,353
Accrued expenses, insurance claims liabilities and reserves, and other long-term liabilities	61,227	44,941	59,929
Medical claims payable	(1,975)	992	(1,188)
Estimated third-party payor settlements and provider fee	(62,706)	9,494	581
Net cash provided by operating activities	169,771	138,245	188,505
Investing activities			
Purchase of property and equipment	(93,571)	(112,457)	(117,433)
Purchases of investments	(4,286)	(11,135)	-
Proceeds from sale of investments	7,225	3,821	-
Cash assumed with (paid for) acquisitions, net of cash acquired	-	2,841	(86,090)
Net cash used in investing activities	(90,632)	(116,930)	(203,523)
Financing activities			
Payments of loan issuance costs	-	(12,661)	-
Proceeds from borrowings on sale lease-back	-	15,000	-
(Repayments) borrowings on line of credit	-	(175,454)	44,922
Borrowings on revolving credit facility, net	12,418	323,721	-
Payments on long-term debt	(40,181)	(250,841)	(53,139)
Payments on capital lease obligations	(47,714)	(45,610)	(24,567)
Proceeds from long-term debt borrowing	8,142	212,035	26,785
Proceeds from release of restricted cash	-	-	85,058
Cash distributions	(11,849)	(27,971)	(973)
Cash distributed with distributions of hospitals	-	(808)	(160)
Net cash (used in) provided by financing activities	(79,184)	37,411	77,926
Net (decrease) increase in cash and cash equivalents	(45)	58,726	62,908
Cash and cash equivalents, beginning of year	171,987	113,261	50,353
Cash and cash equivalents, end of year	\$ 171,942	\$ 171,987	\$ 113,261

Prime Healthcare Services, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	Year Ended December 31		
	2017	2016	2015
Supplemental cash flow information			
Cash paid during the year for:			
Interest	\$ 151,887	\$ 156,264	\$ 113,836
Income taxes	\$ 5,456	\$ 1,600	\$ 3,800
Supplemental disclosure of noncash investing and financing activities			
Financing obligations incurred for the acquisition of property and equipment	\$ 47,692	\$ 68,162	\$ 117,655
Property, plant, and equipment included in accounts payable	\$ 4,943	\$ 2,216	\$ 7,289
Noncash distribution of hospital assets to stockholder	\$ —	\$ 66,652	\$ 28,764
Sale lease-back of facilities	\$ —	\$ 63,000	\$ 130,000
Conversion of debt to sale lease-back	\$ —	\$ 100,000	\$ —
Debt incurred related to acquisition of hospital facilities	\$ —	\$ —	\$ 137,335

See accompanying notes to consolidated financial statements.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended December 31, 2017, 2016, and 2015

I. Basis of Presentation and Significant Accounting Policies

Nature of Business

Prime Healthcare Services, Inc. and Subsidiaries (collectively, the “Company” or “PHSI”) owns and operates general acute care hospitals in communities across the United States. The Company is a wholly-owned subsidiary of Prime Healthcare Holdings, Inc. (“PHHI”).

As of December 31, 2017, the Company wholly-owned and operated 30 acute care hospitals with 6,256 licensed beds located in various communities in 11 states. The Company’s operations also include medical groups and other operations related to its hospital business.

Principles of Consolidation and Basis of Presentation

The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) and include the accounts of the Company, its subsidiaries, all of which are controlled by the Company through majority voting control, and variable interest entities for which the Company is the primary beneficiary.

The Company has a variable interest in the medical groups and other entities. The other entities primarily consist of Prime Healthcare Management, Inc. (“PHM”) and Prime Healthcare Management II, Inc. (“PHM II”). PHM provides management services to certain PHSI hospitals. PHM II provides management services to certain PHSI hospitals and Prime Healthcare Foundation, Inc. (“PHF”). The Company has determined that the medical groups are variable interest entities due to the equity interest holder’s lack of ability to exercise control. The Company has determined that the other entities are variable interest entities due to a lack of sufficient equity at risk. The Company has also determined it is the primary beneficiary of the medical groups and other entities because the Company has the power to direct activities that most significantly impact the economic performance of these entities. Accordingly, the Company has consolidated these entities. The creditors of these variable interest entities do not have recourse to the general credit of the primary beneficiary.

All intercompany accounts and transactions have been eliminated upon consolidation. Non-controlling interests in less-than-wholly-owned consolidated subsidiaries of the Company are presented as a component of total equity to distinguish between the interests of the Company and the interests of the non-controlling owners.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

The equity of the variable interest entities has been reflected as a non-controlling interest as of December 31, 2017 and 2016. The consolidation of these entities does not change any legal ownership, and does not change the assets or the liabilities and equity of PHSI as a stand-alone entity. These entities had total revenues of approximately \$128,000,000, \$289,379,000, and \$246,969,000 for the years ended December 31, 2017, 2016, and 2015, respectively. The 2017 decrease in revenues is the result of PHM and PHM II changing the method of calculating management fees charged to PHSI hospitals, from a percentage of revenues to an allocation of actual costs.

Total assets and total liabilities of variable interest entities as of December 31 are as follows (in thousands):

	December 31	
	2017	2016
Assets		
Current assets:		
Cash and cash equivalents	\$ 4,377	\$ 5,462
Patient accounts receivable, net	4,738	4,630
Supplies inventory	95	58
Related-party receivables	395,301	385,122
Notes receivable	—	858
Prepaid expenses and other current assets	3,751	1,843
Total current assets	408,262	397,973
Property and equipment, net	61,636	73,566
Insurance claims and reserves recoverable	4,330	4,330
Other assets	3,761	4,406
Total assets	\$ 477,989	\$ 480,275
Liabilities		
Current liabilities:		
Accounts payable	\$ 10,813	\$ 11,983
Accrued expenses	17,047	17,772
Current portion of long-term debt	13,964	13,809
Total current liabilities	41,824	43,564
Insurance claims liabilities and reserves	5,917	5,537
Long-term debt, net of current portion	54,700	60,440
Total liabilities	\$ 102,441	\$ 109,541

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Revenues are recorded during the period the health care services are provided, based upon the estimated amounts due from the patients and third-party payors. In some cases, reimbursement is based on formulas which cannot be determined until cost reports are filed and audited or otherwise settled by the various programs. See Note 2 for further discussion of the Company's payment arrangements with its third-party payors.

The following is a summary of sources of net patient service revenues (net of contractual allowances and discounts) before provision for doubtful accounts (amounts in thousands):

	Year Ended December 31		
	2017	2016	2015
Medicare	\$ 1,295,149	\$ 1,246,245	\$ 1,129,154
Medicare Managed Care	490,883	438,942	367,482
Medicaid	509,385	477,477	471,075
Medicaid Managed Care	757,330	693,328	590,827
Commercial – contracted	645,433	634,654	466,295
Commercial – non-contracted	373,764	385,047	380,343
Self-pay/other	160,396	152,400	138,222
	<u>\$ 4,232,340</u>	<u>\$ 4,028,093</u>	<u>\$ 3,543,398</u>

Charity Care

The Company provides care to patients who lack financial resources and are deemed to be medically indigent based on criteria established under the Company's charity care policy. This care is provided without charge or at amounts less than the Company's established rates. Because the Company does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. The direct and indirect costs related to this care totaled approximately \$36,281,000, \$54,838,000, and \$37,465,000 for the years ended December 31, 2017, 2016, and 2015, respectively. Direct and indirect costs for providing charity care are estimated by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

uncompensated charges associated with providing care to charity patients. In addition, the Company provides services to other medically indigent patients under various state Medicaid programs. Such programs pay amounts that are less than the cost of the services provided to the recipients.

Allowance for Contractual Adjustments and Doubtful Accounts

The Company's patient accounts receivable are reduced by allowances for contractual adjustments and doubtful accounts. In evaluating the collectability of patient accounts receivable, the Company analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowances for both contractual adjustments and doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of these allowances. For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Company records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the expected rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Premium Revenue and Medical Claims Expense

The Company has agreements with various Health Maintenance Organizations ("HMO") to provide medical services to enrollees. Under these agreements, the Company receives monthly premium revenue based on the number of each HMO's enrollees, regardless of services actually performed by the Company. Premium revenue under HMO contracts is recognized during the period in which the Company is obligated to provide services. Certain HMO contracts also contain shared-risk provisions whereby the Company can earn additional incentive revenue or incur penalties based upon the utilization of inpatient hospital services by assigned HMO enrollees. The Company estimates shared-risk revenue and expenses based upon inpatient utilization.

The cost of health care services consists primarily of capitation and claims payments, pharmacy costs, and incentive payments to contracted providers. These costs are recognized in the period incurred, or when the services are provided. Claims costs also include an estimate of the cost of services which have been incurred but not yet reported to the Company.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

Supplies Inventory

Supplies inventory is stated at the lower of cost, determined by the average cost method, or market. Inventories consist primarily of medical and surgical supplies and pharmaceuticals.

Property and Equipment

Property and equipment is stated at cost or, in the case of acquisitions, at their acquisition fair values. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 30 years. Amortization of leasehold improvements is computed over the lesser of the lease term and the estimated useful lives of the assets and is included in depreciation and amortization expense. Equipment capitalized under capital lease obligations is amortized over the lesser of the life of the lease or the useful life of the asset.

Long Lived Assets and Amortizable Intangible Assets

The Company reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying value of such assets may not be recoverable. The Company considers assets to be impaired and writes them down to fair value if estimated undiscounted cash flows associated with those assets are less than their carrying amounts. Fair value is based upon the present value of the associated cash flows. Changes in circumstances (for example, changes in laws or regulations, technological advances, or changes in strategies) may also reduce the useful lives from initial estimates. Changes in planned use of intangibles may result from changes in customer base, contractual agreements, or regulatory requirements. In such circumstances, management will revise the useful life of the long-lived asset and amortize the remaining net book value over the adjusted remaining useful life. There were no impairments of long-lived assets and amortizable intangible assets recorded during the years ended December 31, 2017, 2016, and 2015.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Principal areas requiring the use of estimates include third-party settlements, allowances for contractual discounts and doubtful accounts, impairment of goodwill, long-lived assets and intangible assets, professional and general liability claims, and reserves for legal contingencies.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

Income Taxes

The Company has elected to be taxed under the provisions of subchapter S of the Internal Revenue Code ("IRC"). Under these provisions, the Company does not pay federal corporate income taxes on its taxable income. However, the Company is subject to a 1.5% California franchise tax along with applicable income taxes in the states where the Company has operations. The stockholder of PHSI is taxed on their proportionate share of the Company's taxable income as defined by the IRC. The Company distributes funds necessary to satisfy the stockholder's tax liability. As of December 31, 2017 and 2016, the accumulated previously taxed income that could be distributed to the S corporation stockholder on a tax free basis was approximately \$358 million and \$405 million, respectively, all of which was attributable to non-controlling interests.

The literature related to uncertain tax positions prescribes a recognition threshold and measurement process for accounting for uncertain tax positions and also provides guidance on various related matters such as derecognition, interest, penalties, and disclosures required. The Company does not have any entity level uncertain tax positions. The Company files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. Generally, the Company is subject to examination by U.S. federal (or state and local) income tax authorities for three years from the filing of a tax return.

Deferred tax assets and liabilities are recorded for differences between the financial statement and tax basis of the assets and liabilities that will result in taxable or deductible amounts in the future based on enacted laws and rates applicable to the periods in which the differences are expected to affect taxable income. The major components of the Company's deferred tax assets relate to the allowance for doubtful accounts and fixed assets. The deferred tax assets are reflected in other assets and the deferred tax liabilities are reflected in other long-term liabilities on the accompanying consolidated balance sheets.

Cash and Cash Equivalents

The Company considers all highly liquid investments with an original maturity of three months or less when purchased to be cash equivalents.

Other Assets

Other assets primarily consist of intangible assets arising from business combinations (see Note 4) and equity method investments.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

Goodwill

Goodwill represents the excess of the consideration paid and liabilities assumed over the fair value of the net assets acquired, including identifiable intangible assets.

Goodwill arising from business combinations is not amortized. Management evaluates goodwill on an annual basis and whenever events and changes in circumstances suggest that the carrying amount may not be recoverable. Through the year ended December 31, 2015, the Company tested for goodwill impairment as of December 31 each year. In 2016, the Company changed the date of its annual goodwill impairment test to October 1. The Company does not believe that the change in assessment date represents a material change in the application of applicable accounting literature. Impairment of goodwill is tested at the reporting unit level by comparing the reporting unit's carrying amount, including goodwill, to the fair value of the reporting unit. The fair value of the reporting units are estimated using a combination of the income or discounted cash flow approach and the guideline merged and acquired company approach, which uses comparable market data.

Goodwill is evaluated for impairment at the same time every year and when an event occurs or circumstances change that, more likely than not, reduce the fair value of the reporting unit below its carrying value. Prior to the adoption of Accounting Standards Update ("ASU") 2017-04 that is further discussed below, there was a two-step method for determining goodwill impairment. Step one was to compare the fair value of the reporting unit with the unit's carrying amount, including goodwill. If this test indicated the fair value was less than the carrying value, then step two was required to compare the implied fair value of the reporting unit's goodwill utilizing a hypothetical purchase price allocation with the carrying value of the reporting unit's goodwill. The Company performed its last annual goodwill evaluation on October 1, 2017.

During the year ended December 31, 2016, the Company determined that goodwill related to Dallas Medical Center, Dallas Regional Medical Center, Riverview Regional Medical Center, North Vista Hospital, Lehigh Regional Medical Center and High Desert Heart Vascular Institute was fully impaired, based upon a decline in projected future earnings compared to previous assessments of future earnings. Accordingly, the Company recorded a charge to the consolidated statements of operations of approximately \$32,961,000.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

During the year ended December 31, 2017, the Company determined that goodwill related to Lower Bucks Hospital, Saint Mary's Regional Medical Center and Medical Group, and St. Mary's General Hospital were fully impaired. Accordingly, the Company recorded a charge to the consolidated statements of operations in 2017 of \$44,879,000.

The impairments recorded in 2016 and 2017 were the result of lower projected future earnings of the impaired reporting units. No impairments were recognized in 2015.

Fair Value of Financial Instruments

The Company's consolidated balance sheets include the following financial instruments: cash and cash equivalents, patient accounts receivable, accounts payable, accrued expenses, and long-term debt. The Company considers the carrying amounts of current assets and current liabilities in the consolidated balance sheets to approximate the fair value of these financial instruments and their expected realization.

Fair Value Measurement

Relevant accounting guidance establishes a framework for measuring fair value and clarifies that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants.

The guidance requires disclosure about how fair value is determined for assets and liabilities and establishes a hierarchy for which these assets and liabilities must be grouped, based on significant levels of inputs as follows: Level 1 quoted prices in active markets for identical assets or liabilities;

Level 2 quoted prices in active markets for similar assets and liabilities and inputs that are observable for the asset or liability; or Level 3 unobservable inputs for the asset or liability, such as discounted cash flow models or valuations. The determination of where assets and liabilities fall within this hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

Financial Items Measured at Fair Value on a Recurring Basis

The Company sponsors the Garden City Hospital Osteopathic Employee Pension Plan (the "Plan"). The Plan includes investments which are measured at fair value on a recurring basis. The majority of the Plan's investments are recorded at net asset value as a practical expedient for fair value. The remaining investments are measured using Level 3 inputs (see Note 12).

Concentration of Credit Risk

Cash and cash equivalents are maintained at financial institutions and, generally, balances may exceed federally insured limits of \$250,000 per depositor of each financial institution. The Company has not experienced any losses to date related to these balances. Management monitors the financial condition of these institutions on an ongoing basis and does not believe any significant credit risk exists as of December 31, 2017.

At December 31, 2017 and 2016, patient accounts receivable were comprised of the following government programs; Medicare 40% and 39%, respectively; Medicaid 35% and 35%, respectively; health maintenance and preferred provider organizations (managed care programs) 15% and 15%, respectively; and private pay and commercial insurance patients 10% and 11%, respectively. Management believes there are minimal credit risks associated with receivables from government programs. Receivables from managed care programs and others are from various payors who are subject to differing economic conditions and do not represent concentrated risks to the Company. Management continually monitors and adjusts the reserves associated with receivables.

Recent Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board ("FASB") issued ASU 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive model for recognizing revenue and supersedes most existing revenue recognition guidance, including guidance specific to the healthcare industry. ASU 2014-09 will require new and enhanced disclosures. Companies can adopt the new standard either using the full retrospective approach, a modified retrospective approach with practical expedients, or a cumulative effect upon adoption approach. In July 2015, the FASB issued a final ASU (ASU 2015-14, *Revenue from Contracts with Customers (Topic 606): Deferral of Effective Date*), that defers the effective date by one year, with early adoption permitted. The Company plans to adopt this ASU on January 1, 2019, and is currently evaluating

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Basis of Presentation and Significant Accounting Policies (continued)

plans for adoption and the impact on the Company's revenue recognition policies, procedures and control framework, and the resulting impact on the consolidated financial position, results of operations, and cash flows.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. ASU 2016-02 establishes a right-of-use ("ROU") model that requires a lessee to record a ROU asset and a lease liability on the balance sheet for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the income statement. The new standard will become effective for annual reporting periods beginning December 15, 2019. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. The Company is currently evaluating the impact of its pending adoption of the new standard on its consolidated financial statements.

In January 2017, the FASB issued ASU 2017-04, *Simplifying the Test for Goodwill Impairment*. The new guidance eliminates the requirement to calculate the implied fair value of goodwill (i.e., Step 2 of the current goodwill impairment test) to measure a goodwill impairment charge. Instead, entities will record an impairment charge based on the excess of a reporting unit's carrying amount over its fair value (i.e., measure the charge based on the current Step 1). ASU 2017-04 is effective for annual and any interim impairment tests for periods beginning after December 15, 2019, with early adoption permitted. The Company early adopted this guidance effective January 1, 2017, but there was no material impact of the adoption on the Company's consolidated financial statements.

Reclassifications

Certain prior year amounts on the balance sheet related to accounts payable, accrued expenses, long-term debt, and sale leaseback liabilities, were reclassified to conform to the current year presentation. There was no change in reported net loss or stockholders' equity related to these reclassifications.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Revenue Recognition

The Company has arrangements with third-party payors that provide for payments to the Company at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare

Inpatient acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicare reimburses the Company for covered outpatient services rendered to Medicare beneficiaries by way of an outpatient prospective payment system based on ambulatory payment classifications. The Company's classification of patients under the Medicare program and the appropriateness of their admissions are subject to an independent review.

Inpatient non-acute services, certain outpatient services, medical education costs, and defined capital costs related to Medicare beneficiaries are paid based, in part, on a cost reimbursement methodology. The Company is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. The estimated amounts due to or from the program are reviewed and adjusted annually based on the status of such audits and any subsequent appeals. Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year that examination is substantially completed. These differences decreased net patient revenue by approximately \$12,008,000 for the year ended December 31, 2017, and increased net patient service revenue by approximately \$1,499,000, and \$12,497,000 for the years ended December 31, 2016, and 2015, respectively. The Company does not believe that there are significant credit risks associated with this government agency.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries in the states in which the Company operates are reimbursed under a prospective payment system. Outpatient services are reimbursed based on a mixture of fee schedules and a cost reimbursement methodology. The Company is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries. The Company also participates in Medicaid managed care arrangements. Payments for services of Medicaid beneficiaries that participate in those programs include prospectively determined rates

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Revenue Recognition (continued)

and fee schedule payments. The estimated amounts due to or from the Medicaid fiscal intermediaries are reviewed and adjusted annually based on the status of such audits and any subsequent appeals. Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year examination is substantially complete. These differences decreased net patient service revenue by approximately \$3,015,000, \$5,544,000, and \$3,367,000 for the years ended December 31, 2017, 2016, and 2015, respectively.

The Company does not believe that there are significant credit risks associated with these government agencies.

Insurance, Health Maintenance Organizations and Preferred Provider Organizations

The Company has also entered into agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Other

The Company also provides its services to patients enrolled in programs of commercial insurance carriers, health maintenance organizations, and preferred provider organizations under which the Company does not have agreements. The Company recognizes revenue for these patients based on its usual and customary rates for these services, as adjusted for historical trends in the Company's reimbursement for similar services.

Laws and regulations governing the third-party payor arrangements are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Normal estimation differences between subsequent cash collections on patient accounts receivable and net patient accounts receivable estimated in the prior year are reported as adjustments to net patient service revenue in the current period. These differences decreased net patient service revenue by approximately \$10 million, \$124 million, and \$50 million for the years ended December 31, 2017, 2016, and 2015, respectively. The large fiscal 2016 impact resulted primarily from the Company's strategy of migrating to a common information technology platform and consolidating many of the individual hospital Central Business Offices ("CBOs") into regional CBOs, which resulted in a significant decrease in cash collections.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Revenue Recognition (continued)

Meaningful Use Incentives

The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record ("EHR") technology. The Medicare incentive payments are paid out to qualifying hospitals over four consecutive years on a transitional schedule. To qualify for Medicare incentives, hospitals and physicians must meet EHR "meaningful use" criteria that become more stringent over three stages designated by the Centers for Medicare and Medicaid ("CMS").

Medicaid programs and payment schedules vary from state to state. The Medicaid programs required hospitals to register for the program prior to 2016, to engage in efforts to adopt, implement or upgrade certified EHR technology in order to qualify for the initial year of participation, and to demonstrate meaningful use of certified EHR technology in order to qualify for payment for up to three additional years.

The Company recorded estimated incentive payments of approximately \$5,853,000, \$4,958,000, and \$18,955,000, for fiscal years 2017, 2016, and 2015, respectively, related to the Medicare and Medicaid programs. These incentives have been recognized following the grant accounting model, recognizing income ratably over the applicable reporting period as management becomes reasonably assured of meeting the required criteria. Subsequent changes to these estimates will be recognized in the consolidated statements of operations and comprehensive income (loss) in the period in which additional information is available. Such estimates are subject to audit by the federal government, the state, or its designee.

Hospital Fee Programs

The Company recognizes revenues related to supplemental Medi-Cal payments under California Hospital Quality Assurance (CHQA) programs. These programs are funded by quality assurance fees paid by participating hospitals and matching federal funds.

Legislation approved by the State of California in October 2013 created the framework for the provider fee to continue in perpetuity without requiring further legislation by the State. Proposition 52 was passed in November 2016, which made permanent the current provider fee program and places limits on the ability of the State of California to reallocate funds for non-health care purposes.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Revenue Recognition (continued)

There are two CHQA programs that had activity in 2016 and 2017: a 36-month hospital fee program covering the period from January 1, 2014 through December 31, 2016, and a 30-month hospital fee program covering the period from January 1, 2017 through June 30, 2019. Prior to 2017, the timing of revenue and expense recognition of the CHQA program was based on the timing of CMS approval which did not consistently match the timing of the various hospital fee programs due to delays in approvals. With the passage of time and the administration of the CHQA programs, it has been determined that there is persuasive evidence of an arrangement in existence despite whether CMS has finalized the actual amounts paid. Accordingly, during 2017, the Company determined the supplemental payments met all criteria related to revenue recognition and the quality assurance fees are both probably and estimable. Accordingly, all related supplemental payments have been recognized as patient service revenue and related quality assurance fees have been recognized as provider fee expense in 2017. The Company recorded a net benefit of \$175.6 million during 2017, with \$110.3 million from the 36-month program, and \$65.3 from the 30-month program.

The Company recognized supplemental payments, included in net patient service revenue, and quality assurance fee expense, included in general and administrative expenses in the accompanying consolidated statements of operations and comprehensive (loss) income as follows (in thousands):

	Year Ended December 31		
	2017	2016	2015
Net patient service revenue	\$ 338,709	\$ 180,503	\$ 143,480
General and administrative expense	(163,081)	(137,064)	(114,654)
Net pre-tax impact of California hospital fee program	\$ 175,628	\$ 43,439	\$ 28,826

Amounts recorded on the balance sheets with respect to the California hospital fee program are included in provider fee receivable and provider fee payable.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Revenue Recognition (continued)

Other states have programs that are similar in nature to California, with amounts concentrated in New Jersey, Michigan, and Alabama. For the years ended December 31, the Company recognized supplemental payments, included in net patient service revenue, and quality assurance fee expense, included in general and administrative expenses in the accompanying consolidated statements of operations and consolidated (loss) income, as follows for states other than California (in thousands):

	Year Ended December 31		
	2017	2016	2015
Net patient service revenue	\$ 78,977	\$ 76,774	\$ 40,780
General and administrative expense	(35,410)	(34,488)	(24,680)
Net pre-tax impact of hospital fee program	\$ 43,567	\$ 42,286	\$ 16,100

3. Acquisitions and Distributions

Acquisitions

There were no acquisitions or distributions made in 2017. During the years ended December 31 2016 and 2015, the Company entered into the following acquisitions and distributions. All business combinations were consistent with the Company's strategic growth plan and were accounted for using the acquisition method of accounting. Operating results for each of the acquisitions have been included in the accompanying consolidated financial statements from the date of acquisition. Operating results for the distributions have been included in the accompanying consolidated financial statements through the date of distribution. The goodwill arising from these acquisitions is primarily attributable to the synergies expected to arise after the acquisitions, and is expected to be deductible for tax purposes for entities that were asset acquisitions. While goodwill is generally not expected to be deductible for tax purposes for entities that were stock acquisitions, the Company has made an IRC Section 338(h)(10) election in respect of the stock acquisition of North Vista Hospital, and, accordingly, that acquisition has been treated for tax purposes as if it was an asset acquisition.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisitions and Distributions (continued)

During 2016, the Company acquired two hospitals:

<u>Facility</u>	<u>Acquisition Date</u>	<u>Type</u>
Lehigh Regional Medical Center ⁽¹⁾	February 1, 2016	Asset
St. Michael's Medical Center	May 1, 2016	Asset

⁽¹⁾ Acquisition includes hospital along with physician group.

The following table presents the allocation of the aggregate purchase price for each of the hospitals purchased in 2016 (amounts in thousands):

	<u>Lehigh Regional Medical Center</u>	<u>St. Michael's Medical Center</u>	<u>Total</u>
Cash	\$ —	\$ 12,996	\$ 12,996
Patient accounts receivable	—	14,220	14,220
Supplies inventory	864	4,466	5,330
Prepaid expenses	237	817	1,054
Property and equipment	9,492	46,810	56,302
Intangible assets	990	5,160	6,150
Goodwill	1,300	9,559	10,859
Other assets	—	929	929
Liabilities	(290)	(34,425)	(34,715)
Consideration	<u>\$ 12,593</u>	<u>\$ 60,532</u>	<u>\$ 73,125</u>

Additionally during 2016, the Company purchased various medical groups for approximately \$46,000, of which approximately \$30,000 was allocated to goodwill.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisitions and Distributions (continued)

During 2015, the Company acquired 10 hospitals:

<u>Facility</u>	<u>Acquisition Date</u>	<u>Type</u>
Monroe Hospital	January 1, 2015	Asset
North Vista Hospital ⁽¹⁾	January 22, 2015	Stock
St. Joseph Medical Center ⁽²⁾	February 13, 2015	Asset
St. Mary's Medical Center ⁽²⁾	February 13, 2015	Asset
Riverview Regional Medical Center ⁽¹⁾	March 1, 2015	Asset
Dallas Regional Medical Center ⁽¹⁾	March 1, 2015	Asset
Lake Huron Medical Center ⁽³⁾	September 1, 2015	Asset
St. Clare's (3 hospitals)	October 1, 2015	Asset

⁽¹⁾ Acquisition includes hospital along with medical groups.

⁽²⁾ These two hospitals were acquired under one transaction (called "Carondelet" in the acquisition table below) and include various physician groups, clinics, and home health services.

⁽³⁾ Facility was formerly known as St. Joseph Mercy Port Huron.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisitions and Distributions (continued)

The following table presents the allocation of the aggregate purchase price for each of the hospitals purchased in 2015 (amounts in thousands):

	Monroe Hospital	North Vista Hospital	Carondelet	Dallas Regional Medical Center
Cash	\$ 2,873	\$ 513	\$ 870	\$ –
Patient accounts receivable	3,041	14,234	27,229	–
Supplies inventory	1,222	2,421	5,096	2,106
Prepaid expenses	51	1,397	2,171	486
Property and equipment	2,822	18,742	110,393	19,550
Intangible assets	480	1,860	6,980	1,250
Goodwill	–	3,777	591	2,055
Bargain gain	(6,461)	–	–	–
Other assets	–	108	3,767	30
Liabilities	(2,228)	(6,433)	(8,096)	(477)
Consideration	<u>\$ 1,800</u>	<u>\$ 36,619</u>	<u>\$ 149,001</u>	<u>\$ 25,000</u>

	Riverview Regional Medical Center	Lake Huron Medical Center	St. Clare's	Total
Cash	\$ –	\$ 3	\$ 8	\$ 4,267
Patient accounts receivable	–	6,789	33,198	84,491
Supplies inventory	4,540	1,695	3,044	20,124
Prepaid expenses	831	1,059	1,427	7,422
Property and equipment	16,860	16,721	47,235	232,323
Intangible assets	1,470	1,450	4,520	18,010
Goodwill	1,632	–	14,416	22,471
Bargain gain	–	–	–	(6,461)
Other assets	312	1,163	203	5,583
Liabilities	(1,544)	(1,973)	(16,801)	(37,552)
Consideration	<u>\$ 24,101</u>	<u>\$ 26,907</u>	<u>\$ 87,250</u>	<u>\$ 350,678</u>

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisitions and Distributions (continued)

In connection with the acquisition of Monroe Hospital, the Company recorded a bargain gain of \$6,461,000, which is included in gain on bargain purchase in the accompanying consolidated statements of operations and comprehensive income (loss). Additionally, the Company entered into a lease for the facility which was classified as a capital lease (see Note 8). The bargain gain arose because the facility was previously in bankruptcy and there were no other offers for the facility.

During the year ended December 31, 2016, the purchase price allocation for St. Clare's (which had been preliminary when the 2015 consolidated financial statements were issued) was finalized. This led to an increase in goodwill and liabilities of approximately \$572,000.

On October 30, 2015, High Desert Heart Vascular Institute ("HDHVI") entered into an asset purchase agreement with High Desert Heart Institute and A&A Surgery Center for HDHVI to acquire certain assets of those companies. The purchase price was \$10,000,000, of which \$3,500,000 was paid upon closing. The remaining amount of \$6,500,000 was deferred, with \$500,000 due in October 2018 and \$1,000,000 due each year from 2020 through 2025, contingent on performance. These deferred amounts were recorded at a present value of approximately \$4,177,000 as of the date of acquisition. Net assets acquired were approximately \$106,000 and the difference of approximately \$7,571,000 (after present valuing the deferred payments) was recorded to goodwill. During the year ended December 31, 2016, the Company determined the expected value of the deferred consideration to be \$0, based on the projection of future earnings. This change was a measurement period adjustment that was recorded as an adjustment to goodwill.

During the year ended December 31, 2015, the Company purchased various medical groups for approximately \$1.7 million, of which approximately \$576,000 was allocated to goodwill.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisitions and Distributions (continued)

Distributions

Effective December 31, 2016 and 2015, the Company distributed its ownership interests in Landmark Medical Center, Rehabilitation Hospital of Rhode Island, and Landmark Physician Office Services (collectively, the "Rhode Island businesses"), and Glendora Community Hospital ("Glendora"), respectively, to PHF on behalf of its controlling stockholder.

The following table summarizes the carrying amounts of the components of assets and liabilities distributed (amounts in thousands):

	Rhode Island Businesses	Glendora
Cash	\$ 808	\$ 160
Patient accounts receivable, net	22,917	2,520
Supplies inventory	2,012	612
Prepaid expenses	1,375	719
Estimated third-party payor settlements	(1,002)	(41)
Property and equipment	41,558	22,517
Other assets	9	2,770
Insurance claims liabilities and reserves	(1,025)	(333)
	<u>\$ 66,652</u>	<u>\$ 28,924</u>

All liabilities of the facilities that were distributed were retained by PHSI in conjunction with the distributions, except for the estimated third party settlements and insurance claims liabilities and reserves of the Rhode Island businesses and Glendora, which were distributed to PHF.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Goodwill and Intangible Assets

Goodwill

The changes in the carrying amount of goodwill for the years ended December 31 are as follows (amounts in thousands):

	2017	2016
Balance, beginning of year	\$ 82,727	\$ 105,701
Goodwill acquired as part of acquisitions during current year	—	10,889
Reclassifications from other assets related to acquisitions of medical groups in prior years	2,582	2,718
Measurement period adjustments (<i>Note 3</i>)	—	(3,605)
Impairment	(44,879)	(32,961)
Distributions	—	(15)
Balance, end of year	<u>\$ 40,430</u>	<u>\$ 82,727</u>

Intangible Assets

The Company's intangible assets consist of trade names, which were acquired in connection with acquisitions, and are being amortized over 10–15 years.

The gross carrying amount of the Company's tradenames was \$32,282,000 and \$32,252,000 at December 31, 2017 and 2016, respectively, and the net carrying amount was \$23,637,000 and \$26,194,000 at December 31, 2017 and 2016, respectively.

The weighted-average remaining amortization period for the intangible assets subject to amortization is approximately 11 years. There are no expected residual values related to these intangible assets.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Goodwill and Intangible Assets (continued)

Amortization expense on these intangible assets was \$3,588,000, \$3,268,000 and \$2,091,000 during the years ended December 31, 2017, 2016, and 2015, respectively. Expected amortization expense on intangible assets for the five years subsequent to December 31, 2017, and thereafter, are as follows (amounts in thousands):

Years ending December 31:	
2018	\$ 2,821
2019	2,481
2020	1,924
2021	1,924
2022	1,924
Thereafter	12,563
	<u>\$ 23,637</u>

5. Property and Equipment

Property and equipment consist of the following at December 31 (amounts in thousands):

	2017	2016
Land	\$ 150,346	\$ 148,202
Buildings and building improvements	860,324	825,020
Equipment	919,614	814,533
	<u>1,930,284</u>	<u>1,787,755</u>
Less: Accumulated depreciation and amortization	(721,522)	(560,177)
	<u>1,208,762</u>	<u>1,227,578</u>
Construction in progress (estimated cost to complete is approximately \$75,000 and \$78,900 at December 31, 2017 and 2016, respectively) (unaudited)	96,888	83,026
	<u>\$ 1,305,650</u>	<u>\$ 1,310,604</u>

Depreciation expense was \$164,276,000, \$152,774,000, and \$116,686,000, for the years ended December 31, 2017, 2016, and 2015, respectively.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Property and Equipment (continued)

Gross property and equipment includes approximately \$248,152,000 and \$200,460,000 of equipment under capital lease arrangements as of December 31, 2017 and 2016, respectively. Related accumulated amortization totaled approximately \$75,610,000 and \$46,029,000 as of December 31, 2017 and 2016, respectively. Amortization of equipment held under capital leases is included in the depreciation and amortization amounts disclosed above.

Included within equipment is capitalized software costs, which relate to significant system conversions. The estimated amortization period is five years. The gross carrying amount of capitalized software for internal use was approximately \$75,550,000 and \$63,527,000 at December 31, 2017 and 2016, respectively, and the net carrying amount considering accumulated amortization was approximately \$44,328,007 and \$48,893,000 at December 31, 2017 and 2016, respectively. There is no expected residual value for capitalized internal-use software. At December 31, 2017, and 2016, there was approximately \$647,000 and \$5,149,000, respectively, of capitalized costs for internal-use software that was in the development stage and amortization is scheduled to commence once the software project is complete and ready for its intended use. Amortization expense was \$16,800,000, \$10,311,000, and \$4,323,000 for the years ended December 31, 2017, 2016 and 2015, respectively.

6. Line of Credit

On July 3, 2012, the Company entered into a revolving loan and security agreement with Healthcare Finance Group, LLC ("HFG") with a total available amount of \$175,000,000. The line of credit was scheduled to mature on July 15, 2016, with an interest rate of the London Interbank Offered Rate ("LIBOR") (with a LIBOR floor of 1.25%) plus 3.5%. On December 19, 2013, the Company entered into an amended and restated revolving and term loan and security agreement with HFG. This agreement increased the maximum available line of credit amount to \$225,000,000. HFG swept the hospitals' governmental payor and non-governmental payor lockboxes on a daily basis, with swept amounts being applied against the outstanding line of credit balance. The line of credit was originally scheduled to mature on December 19, 2018, but was refinanced in 2016 (see Note 7). The Company recognized a loss on extinguishment of the HFG facility of approximately \$9.4 million in January 2016, representing the write off of unamortized loan costs, which is reflected in interest expense in the accompanying consolidated statements of operations and (loss) income.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Line of Credit (continued)

In conjunction with the Company's refinancing of its revolving loan and security agreement on July 3, 2012, the Company also restructured its obligations with subsidiaries of Medical Properties Trust, Inc. ("MPT" or the "REIT"), a health care real estate investment trust, with whom the Company has entered into various real estate lease and financing transactions, which are cross-collateralized and cross-guaranteed, including amounts owed on certain included properties that are owned by Prime A Investments, LLC (the "Prime A properties") (Related Party Transactions, see Note 10) for which the Company is also a co-obligor and, as such, has included this indebtedness in the accompanying financial statements.

7. Long-Term Debt and Revolving Credit Facility

On January 26, 2016, the Company closed a \$700 million senior secured credit facility (the "Facility") lead jointly by Wells Fargo Bank, N.A. and Barclays Bank, PLC. Of the \$700 million, \$400 million is a revolving facility, \$200 million is a term loan, and \$100 million is an accordion feature. The Facility replaced the facility with HFG and matures on January 26, 2021. The term loan requires quarterly principal payments of \$5 million, with the remaining outstanding balance due at maturity. The Facility bears interest at either LIBOR rate plus a margin, or the Base Rate, which is the greater of (a) the Federal Funds Rate plus 0.5%; (b) the LIBOR Rate plus 1%; or (c) the rate of interest announced by Wells Fargo as its "prime rate," plus a margin. The margins vary from 1% to 3% and are based upon the amount which has been borrowed under the revolving facility as compared to the amount that is currently available, based on a formula. At December 31, 2017, \$336.1 million and \$160 million was outstanding on the revolving credit facility and the term loan, respectively. Of the \$336.1 million outstanding under the revolving credit facility, interest rates approximated 4.6% on \$290 million, the outstanding balance of amounts borrowed at the inception of the Facility, and 6.5% on \$46.1 million, the outstanding balance on amounts borrowed subsequent to the inception of the Facility. At December 31, 2017, the interest rate for the term loan approximated 6.6%. The Facility requires the Company to maintain certain financial and non-financial covenants. The Company was in compliance with all covenants at December 31, 2017.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Revolving Credit Facility (continued)

Long-term debt consists of the following as of December 31 (amounts in thousands):

	Maturity	Terms	Interest Rates (3)	2017	2016
Loan with MPT secured by Desert Valley Hospital and Chino Valley Medical Center facilities (owned by Prime A – See Note 6)	February 2022	(1) (2)	11.31% \$	140,000	\$ 140,000
Loan with MPT, secured by real property of Desert Valley Hospital	January 2019	(1) (2)	11.00	12,500	12,500
Loan with MPT, secured by real property of Centinela Hospital Medical Center	July 2022	(1) (2)	11.41	100,000	100,000
Note payable with MPT secured by certain property and equipment and lease deposits of Paradise Valley Hospital	May 2022	(1) (2)	10.71	25,000	25,000
Note payable with MPT secured by certain property and equipment and lease deposits of Monroe Hospital	January 2025	(1) (2)	8.84	5,000	5,000
Note payable with MPT secured by certain property and equipment and lease deposits of St. Joseph Medical Center and St. Mary's Medical Center	February 2025	(1) (2)	8.84	40,000	40,000
Note payable with MPT secured by certain property and equipment and lease deposits of Lake Huron Medical Center	August 2020	(1) (2)	8.84	10,000	10,000

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Revolving Credit Facility (continued)

	Maturity	Terms	Interest Rates (3)	2017	2016
Term loan with BBVA Compass, secured by certain real property	June 2019	Principal and interest of \$153,000 payable monthly	4.97%	\$ 26,694	\$ 28,535
Term loan agented by Wells Fargo, secured by certain real property of the Company	January 2021	Principal and interest of \$5,000,000 paid quarterly	6.6%	160,000	180,000
IBM notes for software and services	October 2019 to April 2022	Principal and interest of \$842,995 payable monthly	4.35% to 6.57%	27,525	25,822
Note payable with EPIC	January 2019	(4)	4.25%	2,682	5,244
Other				8,786	12,214
Total debt, before deferred financing costs				558,187	584,315
Less: deferred financing costs				(5,786)	(7,853)
Total debt, net of financing costs				552,401	576,462
Less: current portion of long-term debt				(33,899)	(34,258)
				<u>\$ 518,502</u>	<u>\$ 542,204</u>

- (1) Monthly payments of interest are due; the interest rates are subject to annual escalation increases of the greater of 2% or the consumer price index. The interest rate related to the loan with MPT secured by the real property of Chino Valley Medical Center and Desert Valley Hospital shall not exceed 11%.
- (2) Subject to financial and non-financial covenants. The Company was in compliance with these covenants at December 31, 2017.
- (3) As of December 31, 2017.
- (4) The note is at an interest rate of 0%, and, accordingly, the Company has imputed interest at an annual rate of 4.25% on these notes payable. Payments are due monthly.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Revolving Credit Facility (continued)

Prime A Investments, LLC ("Prime A"), a related party, has title to and leases the Desert Valley Hospital and Chino Valley Medical Center facilities to the Company. In respect of the related debt due to MPT, the Company and Prime A are co-borrowers on the loan. The loan is reflected on the financial statements of the Company under accounting literature that requires an entity to measure obligations that it expects to pay on behalf of its co-obligors.

Aggregate annual principal maturities of long-term debt for the five years subsequent to December 31, 2017, and thereafter, are as follows (amounts in thousands), excluding deferred financing costs:

Years ending December 31	
2018	\$ 36,676
2019	68,727
2020	38,133
2021	103,753
2022	265,318
Thereafter	45,580
	<u>\$ 558,187</u>

8. Leases

On July 3, 2012, the Company entered into a master lease agreement with subsidiaries of MPT, a health care real estate investment trust, which replaced the existing leases for various real estate and hospital buildings that had been acquired as part of various historical acquisitions. All of the legal entities that are parties to the master lease agreement (which are the hospital entities themselves, as well as PHSI and Prime A) provide cross guarantees on all of the obligations to MPT, which guarantees include both lease payments under the master lease as well as indebtedness due to MPT. Prime A's guarantee is limited to the indebtedness for which it is a co-borrower (\$140 million, see Note 6 and below). In connection with the master lease agreement, the then-existing leases were reset to new 10-year terms with options to extend the term by two 60-month periods. Monthly rent is defined as 10.75% of the lease base, subject to annual escalation of the greater of 2% or the consumer price index. The Company has the option to buy the properties at a price that is fixed at the time of entering into the lease. Due to the guarantee and option to purchase included in the lease, this transaction was recognized as a finance obligation.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Leases (continued)

In 2012 and 2013, the Company entered into additional transactions with MPT. The Company sold to MPT real estate and hospital buildings that had been acquired as part of acquisitions of Roxborough Memorial Hospital, Saint Mary's Regional Medical Center, Providence Medical Center, and Saint John's Hospital. Concurrent with these agreements, the Company entered into an amendment to the master lease agreement whereby the hospital properties and related medical office buildings were added to the master lease, and, accordingly, the terms of these transactions (and the accounting treatment) are the same as described above.

During 2015 and 2016, in connection with the acquisitions of St. Joseph Medical Center in Kansas City, MO, and St. Mary's Medical Center in Blue Springs, MO (February 2015), Lake Huron (September 2015), and St. Michael's Medical Center (May 2016), the Company sold the related real estate and hospital buildings to MPT, then the Company leased back the real estate and hospital buildings for periods of 10 years, with options to extend the term of the lease for two additional five-year periods. Monthly rent is defined as 8.50% of the lease base, subject to annual escalation of the greater of 2% or the consumer price index. The Company has the right of first refusal to purchase the properties for the price that a third party offers. These transactions do not qualify for sale leaseback accounting because of the Company's deemed continuing involvement with the buyer-lessor, including the requirement to pay reserves for major repairs, which is considered a form of contingent collateral and results in the transaction being recorded under the financing method. Additionally, during 2016, the Company entered into a sale lease-back transaction with respect to St. Clare's. Due to continuing involvement, this transaction was recognized as a finance obligation. Later in 2016, an additional \$15 million in financing was provided.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Leases (continued)

The Company's sale leaseback liabilities consist of the following; monthly rents stated are as of December 31, 2017 (amounts in thousands):

Hospital	Monthly Rent	December 31 2017	2016
Paradise Valley Hospital	\$ 219	\$ 23,000	\$ 23,000
Alvarado Hospital Medical Center	665	70,000	70,000
San Dimas Community Hospital	124	13,000	13,000
San Dimas Medical Office Building	67	7,000	7,000
Garden Grove Hospital Medical Center	154	16,250	16,250
Garden Grove Medical Office Building	83	8,750	8,750
Roxborough Memorial Hospital	285	30,000	30,000
St. Mary's Regional Medical Center	760	80,000	80,000
Dallas Medical Center	238	25,000	25,000
Providence Medical Center	570	60,000	60,000
St. John Hospital	143	15,000	15,000
St. Joseph Medical Center	590	80,000	80,000
St. Mary's Medical Center	221	30,000	30,000
Lake Huron Hospital	147	20,000	20,000
St. Michael's Medical Center	455	63,000	63,000
St. Clare's	847	115,000	115,000
	<u>\$ 5,568</u>	<u>\$ 656,000</u>	<u>\$ 656,000</u>

In addition to the hospital facilities operated under the above sale lease-back transactions and the related party agreements for Desert Valley Hospital and Chino Valley Medical Center's hospital buildings (see Note 10), the Company has also entered into the following leases (as part of the master lease agreement):

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Leases (continued)

The Company leases the hospital properties and related other medical office buildings for West Anaheim Medical Center and Shasta Regional Medical Center from MPT. All leases under this master lease agreement have a 10-year term (through July 2022) with options to extend the term by two 60-month periods. Monthly rent is defined as 10.75% of the lease base, subject to annual escalation of the greater of 2% or the consumer price index. These leases are accounted for as operating leases. The West Anaheim Medical Center facility includes monthly rent payments of approximately \$238,000 at December 31, 2017. The Shasta Regional Medical Center facility includes monthly rent payments of approximately \$599,000 at December 31, 2017.

On January 1, 2015, the Company entered into a lease agreement with MPT in connection with the acquisition of Monroe Hospital. This lease has been recorded as a capital lease on the consolidated balance sheets, with an initial value of approximately \$9,300,000. The lease includes monthly rent payments of approximately \$184,000 at December 31, 2017.

The Company leases medical office buildings under master lease agreements with subsidiaries of Prime A (see Note 10).

Lease expense, consisting primarily of building rent and equipment leases, amounted to approximately \$70,109,000, \$69,274,000, and \$62,865,000, for the years ended December 31, 2017, 2016, and 2015, respectively, net of sublease income of \$18,268,000, \$16,323,000, and \$15,650,000, for the years ended December 31, 2017, 2016, and 2015, respectively.

Capital leases bear interest (stated and/or implied) at rates ranging from 1.13% to 21.29% and have maturity dates through March 1, 2025.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Leases (continued)

As of December 31, 2017, future minimum lease payments under non-cancelable operating leases (with initial or remaining lease terms in excess of one year) and future minimum capital lease payments are (amounts in thousands):

	Capital Leases	Operating Lease Commitments	Sale Lease-back Commitments
Years ending December 31:			
2018	\$ 61,982	\$ 43,046	\$ 68,158
2019	55,251	37,334	69,522
2020	37,770	33,297	70,912
2021	19,856	31,587	72,330
2022	6,744	27,546	308,765
Thereafter	9,509	53,539	626,844
	191,112	226,349	1,216,531
Less: non-cancellable subleases	—	(31,842)	—
Total minimum payments	191,112	\$ 194,507	1,216,531
Less: amounts representing interest	(25,535)		(560,531)
	165,577		656,000
Less: current portion	(53,775)		—
Less: deferred financing cost	—		(4,771)
	\$ 111,802		\$ 651,229

9. Professional Liability, Workers' Compensation, Healthcare, and Earthquake Insurance

Desert Valley Insurance Limited ("DVIL") provides workers' compensation, professional liability, and earthquake insurance coverage to the Company. DVIL is owned by Prime A, a related party.

Workers' Compensation Insurance

Under the terms of the policies, Safety National Insurance is obligated to insure each workers' compensation claim up to each state's statutory limits. The Safety National policy has a \$1,000,000 per claim deductible, which is reimbursed by DVIL. Losses in excess of \$1,000,000 are insured under the healthcare umbrella liability coverage up to an additional \$35,000,000 per incident and \$35,000,000 insured by Lexington Insurance Company and Sampo International.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability, Workers' Compensation, Healthcare, and Earthquake Insurance (continued)

Professional Liability Insurance

DVIL provides professional liability insurance on a claims-made basis. Under this policy, insurance premiums cover only those claims actually reported during the policy term. Should the claims made policy not be renewed or replaced with equivalent insurance, claims related to occurrences during the policy term but reported subsequent to the policy's termination may be uninsured. Under the current policy, the medical groups of PHSI are covered up to \$1,000,000 per claim and \$3,000,000 general aggregate limit with no deductible. The hospitals of PHSI are covered up to \$5,000,000 per claim with no deductible. Excess losses up to an additional \$35,000,000 per incident and \$35,000,000 general aggregate are insured by Lexington Insurance Company and Sampo International. The Company renewed its claims made policy with DVIL for the next policy year ending December 31, 2018, under the same terms except that the hospitals now are covered by DVIL up to \$6,000,000 per claim and Chubb replaced Lexington Insurance Company as the insurer.

U.S. GAAP requires that a healthcare facility recognize the estimated costs of malpractice claims in the period of the incident of malpractice, if it is reasonably possible that liabilities may be incurred and losses can be reasonably estimated. The claims reserve is based on the best data available to the Company; however, the estimate is subject to a significant degree of inherent variability.

The estimate is continually monitored and reviewed, and as the reserve is adjusted, the difference is reflected in current operations. While the ultimate amount of professional liability is dependent on future developments, management is of the opinion that the associated liabilities recognized in the accompanying consolidated financial statements are adequate to cover such claims. Management is aware of no potential professional liability claims whose settlement, if any, would have a material adverse effect on the Company's consolidated financial position.

Earthquake and Flood Insurance

Under the DVIL policy, insurance premiums cover only those claims which occurred during the policy term. Should the claims made policy not be renewed, or replaced with equivalent insurance, claims related to occurrences during the policy term but reported subsequent to the policy's termination may be uninsured under the current policy. The Company is covered up to \$30,000,000 per occurrence and in the aggregate subject to a five percent deductible. The Company renewed its policy through June 30, 2018.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability, Workers' Compensation, Healthcare, and Earthquake Insurance (continued)

Medical Insurance

The Company had a medical insurance program with DVIL for healthcare coverage for employees effective January 1, 2010 to December 31, 2016. Under the terms of the policy, DVIL was obligated to insure each employee medical claim subject to a deductible of \$500 per covered claim.

Effective January 1, 2017, the Company self-insures each employee medical claim. Claims are adjudicated by an independent third-party administrator. Losses in excess of \$350,000 are covered by reinsurance agreement with Munich Reinsurance Company at 90% of covered costs up to a maximum of \$3,000,000 per covered member per incident.

10. Related-Party Transactions

Related-party receivables are unsecured, non-interest bearing, due on demand, and consist of the following as of December 31 (amounts in thousands):

	<u>2017</u>	<u>2016</u>
Prime A Investments, LLC and subsidiaries	\$ 1,095	\$ 733
Prime Healthcare Foundation, Inc. and subsidiaries	4,980	—
	<u>\$ 6,075</u>	<u>\$ 733</u>

Related-party payables, current portion, are unsecured, non-interest bearing, due on demand, and consist of the following as of December 31 (amounts in thousands):

	<u>2017</u>	<u>2016</u>
Prime Healthcare Foundation, Inc. and subsidiaries	\$ —	\$ 18,575
Desert Valley Insurance Limited	36,522	24,085
	<u>\$ 36,522</u>	<u>\$ 42,660</u>

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Related-Party Transactions (continued)

Related-party payables, net of current portion, consist of the following as of December 31 (amounts in thousands):

	2017	2016
Prime A Investments, LLC and subsidiaries, promissory note, unsecured, bears interest at 6% per annum, principal and interest due on maturity (June 30, 2019)	\$ 30,000	\$ 30,000

The Company has accrued interest of approximately \$1,800,000 at December 31, 2017, related to the Prime A note, and such amount is reflected within accrued expenses on the accompanying consolidated balance sheets.

The Company has entered into certain agreements with PHF, a related party. Under these agreements, (i) PHM II provides management services to PHF; (ii) Bio-Med, Inc. provides asset management services, including, but not limited to, repairs and maintenance of medical equipment, to PHF; and (iii) Hospital Business Services, Inc. provides outsourced business office services to PHF. Fees relating to these agreements totaled approximately \$77,827,000, \$52,635,000, and \$31,681,000, for the years ended December 31, 2017, 2016, and 2015, respectively, and are included in other operating revenues in the consolidated statements of operations and comprehensive (loss) income.

The Company has entered into agreements with DVIL to provide workers' compensation, earthquake insurance coverage, commercial malpractice liability insurance, and healthcare insurance for employees (see Note 9).

The Company leases certain administrative buildings, medical office buildings, and parking facilities under master lease agreements with subsidiaries of Prime A. The leases are for five year terms. Rent expense incurred under these leases was approximately \$21,451,000, \$23,615,000, and \$20,784,000 for the years ended December 31, 2017, 2016, and 2015, respectively. The Company subleases some of the office space under the master lease agreements to third party tenants.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Related-Party Transactions (continued)

The Company leases a medical office building under a master lease agreement with a subsidiary of PHF. The lease is for a term of six years. Rent expense incurred under this lease was approximately \$1,034,000 for the year ended December 31, 2017 and 2016. This lease was effective December 31, 2015. The Company subleases some of the office space under the master lease agreement to third party tenants.

The Company leases the hospital facilities at Desert Valley Hospital and Chino Valley Medical Center from Prime A. See Notes 6 and 8.

11. Retirement Savings Plan

The Company has a defined contribution retirement plan covering substantially all of its employees. The Company's contribution to the plan is at the Company's discretion but limited to the maximum amount deductible for federal income tax purposes under the applicable Internal Revenue Code. During the years ended December 31, 2017, 2016, and 2015, the Company incurred contribution costs of approximately \$16,073,000, \$15,275,000, and \$12,809,000, respectively, to the plan.

12. Defined Benefit Pension Plan

The Company sponsors the Garden City Hospital Osteopathic Employee Pension Plan. The Plan covers substantially all eligible employees of Garden City Hospital hired prior to 2003, as defined by the Employee Retirement Income Security Act of 1974 ("ERISA"), with at least 1,000 hours worked in each Anniversary Year (as defined). Entry into the Plan was frozen effective May 15, 2003, and benefit accruals were frozen effective May 15, 2004.

The Company recognizes the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of this pension plan in the consolidated balance sheets. For the years ended December 31, 2017 and 2016, the unrealized losses related to this pension plan were approximately \$753,000 and \$1,173,000, respectively.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Defined Benefit Pension Plan (continued)

Benefit Obligations, Fair Value of Plan Assets, and Funded Status

The following table provides a reconciliation of the changes in the benefit obligation and fair value of plan assets for the years ended December 31, 2017 and 2016, and a statement of funded status as of December 31, 2017 and 2016 (amounts in thousands):

	<u>2017</u>	<u>2016</u>
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 76,107	\$ 75,072
Interest cost	2,929	3,111
Actuarial loss	4,042	1,490
Benefits paid	<u>(3,738)</u>	<u>(3,566)</u>
Projected benefit obligation at end of year	79,340	76,107
Change in plan assets:		
Fair value of plan assets at beginning of year	50,601	50,864
Actual return on plan assets	5,590	2,768
Employer contributions	1,056	535
Benefits paid	<u>(3,739)</u>	<u>(3,566)</u>
Fair value of plan assets at end of year	53,508	50,601
Underfunded status at end of year	<u>\$ (25,832)</u>	<u>\$ (25,506)</u>

The change in the actuarial loss for the years ended December 31, 2017 and 2016, is attributable to the change in the discount rate utilized to determine the benefit obligation amount. During the year ended December 31, 2017 and 2016, net actuarial losses increased the benefit obligation by approximately \$4,042,000 and \$1,490,000, respectively. These losses/gains are recorded in accumulated other comprehensive income.

The Company will make a contribution to the Plan of approximately \$1,633,000 in 2018.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Defined Benefit Pension Plan (continued)

Information for the pension plan which has an accumulated benefit obligation in excess of plan assets as of December 31 (amounts in thousands) is as follows:

	<u>2017</u>	<u>2016</u>
Projected benefit obligation	\$ 79,340	\$ 76,107
Accumulated benefit obligation	\$ 79,340	\$ 76,107
Fair value of plan assets at measurement date	\$ 53,508	\$ 50,601

Net Periodic Costs

A summary of the components of net pension expense for the years ended December 31, 2017 and 2016, are as follows (amounts in thousands):

	<u>2017</u>	<u>2016</u>
Interest cost	\$ 2,929	\$ 3,111
Expected return on plan assets	(2,304)	(2,451)
Net pension expense	\$ 625	\$ 660

Assumptions

The assumptions used to determine the benefit obligations at December 31 are as follows:

	<u>2017</u>	<u>2016</u>
Weighted-average discount rate	3.49%	3.95%
Rate of compensation increase	N/A	N/A

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Defined Benefit Pension Plan (continued)

The assumptions used to determine the net pension expense for the years ended December 31, 2017 and 2016, are as follows:

	<u>2017</u>	<u>2016</u>
Weighted-average discount rate	3.95%	4.25%
Weighted-average expected long-term rate of return on plan assets	6.25%	6.50%

Basis used to determine expected long-term return on plan assets

The expected long-term return on plan assets assumption was developed as a weighted average rate based on the target asset allocation of the plan and the Long-Term Capital Market Assumptions ("CMA") 2014. The capital market assumptions were developed with a primary focus on forward-looking valuation models and market indicators. The key fundamental economic inputs for these models are future inflation, economic growth, and interest rate environment. Due to the long-term nature of the pension obligations, the investment horizon for the CMA 2014 is 20 to 30 years. In addition to forward-looking models, historical analysis of market data and trends was reflected, as well as the outlook of recognized economists, organizations, and consensus CMA from other credible studies.

Benefit Payments

Benefit payments in the table below are based on the same assumptions used to measure the related benefit obligations and are paid from both funded benefit plan trusts and current assets. Actual benefit payments may vary significantly from these estimates.

The following table summarizes the expected benefit payments to be paid (amounts in thousands):

Years ending December 31:	
2018	\$ 4,130
2019	4,270
2020	4,470
2021	4,580
2022	4,690
Years 2023–2027	24,090
	<u>\$ 46,230</u>

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Defined Benefit Pension Plan (continued)

Benefit Plan Assets Measured at Fair Value on a Recurring Basis

The fair values of the pension plan assets at December 31, by asset class, are as follows (amounts in thousands):

	Fair Value Measurements Using			Total Fair Value
	Level 1	Level 2	Level 3	
December 31, 2017				
Guaranteed investment contract	\$ —	\$ —	\$ 742	\$ 742
Total assets in the fair value hierarchy	\$ —	\$ —	\$ 742	742
Investments measured at net asset value				52,766
Investments at fair value				<u>\$ 53,508</u>
	Fair Value Measurements Using			Total Fair Value
	Level 1	Level 2	Level 3	
December 31, 2016				
Guaranteed investment contract	\$ —	\$ —	\$ 849	\$ 849
Total assets in the fair value hierarchy	\$ —	\$ —	\$ 849	849
Investments measured at net asset value				49,752
Investments at fair value				<u>\$ 50,601</u>

Guaranteed Investment Contract. The Plan is party to a contract with the John Hancock Life Insurance Company ("John Hancock") under which the Plan previously contributed a specified amount, and John Hancock maintains the contributions in an unallocated annuity fund to which the contributions earn interest at market rate. The balance in the fund is guaranteed never to be less than the aggregate contributions made to the accumulation fund, less all expenses, taxes, and amounts withdrawn to pay benefits. There are no guarantees as to the amount of interest.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Defined Benefit Pension Plan (continued)

Investments measured at net asset value. Net asset value per share is based on the fair value of the underlying investments within these pooled separate accounts consisting of common stock valued at the closing price reported on the active market on which the individual securities are traded, and corporate bonds, government bonds, collateralized mortgage obligations and other asset backed securities valued at the bid price or the average of the bid and ask price using pricing models, quoted prices of securities with similar characteristics, or broker quotes. Certain of these investments have redemption restrictions for 30 days, and the remainder of the investments do not have any redemption restrictions.

Plan Assets

The Company has adopted and implemented investment policies for the Plan that incorporate strategic asset allocation mixes intended to best meet the Plan's long-term obligations, while maintaining an appropriate level of risk and liquidity. The asset portfolio employs a diversified mix of investments, which are reviewed periodically. Active management strategies are utilized where feasible in an effort to realize investment returns in excess of market indices. The Plan's investment policies allow for investments in stable portfolios (consisting of short term, high quality debt securities), fixed income portfolios (primarily consisting of debt securities issued by the U.S. government, foreign governments and U.S. and foreign corporations), real assets (consisting largely of owned real estate and real estate investment trusts), U.S. stocks and non-U.S. stocks. The investment strategy currently targets a mix of 40% fixed income assets, 49% U.S. equities, 9% foreign equities, and 2% real assets.

13. Contingencies and Commitments

Litigation

The Company is subject to a variety of claims and suits that arise from time to time in the ordinary course of its business, acquisitions, or other transactions. While the Company's management currently believes that resolving all of these matters, individually or in the aggregate, will not have a material adverse impact on the Company's consolidated financial position or results of operations, the litigation and other claims that the Company faces are subject to inherent uncertainties and management's view of these matters may change in the future. Should an unfavorable final outcome occur, there exists the possibility of a material adverse impact on the Company's consolidated financial position, results of operations, and cash flows for the period in which the effect becomes probable and reasonably estimable.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Contingencies and Commitments (continued)

On May 23, 2016, the United States Department of Justice ("USDOJ") filed a motion and notice of its intent to partially intervene in the False Claims Act ("FCA") action filed by a former employee of Alvarado Hospital. Pursuant to its notice, USDOJ is only intervening on the relator's FCA claim that California PHSI hospitals submitted claims for unnecessary inpatient admissions of patients who allegedly could have been treated on an outpatient basis, including through observation care. The USDOJ is not intervening on the relator's other FCA claims, including the allegation that PHSI hospitals submitted claims with false diagnoses of medical complications and comorbidities. On March 28, 2018, the Company reached an agreement in principle to resolve all claims raised in this case. The parties are currently negotiating a final settlement agreement. In 2016, the Company established a reserve of approximately \$27 million with regard to potential settlement of this case. The Company increased this reserve to \$66 million in 2017. The Company also recorded a payable to PHF for approximately \$4.3 million and \$11.7 million in 2016 and 2017, respectively, related to the indemnification provisions with respect to this case.

In 2008, the Company sued a major health plan seeking payment of underpaid or unpaid claims for healthcare services provided to members of the health plan. In March 2014, the Company filed an amended complaint, narrowing the scope of the lawsuit. The health plan responded by filing cross-complaints asserting claims against the Company. The health plan asserted that the Company, among other things, improperly determined that patients were unstable for transfer, improperly coded the claims on the bills, and charged unreasonable amounts. The health plan also alleged entitlement to reimbursement on some amounts it alleged were overpaid, but limited its claims to those in which the Company had claimed it was underpaid. On February 9, 2015, the Company and the health plan agreed to dismiss their respective lawsuits against each other and instead to resolve their disputes through confidential and binding arbitration. On March 19, 2018, the arbitration panel issued a final award of approximately \$42 million against the Company. The Company vigorously disputes the panel's award and intends to seek relief in the superior court. The Company has established an accrual of approximately \$42 million (including a payable to PHF for approximately \$3.1 million related to the indemnification provisions with respect to this case) during 2016. The accrual remains unchanged as of December 31, 2017.

The Company was a plaintiff and cross-defendant in a civil action initiated by the Company in October 2015 related to the Company's termination of its agreement to purchase the Daughters of Charity Health System ("DCHS") (now known as Verity). Under its agreement, the Company was entitled to terminate, but under certain circumstances was required to pay a termination fee to DCHS of either \$5 million or \$40 million, depending on the basis for its decision to terminate. Following termination, a dispute arose as to the actual basis for the Company's termination and,

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Contingencies and Commitments (continued)

thus, which, if any, termination fee was owed. In 2016, the Company established a reserve of \$17 million, related to this case. In August 2017, both sides entered into a Settlement Agreement and Mutual General Release. Under the terms of this settlement, both parties have agreed to dismiss their respective claims against each other, and, in 2017, the Company paid DCHS/Verity \$5 million and made an unrestricted donation of \$12 million to the St. Vincent Foundation in 2017 satisfying the settlement agreement.

Legislation and HIPAA

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment of past reimbursement received for patient services. While the Company is subject to similar regulatory review, management believes that the outcome of any potential regulatory review will not have a material adverse effect on the Company's consolidated financial position.

Management believes that the Company is in compliance with government laws and regulations related to fraud and abuse and other applicable areas. Compliance with such laws and regulations can be subject to future governmental review and interpretation, as well as regulatory actions unknown or unasserted at this time.

The Health Insurance Portability and Accountability Act ("HIPAA") assures health insurance portability, reduces healthcare fraud and abuse, guarantees security and privacy of health information, and enforces standards for health information. The Health Information Technology for Economic and Clinical Health Act expanded upon HIPAA in a number of ways, including establishing notification requirements for certain breaches of protected health information. In addition to these federal rules, California has also developed strict standards for the privacy and security of health information as well as for reporting certain violations and breaches. The Company may be subject to significant fines and penalties if found not to be compliant with these state or federal provisions.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Contingencies and Commitments (continued)

Labor Relations

As of December 31, 2017, the Company had approximately 26,000 employees, of whom approximately 19% are represented by various labor organizations.

The table below shows the Company's employees who are represented by unions as of December 31, 2017:

Facility	Employee Group	Union	Date on Which Collective Bargaining Agreement Expires
Alvarado Hospital Medical Center	RNs	CNA	December 31, 2018
Centinela Hospital Medical Center	RNs	CNA	November 30, 2018
Centinela Hospital Medical Center	Service, Maintenance, Technical, Skilled Maintenance and Business Office Clerical Employees	SEIU UHW	April 11, 2020
Garden Grove Hospital Medical Center	RNs	UNAC	September 30, 2019
Garden Grove Hospital Medical Center	Professional, Service, Maintenance, Technical, Skilled Maintenance and Business Office Clerical Employees	SEIU UHW	April 11, 2020
Lower Bucks Hospital	Engineers and Maintenance	IUOE Local 835	December 20, 2021
Lower Bucks Hospital	RNs	PASNAP	December 31, 2019
Saint Mary's Regional Medical Center – Reno	RNs	CNA/ NNU	March 31, 2019
Saint Mary's Regional Medical Center – Reno	Service and Technical Employees	CWA	March 9, 2020
Saint Michael's Medical Center	Professional Employees	1199J (Guild)	April 30, 2019
Saint Michael's Medical Center	Service Employees	1199J (Service)	April 30, 2019
Saint Michael's Medical Center	Residents	CIR	August 29, 2019
Saint Michael's Medical Center	Boiler Room and Maintenance Dept. Employees	IUOE Local 68	April 30, 2019

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Contingencies and Commitments (continued)

Facility	Employee Group	Union	Date on Which Collective Bargaining Agreement Expires
Saint Michael's Medical Center	All RNs and Nurse Anesthetists. Technical Employees in certain departments only.	JNESO	April 30, 2019
St. Joseph Medical Center	Engineers and Maintenance Employees	IUOE Local 101S	March 31, 2021
St. Mary's Hospital – Passaic	Skilled Maintenance Employees	IUOE Local 68-68A-68B	August 14, 2020
St. Mary's Hospital – Passaic	RNs	JNESO	August 14, 2020
St. Mary's Hospital – Passaic	Technical Employees	JNESO	August 14, 2020
West Anaheim Medical Center	Technical Employees	NUHW	In negotiations
West Anaheim Medical Center	RNs	CNA	In negotiations
Shasta Regional Medical Center	RNs	CNA	In negotiations

The following summarizes the status of the other collective bargaining agreements:

As of December 31, 2017, the West Anaheim Medical Center collective bargaining agreements with NUHW and CNA as well as the Shasta Regional Medical Center collective bargaining agreement with CNA, were under negotiation. During negotiation, the contracts are following prime standard policies until a contract is finalized.

Provider Contracts

Many of the Company's payor and provider contracts are complex in nature and may be subject to differing interpretations regarding amounts due for the provision of medical services. Such differing interpretations may not come to light until a substantial period of time has passed following contract implementation. Liabilities for claims disputes are recorded when the loss is probable and can be estimated. Any adjustments to reserves are reflected in current operations.

Prime Healthcare Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Contingencies and Commitments (continued)

Capital Commitments

In connection with the acquisitions of various hospitals, such acquisition agreements require the Company to make certain capital expenditures before a specified date, such as facility renovations, medical equipment and information systems. The table below discloses such capital commitments over time (in thousands) as of December 31, 2017:

Years ending December 31:	
2018	\$ 10,259
2019	—
2020	12,901
2021	9,454
2022	—
Total minimum commitments	<u>\$ 32,614</u>

14. Subsequent Events

Subsequent events are events or transactions that occur after the consolidated balance sheet date but before consolidated financial statements are available to be issued. The Company recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the consolidated balance sheet, including the estimates inherent in the process of preparing the consolidated financial statements. The Company's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the consolidated balance sheet but arose after the consolidated balance sheet date and before consolidated financial statements are available to be issued. The Company has evaluated subsequent events through April 30, 2018, which is the date the consolidated financial statements were available to be issued.

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