



# Prosser

Memorial Health

May 17, 2021

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**RECEIVED**

By CERTIFICATE OF NEED PROGRAM at 8:38 am, May 27, 2021

**CN21-69**

Dear Mr. Hernandez:

Enclosed please find a copy of Prosser Public Hospital District dba Prosser Memorial Health's certificate of need application proposing to replace the current hospital at a new location in Prosser. There is no proposed increase in licensed beds, and no tertiary services proposed. At project completion, the current hospital building will no longer provide any hospital services.

The required fee of \$40,470 was sent under separate cover with the requested tracking information.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Craig Marks, CEO



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By CERTIFICATE OF NEED PROGRAM at 8:38 am, May 27, 2021

**Certificate of Need Application  
Hospital Projects**

**CN21-69**

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p><b>Signature and Title of Responsible Officer</b></p>  <p>Craig Marks, CEO</p> <p><b>Email Address:</b> cmarks@pphdwa.org</p>	<p><b>Date:</b> May 17, 2021</p> <p><b>Telephone Number:</b> 509-786-6695</p>										
<p><b>Legal Name of Applicant</b></p> <p>Prosser Public Hospital District dba Prosser Memorial Health</p> <p><b>Address of Applicant</b></p> <p>723 Memorial Avenue Prosser, WA 99350</p>	<p><input checked="" type="checkbox"/> New hospital-Replacement Hospital  <input type="checkbox"/> Expansion of existing hospital (identify facility name and license number)</p> <p><b>Provide a brief project description, including the number of beds and the location.</b></p> <p>Construct a replacement hospital.</p> <p><b>Estimated capital expenditure:</b> <u>\$64,707,545</u></p>										
<p><b>Identify the Hospital Planning Area</b></p> <p>Benton/Franklin Hospital Planning Area</p>											
<p><b>Identify if this project proposes the addition or expansion of one of the following services:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> NICU Level II</td> <td><input type="checkbox"/> NICU Level III</td> <td><input type="checkbox"/> NICU Level IV</td> <td><input type="checkbox"/> Specialized Pediatric (PICU)</td> <td><input type="checkbox"/> Psychiatric (within acute care hospital)</td> </tr> <tr> <td><input type="checkbox"/> Organ Transplant (identify)</td> <td><input type="checkbox"/> Open Heart Surgery</td> <td><input type="checkbox"/> Elective PCI</td> <td><input type="checkbox"/> PPS-Exempt Rehab (indicate level)</td> <td><input type="checkbox"/> Specialty Bum Services</td> </tr> </table>		<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)	<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Bum Services
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**Prosser**  
Memorial Health

**CERTIFICATE OF NEED APPLICATION**

**REPLACEMENT  
OF  
EXISTING HOSPITAL**

**May 2021**

## INTRODUCTION

On October 27, 2020, Prosser Public Hospital District dba Prosser Memorial Health (PMH) submitted a Determination of Non-Reviewability (DOR), and based on past Certificate of Need Program (the Program) practice, fully expected that the Program would determine that its replacement Critical Access Hospital (CAH) project would not require prior CN review and approval.

On January 13, 2021, the Program issued its determination and concluded that PMH's proposed project is subject to CN review and approval as the construction of a new health care facility. PMH disagrees but is submitting the application at this time to assure that the replacement project is not further delayed.

By way of background and to the knowledge of PMH, the Program, has **never** subjected a CAH replacement hospital to prior CN review. In fact, between 2002 and 2017, the Program issued at least eight DORs confirming that CAH relocation and replacement hospital projects are not subject to CN review. Consistent with PMH's proposed replacement project, each of these projects share common characteristics including no change in licensed bed capacity, no shifting of beds between multiple campuses, no addition of CN reviewable services, no change in the planning area and the existing (replaced) hospital closes upon the opening of the replacement hospital.

In addition to the DORs for CAH replacement hospital projects, the Program has historically applied similar standards to other types of health care facilities. The CN statute and regulations provide that the establishment of a new health care facility is subject to review (RCW 70.38.105(4) and WAC 236-310-020(l)(a)). Health care facilities include, among other things, hospitals, ambulatory surgical facilities, and kidney dialysis facilities. The Program has issued favorable DORs to both ambulatory surgical and kidney dialysis facilities agreeing that a replacement facility is not the establishment of a new facility.

On February 1, 2021, PMH submitted a request for an application for adjudicative proceeding in response to the Program's January 13, 2021 decision on the DOR. PMH is now awaiting the Health Law Judge's ruling on PMH's motion for summary judgement.

**SECTION 1**  
**Applicant Description**

- 1. Provide the legal name and address of the applicant(s) as defined in WAC 246-310-010(6).**

The legal name of the applicant is Prosser Public Hospital District dba Prosser Memorial Health (PMH).

The address of PMH is:

723 Memorial Avenue  
Prosser, WA 99350

- 2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the unified business identifier (UBI).**

Prosser Public Hospital District is a public hospital district. PMH's UBI number is: 035000951.

- 3. Provide the name, title, address, telephone number, and email address of the contact person for this application.**

Questions regarding this application should be sent to:

Craig Marks, CEO  
Prosser Memorial Health  
723 Memorial Avenue  
Prosser, WA 99350  
509-786-6695  
Email: [cmarks@pphdwa.org](mailto:cmarks@pphdwa.org)

- 4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

The consultant authorized to speak on behalf of the screening related to this application is:

Jody Carona  
Health Facilities Planning & Development  
120 1<sup>st</sup> Avenue West, Suite 100  
Seattle, WA 98119  
(206) 441-0971  
(206) 441-4823 (fax)  
Email: [healthfac@healthfacilitiesplanning.com](mailto:healthfac@healthfacilitiesplanning.com)

- 5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

The requested organizational chart is included in Exhibit 1.

## Section 2 Facility Description

**1. Provide the name and address of the existing facility.**

The name and address of the applicant is Prosser Public Hospital District dba Prosser Memorial Health is currently located at:

723 Memorial Avenue  
Prosser, WA 99350

**2. Provide the name and address of the proposed facility. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.**

PMH has acquired three separate contiguous parcels within the City of Prosser on which the replacement hospital will be located. No address has been assigned to the three parcels. The tax parcel ID numbers are: 135942000010000, 135942000011000 & 135942000012000.

**3. Confirm that the facility will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing facility, provide the existing identification numbers.**

PMH is currently licensed by the Department of Health and certified by Medicare and Medicaid. No change is proposed for the replacement hospital. PMH's existing identification numbers are as follows:

**HAC.FS:** 00000046  
**Medicare #:** 50-1312  
**Medicaid #:** 1007282

**4. Identify the accreditation status of the facility before and after the project.**

PMH is licensed by the State of Washington. PMH does not have any separate accreditation.

**5. Is the facility operated under a management agreement?**

Yes  No

**If yes, provide a copy of the management agreement.**

This question is not applicable.

**6. Provide the following scope of service information:**

PMH’s scope of services is detailed in Table 1.

**Table 1  
Prosser Memorial Health  
Scope of Services**

<b>Service</b>	<b>Currently Offered?</b>	<b>Offered Following Project Completion?</b>
Alcohol and Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia and Recovery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Adult Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Adult Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dialysis – Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food and Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging/Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant Care/Nursery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive/Critical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Unit(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level II	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level III	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level IV	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organ Transplant - Adult (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Pediatric (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing/Long Term Care (swing beds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation (indicate level, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*Source: Applicant*

## Section 3 Project Description

- 1. Provide a detailed description of the proposed project. If it is a phased project, describe each phase separately. For existing facilities, this should include a discussion of existing services and how these would or would not change as a result of the project.**

PMH is a 25-bed CAH located in Prosser, Benton County. This application simply proposes the replacement of the current hospital, many portions of which have reached the end of their useful lives; and despite maintenance and investment by the District are no longer sufficient in terms of space, workflows, or efficiencies. The current layout also makes the provision of patient centered care challenging.

The original hospital building, a 19-bed hospital, was constructed in 1945. In response to community growth in 1952, a new wing was added, and another expansion occurred in the mid 1990s. Today, the original hospital is more than 75 years old. Master Planning and a facility/campus analysis conducted over the past several years demonstrated that the current campus does not include enough land (or have sufficient adjacent property that can be acquired) to undertake renovation and expansion necessary to assure the Hospital can continue to meet the needs of our growing and aging community.

After reviewing the findings from the various architectural and engineering studies undertaken, the publicly elected Board of Commissioners concluded that the Hospital should be replaced at another location in Prosser. While the replacement hospital will not increase in number of beds, it will provide much needed expansion space for existing essential services such as the emergency department, surgical services, intensive care, and imaging. And, most importantly, it will add private patient rooms which patients strongly prefer, but under the current pandemic have been proven to be the best means of assuring a safe patient environment.

The District has purchased undeveloped land (33.06 acres), approximately three miles away from the existing hospital for a replacement facility; the material elements of which include:

- 25 beds (no change in the licensed bed capacity);
- PMH will operate with the same Medicare and Medicaid provider numbers;
- No addition of any tertiary or other CN reviewable services;
- No change in the planning area; and
- The existing hospital will close once the replacement hospital opens.

- 2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are outlined under WAC 246-310-020(1)(d)(i).**

This project does not involve the expansion or addition of a tertiary service. Therefore, this question is not applicable.

- 3. Provide a breakdown of the beds, by type, before and after the project. If the project will be phased, include columns detailing each phase.**

Table 2 details PMH’s current and proposed bed configuration.

**Table 2  
Prosser Memorial Health  
Current and Proposed Bed Configuration**

	<b>Current</b>	<b>Proposed</b>
General Acute Care	25	25
PPS Exempt Psych	0	0
PPS Exempt Rehab	0	0
NICU Level II	0	0
NICU Level III	0	0
NICU Level IV	0	0
Specialized Pediatric	0	0
Skilled Nursing	0	0
Swing Beds (included in General Acute Care)	10	10
<b>Total</b>	<b>25</b>	<b>25</b>

*Source: Applicant*

- 4. Indicate if any of the beds listed above are not currently set-up, as well as the reason the beds are not set up.**

All 25 beds are currently set up.

- 5. With the understanding that the review of a Certificate of Need application typically takes six to nine months, provide an estimated timeline for project implementation, below. For phased projects, adjust the table to include each phase.**

The requested information is provided in Table 3.

**Table 3  
Prosser Memorial Health  
Proposed Timeline for Replacement Hospital**

Event	Anticipated Month/Year
Anticipated CN Approval	January 2022
Design Complete	September 2021
Construction Commenced	January 2022
Construction Completed	November 2023
Facility Prepared for Survey	December 2023
Facility Licensed – Project Complete WAC 246-310-010(47)	January 2024

*Source: Applicant*

**6. Provide a general description of the types of patients to be served as a result of this project.**

No change in CN reviewable services is proposed. The replacement inpatient beds will provide medical/surgical and obstetrics services. In addition, the replacement hospital will also be able to offer advanced care/intensive care.

**7. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.**

A copy of the letter of intent is included in Exhibit 2.

**8. Provide single-line drawings (approximately to scale) of the facility, both before and after project completion. For additions or changes to existing hospitals, only provide drawings of those floor(s) affected by this project.**

Drawings of the replacement hospital are included in Exhibit 3.

**9. Provide the gross square footage of the hospital, with and without the project.**

The square footage of the replacement hospital is 72,197.

- 10. If this project involves construction of 12,000 square feet or more, or construction associated with parking for 40 or more vehicles, submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority. [WAC 246-03-030(4)]**

PMH is in the process of completing the SEPA (State Environmental Policy Act) checklist and anticipates that it will be submitted in the summer of 2021. A determination from Benton County is expected by Fall 2021.

- 11. If your project includes construction, indicate if you've consulted with Construction Review Services (CRS) and provide your CRS project number.**

**The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure (WAC 246-320-500 through WAC 246-320-600). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project. Note that WAC 246-320-505(2)(a) requires that hospital applicants request and attend a presubmission conference for any construction projects in excess of \$250,000.**

PMH has consulted with CRS and preliminary plans have been submitted. The CRS project number is 61144600.

**Section 4**  
**Need (WAC 246-310-210)**

- 1. List all other acute care hospitals currently licensed under RCW 70.41 and operating in the hospital planning area affected by this project. If a new hospital is approved, but is not yet licensed, identify the facility.**

PMH is owned and operated by the Prosser Public Hospital District located in Western Benton County. The District is located within the Benton/Franklin Hospital Planning Area. There are three other acute care hospitals located in the planning area, each of which is located in the Tri-Cities. The three acute care hospitals include:

Kadlec Regional Hospital, Richland  
Lourdes Medical Center, Pasco and  
Trios Health, Kennewick

- 2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need methodology steps can be found in the Washington State Health Plan (sunset in 1989).**

As was discussed during the Technical Assistance (TA) with Program staff on March 3, 2021, because PMH is not proposing any new bed capacity, no acute care methodology is required, and need is deemed met.

- 3. For existing facilities proposing to expand, identify the type of beds that will expand with this project.**

This question is not applicable as PMH is not proposing to expand the existing hospital building.

- 4. For existing facilities, provide the facility's historical utilization for the last three full calendar years. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital.**

Table 4 provides the historical utilization for 2017-2020.

**Table 4  
Prosser Memorial Health Patient Days and Discharges, 2017-2020**

<b>Entire Hospital</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Licensed beds	25	25	25	25
Available beds	25	25	25	25
Acute Discharges	986	894	1,001	1,020
Swing Discharges	145	138	132	106
Total Discharges	1,131	1,032	1,133	1,133
Acute Patient days	2,270	2,072	2,348	2,402
Swing Bed Patient Days	2,069	2,049	2,004	2,004
<b>Total Patient Days</b>	<b>4,339</b>	<b>4,121</b>	<b>4,198</b>	<b>4,352</b>

Source: Applicant

- Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital. Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.**

This project does not propose an expansion of an existing hospital. The replacement hospital is scheduled to open in 2024. As was discussed during the March 3, 2021 TA with Program staff, utilization estimates through 2026, the 3<sup>rd</sup> full year of the project were determined to be sufficient for this application. This information is provided in Table 5. Patient days are assumed to grow 1.5% per year due to population growth and aging.

**Table 5  
Prosser Memorial Health  
Projected Discharges and Patient Days, 2021-2026**

<b>Entire Hospital</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
Licensed beds	25	25	25	25	25	25
Available beds	25	25	25	25	25	25
Acute Discharges	997	1,012	1,028	1,043	1,059	1,075
Swing Discharges	137	139	141	144	146	148
Total Discharges	1,134	1,151	1,169	1,187	1,205	1,223
Acute Patient days	2,349	2,384	2,420	2,456	2,493	2,531
Swing Patient Days	1,963	1,993	2,023	2,054	2,085	2,116
<b>Total Patient Days</b>	<b>4,312</b>	<b>4,377</b>	<b>4,443</b>	<b>4,510</b>	<b>4,578</b>	<b>4,647</b>

Source: Applicant

**6. For existing facilities, provide patient origin zip code data for the most recent full calendar year of operation.**

The requested information is included in Exhibit 4.

**7. Identify any factors in the planning area that currently restrict patient access to the proposed services.**

PMH's service area (which includes the communities from which 85% of its patients reside), in addition to the district boundaries, also includes Grandview, Sunnyside and Mabton in Yakima County. These communities are younger, highly Hispanic, and less affluent than either the District or the remainder of Benton County. Without the ability to provide an adequate facility to meet the needs of these residents, access to care could be impacted if residents are forced to travel farther for needed care. For those with lower incomes, if options become too limited, they may choose to forego care altogether.

**8. Identify how this project will be available and accessible to underserved groups.**

Admission to PMH is based on clinical need. Services are made available to all persons regardless of race, color, national origin, creed, religion, age, disability, sex (birth or re-assignment), sexual orientation, or gender identity consistent with the requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. A copy of PMH's admissions and non-discrimination policies are included as Exhibit 5. As noted in response to the previous question, PMH already serves a diverse community; more than half of the population of the District is Hispanic, higher than Benton County (38%). The surrounding communities of Grandview/Mabton and Sunnyside have higher percentages of people below poverty than either the District or the County. And, have a higher percentage of the population that are either at or below poverty or ALICE (Asset Limited, Income Constrained, Employed). PMH remains committed to serving all populations.

For hospital charity care reporting purposes, the Department of Health (Department) divides Washington State into five regions. PMH is located in the Central Washington region. According to 2017-2019 charity care data produced by the Department (the latest data available), the three-year charity care average for the Central Washington region, was 1.31% of total revenue and 3.78% of adjusted revenue. During this same timeframe, PMH provided charity care accounting for 1.46% of total revenue and 4.12% of adjusted revenue, above the Central Washington regional average.

**9. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the limitations of the current location.**

PMH is proposing to replace the entire hospital at a new site due to the age and deficiencies of the current building and due to the landlocked nature of the existing campus. The proposed replacement hospital will be located only three miles from the existing site; all hospital programs and services will be relocated, and the existing hospital building will close. No services will be reduced or eliminated as a result of the replacement.

As noted in the responses to the previous questions, PMH currently provides services to a diverse and lower income population. Building a replacement hospital will not change the population to be served. And, in fact, will provide a significantly improved patient experience for all.

Limitations of the existing site include.

- This site is bound by streets on two sides, and a steep hill and residences on the other two sides; so, there is no real opportunity to expand the existing facility.
- Due to the number of additions over the past 70+ years, there are numerous egress issues for the building that create undesirable problems with patient flow issues resulting inefficiencies for both patients and staff.
- The building contains semi-private patient rooms, with insufficient space for conversion to private patient rooms without decreasing bed capacity. Decreased bed capacity will not meet PMH's current or future needs for bed capacity. Private patient rooms are required by current code and demanded by patients and payors alike.
- Numerous Hospital departments lack the square footage and sufficient space for staff and storage. There is also a lack of conference and meeting spaces throughout the Hospital, and it is sometimes impossible, or it is a very high cost to upgrade the current building to replace equipment or provide new technologies. For example, there is insufficient space to add MRI services inside the Hospital.
- The surgery department is undersized, and patient and material flow can be compromised. The square footage of the ORs and the department limits the type and volumes of surgical procedures that can be performed.
- The dietary department has inadequate preparation and cooking space and lack of storage for it to provide a menu based food service that is demanded by patients. The dining area also lacks sufficient space for afterhours amenities (vending, coffee, natural light, easy access, etc.).

- The current configuration is inefficient and expensive to operate. For example: all the existing systems are outdated and are not energy efficient. Lack of private rooms means that capacity can be limited when rooms must be shared. The existing operating rooms are not sufficiently sized for today's services; this limits the surgical services that can be offered.
- There are numerous code deficiencies that cannot be remedied without adversely impacting the operations and function of the Hospital. For example: many parts of the existing hospital are not ADA compliant, hallways are used for storage (which is a code violation), and there is inadequate parking for a facility of its size.
- All major mechanical, electrical, and plumbing infrastructure, i.e., air handling units, boilers, chillers, etc. have exceeded their useful life (most of this equipment is more than 28 years old).
- The hospital lacks an adequate loading dock and there is limited storage space for materials management.

**10. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the benefits associated with relocation,**

The benefit is a new, state-of-the-art hospital building available to serve the communities for decades to come. It will include adequately sized spaces, private rooms, meeting, and conference facilities and will accommodate new technology and equipment. It will assure that Western Benton County and adjacent communities that prefer to use PMH enjoy easy access to a safe, quality environment.

Rather than build shelled space, the replacement hospital site has space for future expansion as need and demand warrants.

**11. Provide a copy of the following policies:**

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patient rights and responsibilities policy**
- **Non-discrimination policy**
- **End of life policy**
- **Reproductive health policy**
- **Any other policies directly associated with patient access**

The requested policies are included in Exhibit 5.

## **Section 5 Financial Feasibility (WAC 246-310-220)**

- 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
  - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
  - **A current balance sheet at the facility level.**
  - **Pro forma balance sheets at the facility level throughout the projection period.**
  - **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
  - **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

Each requested data item is included in Exhibit 6.

- 2. Identify the hospital's fiscal year.**

PMH's fiscal year is 12/31.

- 3. Provide the following agreements/contracts:**
  - **Management agreement**
  - **Operating agreement**
  - **Development agreement**
  - **Joint Venture agreement**

PMH does not have any of the above agreements or contracts. This question is not applicable.

- 4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years with options to renew for a total of 20 years.**

PMH has purchased three parcels for the site. Included in Exhibit 7 is documentation from the Benton County Assessor's office documenting that PMH owns the parcels.

- 5. Provide county assessor information and zoning information for the site. If zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site. If the site must undergo rezoning or other review prior to being appropriate for the proposed project, identify the current status of the process.**

The requested information is included in Exhibit 8. Please note that the documentation included in Exhibit 8 includes references to other parcels that were annexed by the City of Prosser at the same time (but are not part of this project). PMH's three parcels are included in the documentation in Exhibit 8.

The land is currently within the city limits of Prosser and is zoned "Commercial General District." A hospital is an allowable use under this zoning.

There are currently two (2) easements on the property.

- The first easement is with Sunnyside Valley Irrigation District for an overflow irrigation canal. This easement and canal have been incorporated into the site design of the project utilizing the canal as a water feature on the site.
- The second easement was recently granted to the City of Prosser to allow the City to install water, sanitary sewer and power to the site, and surrounding properties. This easement, and associated utilities, have been incorporated into the site design.

In addition,

- Since 2017, two (2) separate geotechnical studies and reports have been prepared for the site. Both reports indicate the site drainage and soil bearing capacity are acceptable for the project.
- Per City of Prosser ordinances, the new Hospital and medical office building require approximately 171 parking spaces. The site design currently includes 223 parking spaces.
- Cultural research was completed on this site in conjunction with the local Native American tribes. There is no culture or historical significance to this site.

- 6. Complete the table on the following page with the estimated capital expenditure associated with this project. If you include other line items not listed below, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.**

Table 6 provides the estimated capital expenditure. The capital expenditure includes the cost for both the replacement hospital as well as the Medical Office Building (MOB) as both projects are part of the total capital expenditure (to be used for all the financing for this project). However, we understand that the capital expenditure for purposes of the CN application is limited to the replacement hospital only.

**Table 6**  
**Replacement Hospital and Total Project Capital Expenditure**

Item	Replacement Hospital	Medical Office Building (MOB)	Total Project
a. Land Purchase	1,362,647	361,853	1,724,500
b. Utilities to Lot Line	66,079	17,758	83,837
c. Land Improvements			
d. Building Purchase			
e. Residual Value of Replaced Facility			
f. Building Construction	41,264,302	9,126,796	50,391,098
g. Fixed Equipment (not already included in the construction contract)	856,135	230,078	1,086,214
h. Movable Equipment	8,272,337	492,960	8,765,296
i. Architect and Engineering Fees	3,434,536	923,000	4,357,536
j. Consulting Fees	1,456,875	391,522	1,848,397
k. Site Preparation	43,364	11,654	55,018
l. Supervision and Inspection of Site	235,406	63,264	298,669
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	2,890,953	776,918	3,667,871
1. Land			
2. Building			
3. Equipment			
4. Other			
n. Washington Sales Tax	3,904,155	1,049,207	4,953,362
o. Other:			
Moving costs	165,197	44,395	209,593
Signage	322,135	86,571	408,706
Miscellaneous Costs (Art, Final clean, Public Notice fees)	261,012	70,144	331,156
Permits and Plans	172,412	46,335	218,748
<b>Total Estimated Capital Expenditure</b>	<b>64,707,545</b>	<b>13,692,455</b>	<b>78,400,000</b>

Source: Applicant

**7. Identify the entity responsible for the estimated capital costs. If more than one entity is responsible, provide breakdown of percentages and amounts for all.**

PMH, together with its consultants, are the entities responsible for estimating the capital costs.

**8. Identify the start-up costs for this project. Include the assumptions used to develop these costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service.**

Opening the new hospital is largely limited to moving some existing equipment (including staff offices and supplies), orienting staff, and relocating existing patients. It also includes an education campaign to inform the community of the new location, opening dates, etc. The physical moving costs were included in the capital expenditure breakout provided in response to Question 6. They are included in line item “moving costs.”

All other start-up type costs are included in the pro forma budget within the affected line items, including staffing, marketing, supplies and purchased services (for training/orientation to new facility and for moving any equipment).

**9. Identify the entity responsible for the start-up costs. If more than one entity is responsible, provide a breakdown of percentages and amounts for all.**

PMH is the entity responsible for all start-up related costs.

**10. Provide a non-binding contractor’s estimate for the construction costs for the project.**

The non-binding contractor’s estimate is included in Exhibit 9.

**11. Provide a detailed narrative supporting that the costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services in the planning area.**

As was discussed in earlier sections of this application, this project is being driven by a need to replace an aging and out of date hospital with a replacement hospital consistent with today’s requirements for quality patient care in a growing community. That said, PMH recognizes that as a critical access hospital (CAH) costs will likely increase as CAHs receive cost based reimbursement. However, the designation itself, CAH, means that PMH is recognized as a provider of essential services and access to healthcare is increased for residents of its rural service area. In addition, PMH has assumed that some operating costs will decrease. For example, utility costs per patient day are expected to decrease by 11% by 2024 (the first year of operation of the new hospital). Maintenance costs have also expected to decrease PMH has selected finishes that are easier to clean and maintain.

**12. Provide the projected payer mix for the hospital by revenue and by patients using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If “other” is a category, define what is included in “other.”**

The requested information is contained in Table 7. Due to the projected growth in patient days, the proposed payer mix is expected to change slightly.

**Table 7  
Prosser Memorial Health  
Current and Proposed Payer Mix**

Payer Mix	Current		Proposed	
	Percentage by Revenue	Percentage by Patient	Percentage by Revenue	Percentage by Patient
Medicare	31.1%	24.1%	30.1%	24.1%
Medicaid	32.2%	32.9%	32.4%	32.9%
Commercial	33.3%	36.1%	34.1%	36.1%
Self-Pay	3.4%	6.9%	3.4%	6.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

*Source: Applicant*

**13. If this project proposes the addition of beds to an existing facility, provide the historical payer mix by revenue and patients for the existing facility. The table format should be consistent with the table shown above.**

The requested information was provided in response to Question 12.

**14. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.**

The requested information is included in Exhibit 10.

**15. Identify the source(s) of financing and start-up costs (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant’s CFO committing to pay for the project or draft terms from a financial institution.**

**If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.**

Table 8 details the sources of funding for this project. A repayment is included in Exhibit 11. A letter from David Rollins, CFO documenting PMH’s commitment to use reserves for a portion of the capital expenditure is included in Exhibit 12.

**Table 8  
Sources of Financing for Replacement Hospital**

<b>Source</b>	<b>Hospital</b>	<b>MOB</b>	<b>Amount</b>
District Purchase of Land (paid with cash in 2017 District Equity Contribution)	\$1,403,097	\$296,903	\$1,700,000
District Equity Contribution	\$9,904,216	\$2,095,784	\$12,000,000
Capital Campaign, State & Local Grants	\$1,650,703	\$349,297	\$2,000,000
District Prepays (paid through 12/31/2021)	\$1,072,957	\$227,043	\$1,300,000
USDA Rural Development Direct Loan	\$37,140,810	\$7,859,190	\$45,000,000
Revenue Bonds	\$4,952,108	\$1,047,000	\$6,000,000
Other Financing (Capital Municipal Lease Financing for Equipment)	\$3,218,870	\$681,130	\$3,900,000
USDA Direct Loan with LTGO Pledge	\$5,364,784	\$1,135,216	\$6,500,000
<b>Total</b>	<b>\$64,707,545</b>	<b>\$13,692,455</b>	<b>\$78,400,000</b>

*Source: Applicant*

**16. Provide the most recent audited financial statements for:**

- **The applicant, and**
- **Any parent entity.**

The requested information is included in Appendix 1.

**Section 6**  
**Structure and Process of Care (WAC 246-310-230)**

- 1. Identify all licensed healthcare facilities owned, operated, or managed by the applicant. This should include all facilities in Washington State as well as any out-of-state facilities. Include applicable license and certification numbers.**

The only licensed health care facility currently owned, operated and/or managed by the District is the hospital.

- 2. Provide a table that shows full time equivalents (FTEs) by type (e.g. physicians, management, technicians, RNs, nursing assistants, etc.) for the facility. If the facility is currently in operation, include at least the most recent full year of operation, the current year, and projections through the first three full years of operation following project completion. There should be no gaps. All FTE types should be defined.**

The requested information is included in Exhibit 6 (which provides detail by department).

- 3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.**

The number and types of FTEs identified for the replacement hospital was based on current patient to staff ratio. No change in ratio was assumed.

- 4. Identify key staff (e.g. chief of medicine, nurse manager, clinical director, etc.) by name and professional license number, if known.**

The key clinical staff are provided in Table 9:

**Table 9**  
**Prosser Memorial Health Key Staff**

Name	Title	Professional License Number
Brian Sollers, DO	Chief Medical Officer	OP60356030
Merry Fuller, BSN, MN, RN	Chief Nursing Officer/Chief Operating Officer	RN00092821
Jared Clifford, DPM	Chief of Staff	PO00000772

*Source: Applicant*

**5. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.**

As noted in the staffing detail provided in Exhibit 6, PMH is projecting about an 11% increase in total staffing between now and 2026, the 3<sup>rd</sup> full year of the project: modest growth given the number of employees at PMH. And most of the growth is for clinic, not hospital, expansion.

PMH's staff turnover for the past two years has been low, averaging about 8%. And it is expected that the new hospital will also be a recruitment and retention draw for new and current employees.

Specific strategies for recruitment of the clinical, ancillary and support staff needed to support the new provider volumes, include:

- PMH offers a competitive benefit package for both full- and part-time employees that includes: Medical, Dental, Paid Time Off/Extended Illness/Injury Time, Employee Assistance Plans, and a Tuition Reimbursement Program, among other benefits.
- PMH posts all its openings on our website via our online applicant tracking system.
- PMH has contracts with several technical colleges, community colleges, and four-year universities that enable us to offer either training and/or job opportunities. In fact, as described on our website, PMH is a 'learning hospital,' not a 'teaching hospital.' PMH has students come from all over the country to learn. Included in this learning opportunity is cross training for all employees.

**6. For new facilities, provide a listing of ancillary and support services that will be established.**

Please see the response to Question 7. There will be no changes to existing ancillary and support service offerings.

**7. For existing facilities, provide a listing of ancillary and support services already in place.**

The existing ancillary and support services, and an indication as to whether they are provided in house or under agreement, are provided in Table 10.

**Table 10  
Ancillary and Support Services**

<b>Services Provided</b>	<b>Vendor</b>
Linen service	TBD
Pathology	Insight
Janitorial services	In-House
Biomedical	In-House
Biomedical waste	Steris
PT (PRN)	Contracted
Dietary	In-House
Respiratory Therapy	In-House
Pharmacy	In-House
Imaging	In-House
Central Supply	In-House
Laboratory	In-House
Medical Records	In-House
Maintenance	In-House
Blood Products and Services	Red Cross
Interpretation Services	In-House
Dietician	Kadlec Medical Center

*Source: Applicant*

**8. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.**

No ancillary or support agreements are expected to change as a result of this project.

**9. If the facility is currently operating, provide a listing of healthcare facilities with which the facility has working relationships.**

PMH works closely with most healthcare providers in Benton County as well as some in Franklin and Yakima Counties. These include but are not limited to:

Kadlec Medical Center  
Trios Health  
Lourdes Medical Center  
Yakima Valley Memorial Hospital  
Life Care Center of Kennewick  
Regency Canyon Lakes Rehabilitation and Nursing Center  
Life Care Center of Richland  
Richland Rehabilitation Center  
Prestige Care & Rehabilitation – Sunnyside  
Other Yakima County nursing homes, if needed  
Amber Hills  
Sun Terrace Prosser  
Kennewick and Richland assisted living facilities  
Yakima Valley Farmworkers Clinics  
Tri-Cities Chaplaincy  
Heartlinks Hospice and Palliative Care  
Yakima HMA Home Health and Hospice  
Tri Cities Home Health  
Senior Life Resources Northwest  
Other specialty and primary care clinics

**10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project.**

No existing working relationships are expected to change as a result of this project.

**11. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.**

This question is not applicable.

**12. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.**

This project proposes a replacement hospital. It is not proposing any new CN reviewable services or beds. PMH does and will continue to work closely with other providers throughout the Benton/Franklin County planning area (as well as adjacent Yakima County) to ensure that timely and seamless patient transitions occur. No changes to these working relationships are proposed with the replacement hospital.

**13. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230(4).**

PMH has a long track record of working closely with EMS (having operated the local EMS service for many years), other existing hospitals, and other health care systems throughout the Benton/Franklin Counties as well as adjacent Yakima County. PMH collaborates with area nursing homes, assisted living, adult family homes, home health, and hospice agencies as well as outpatient providers. PMH works closely with all these different entities as well as payers to assure care coordination, smooth transitions of care, and reduced rehospitalization and ED visits.

**14. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements.**

- a. A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or
- b. A revocation of a license to operate a healthcare facility; or
- c. A revocation of a license to practice as a health profession; or
- d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.

No facility or practitioner associated with the application has any history with respect to the above.

## **Section 7**

### **Cost Containment (WAC 246-310-240)**

- 1. Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

PMH began exploring different options for bringing the hospital into the 21<sup>st</sup> century by first exploring a renovation/expansion (beginning in 2014/2015) and both a renovation and replacement hospital option in 2017. Three options were considered, and these options included: 1) replace the current hospital; 2) renovate and/or build addition at the existing hospital and 3) do nothing—or stay at the current site with no significant expansion.

Given the age and condition of the existing hospital, doing nothing would further exacerbate the challenges and limitations of the building. It would not improve patient care and would likely result in increasing patient dissatisfaction. Building an addition would provide for a wing of private patient rooms (14-15 were estimated to be able to be constructed) but would result in decreased parking and elimination of the less than adequate materials management dock area. This option would also not address all the aging building concerns and would be disruptive to patient care and would not provide any expansion opportunities for ancillary departments or meeting and conference room space for staff and the community. A new wing and reduced parking space were determined to be a short term ‘fix’ that was, frankly, inadequate, in many respects.

The selected option, to build a replacement hospital, was determined to be the solution needed to bring PMH’s options up to today’s standards (single patient rooms, expansion of facilities, etc.) and was also determined to be the least disruptive to patient care.

- 2. Provide a comparison of this project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include, but are not limited to patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

Table 11 details the requested information.

**Table 11  
Advantages and Disadvantages**

	<b>Build a replacement hospital (the project)</b>	<b>Add and addition/renovate existing building</b>	<b>No Action</b>
<b>Patient Access to Health Care Services</b>	Provides PMH patients with a state-of-the-art hospital that meets today’s requirements for private room bed capacity. Allow PMH to grow services; thus, increasing access for our community.	Provides some improvement in access with 14-15 private rooms. But does not provide the same array of services/facility that are available with the replacement hospital. Nor does it address space limitations in existing ancillary and support departments.  Access likely impacted during construction.	PMH would still have an older building in need of repairs. Patient access increasingly compromised.
<b>Capital Costs</b>	Highest capital cost in 2021-2023 timeframe	Lower initial capital costs than replacement hospital but because this is viewed as short term fix, will have highest long-term costs. Option did not include bringing entire building up to code.	Not applicable
<b>Staffing Impact</b>	The replacement hospital and expected growth in demand will require incremental staffing. Because this is a replacement hospital, growth in staffing is minimal (assumed to be about 11%).	Does not address the inefficiencies in areas beyond the new private patient room wing.	Even without the project, new staff may be needed if census grows.
<b>Quality of Care</b>	Increase in private rooms supports best practice.	Increase in private rooms supports best practice. Does not address needs beyond inpatient wing.	Quality of care may be impacted with continuation of semi-private rooms and insufficiencies of existing building
<b>Cost or Operational Efficiency</b>	Cost per patient day will increase due to the higher capital costs. Operational efficiencies expected with reduced energy costs and decreased maintenance costs.	Cost per patient day likely to increase with higher capital costs. Limited opportunity to gain operating efficiencies. Increased cost for ongoing repair and maintenance of existing building.	No opportunity to improve operational efficiency; operational costs and/or inefficiencies likely to increase because of limitations of existing physical building.
<b>Legal</b>	Per the Program’s DOR response of January 13, 2021 requires CN. This determination is inconsistent with past practice and is being challenged by PMH	None	Not applicable

Source: Applicant

**3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**

- **The costs, scope, and methods of construction and energy conservation are reasonable; and**
- **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

Throughout the programming and design phases for the project, PMH's new hospital team worked diligently to question and confirm the efficiency of all proposed program areas. Programs and plans for similar types of Critical Access facilities were used to design a facility that was sufficiently sized to meet the needs of the community for the foreseeable future. If future growth is required, the primary departments have been arranged in a manner that will promote exterior expansion(s), rather than including the construction of any additional area or shell spaces. The only exception to this is in the surgery department, where, given the sensitive location, one shelled operating room space has been provided.

As the project has moved into the later design and construction document phases, and in order to control construction costs, under the guidance of Washington State Statute RCW 39.10, the PMH team applied for and was granted the ability to utilize a GCCM method of project delivery. This delivery method allows for the addition of a construction manager to the team. From design development on, a local construction resource (Graham Construction) has been providing real-time cost and constructability input to ensure that the design and systems for the facility remain economical and within the boundaries provided by the potential USDA funding program. The team has developed both target systems and values to track construction costs so that there are no inconsistencies or escalations in the budget when final pricing is agreed to. The team is also utilizing the resource of an independent estimator to review and confirm pricing quantities and values.

Regarding energy conservation, the team is working under the most current state and federal requirements and has chosen to proceed with an 'all electric' facility in support of the State of Washington's recent declaration that all new construction will be required to be 'carbon neutral' by 2030, or just six years after the proposed completion date. This decision also negates the need to extend a natural gas line to the site at an estimated cost of over \$350,000. All new systems will be high-efficiency, all lighting will be LED with control systems to minimize usage, and the team will have the input of a third party commissioning agent to provide peer review of the proposed mechanical, electric, and plumbing systems design.

**4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment, and which promote quality assurance and cost effectiveness.**

PMH expects that the replacement hospital will promote quality assurance by having an up to date facility capable of providing a level of care appropriate for a facility of its size in today's health care environment. While a significant capital expenditure is needed to build the replacement hospital, over time, it is anticipated that the cost per patient day will decrease due to the efficiencies of the new building. PMH will not have to invest resources into repairing an aging facility that will not offer any improvements in operational costs. The replacement hospital is expected to increase patient satisfaction and quality of care while continuing to allow service area residents to receive care closer to home. Finally, the replacement hospital will provide PMH with the ability to expand the replacement hospital as needed in the future.

**Exhibit 1: Organizational Chart**

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial

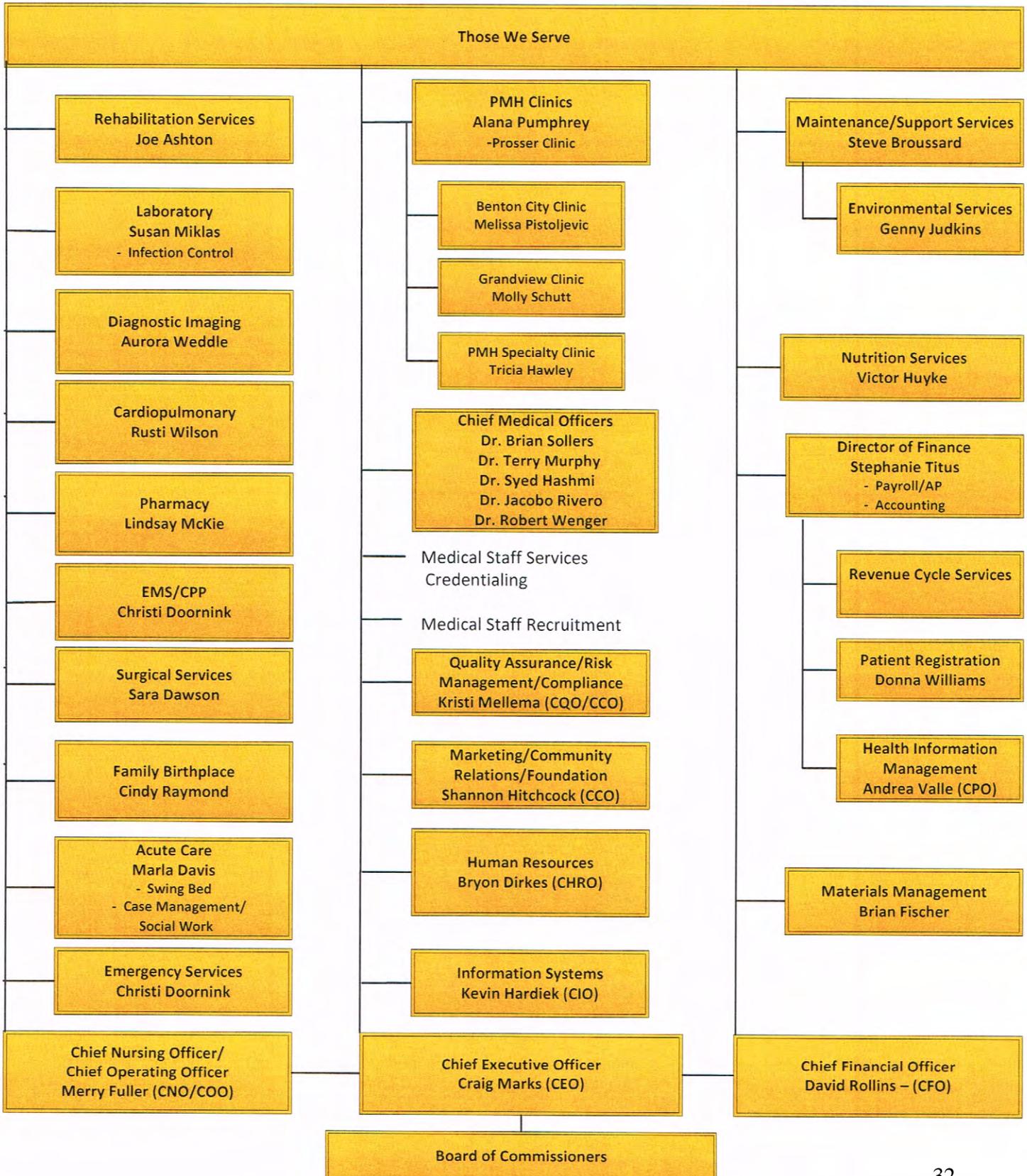


# Prosser Memorial Health

**Mission:** To improve the health of our community.

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence



**Exhibit 2: Letter of Intent**



**RECEIVED**

By CERTIFICATE OF NEED PROGRAM at 2:04 pm, Feb 10, 2021

January 29, 2021

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road Southeast  
Tumwater, WA 98501

**LOI21-02PMHB**

ex: AUG 10, 2021

VIA EMAIL: [eric.hernandez@doh.wa.gov](mailto:eric.hernandez@doh.wa.gov)

RE: *Prosser Memorial Health Hospital Replacement  
Certificate of Need Review Letter of Intent*

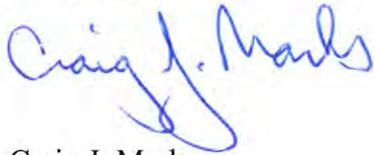
Dear Mr. Hernandez:

Prosser Public Hospital District dba Prosser Memorial Health (PMH) filed a request for a determination of reviewability related to its intent to replace its existing Critical Access Hospital (CAH) on October 20, 2020. On January 13, 2021, by the attached correspondence, the Department of Health (the Department) formally responded that the proposed replacement would require a CON review. While PMH disagrees with the Department's applicability determination, and reserves all rights to seek further review of that determination, PMH is submitting this Letter of Intent to submit a CON application.

- A. **Description of the Services Proposed.** PMH is a 25 bed CAH, located in the City of Prosser, County of Benton, Washington State. PMH proposes to replace its current hospital at a new location, also in the City of Prosser, approximately three (3) miles from its existing site. There is no proposed increase to the licensed bed count, or tertiary services to be added. At project completion, the current hospital building will no longer provide any licensed hospital services, and will be decommissioned.
- B. **Estimated Cost of the Proposed Relocation.** The capital expenditure is estimated at \$60,000,000.
- C. **Description of Service Area.** Prosser's District boundaries include Prosser, Benton City and Paterson. Under the Department of Health's acute care hospital bed need methodology, the planning area for this project is considered to be Benton and Franklin Counties, but PMH is not proposing to add beds.

If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in blue ink that reads "Craig J. Marks". The signature is fluid and cursive, with a large, stylized initial "C" and "M".

Craig J. Marks,  
Chief Executive Officer

cc. David Rollins, Merry Fuller, Brian Grimm of Perkins Coie

### **Exhibit 3: Single-Line Drawings**

Exhibit 3: Proposed Floor Plan

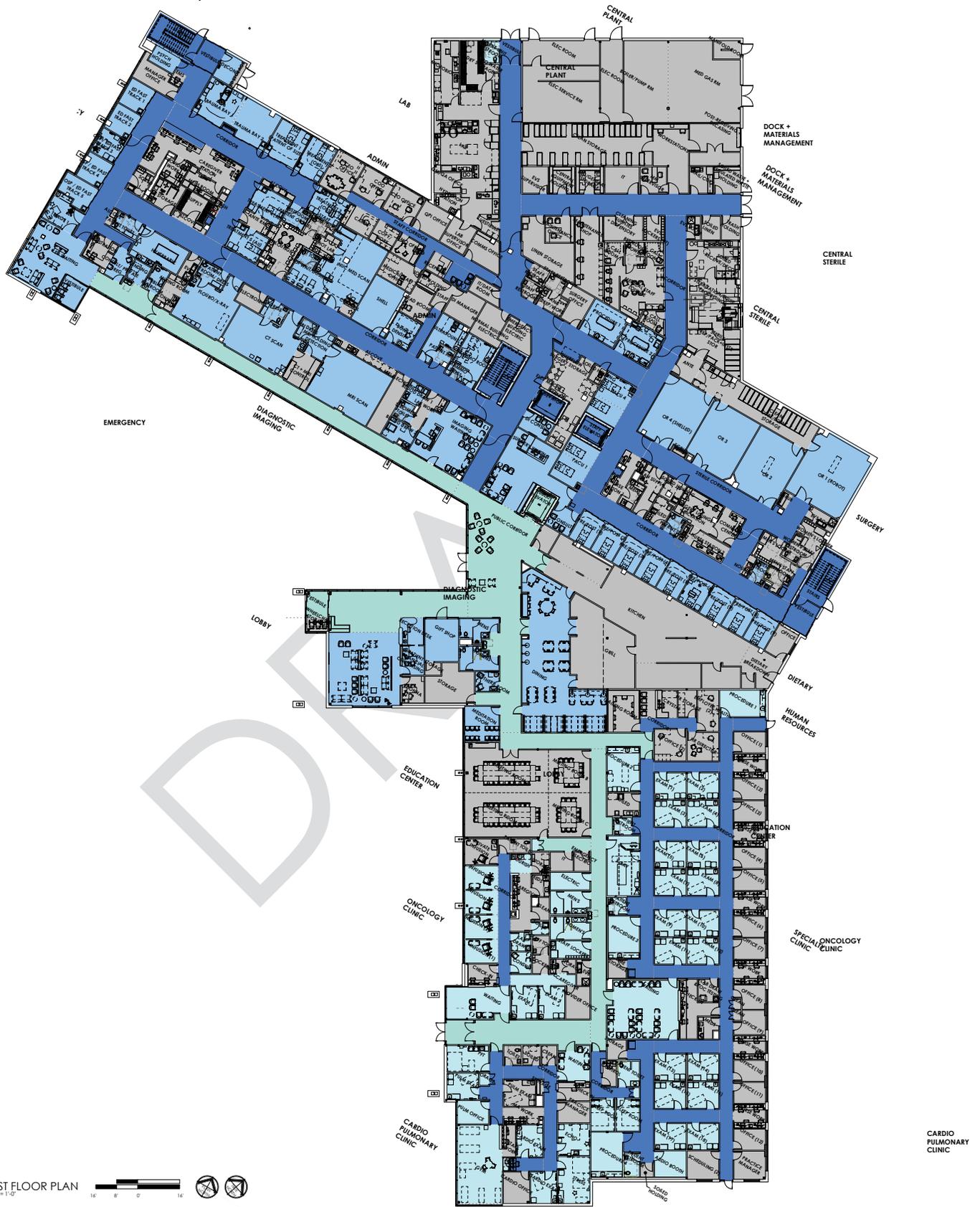
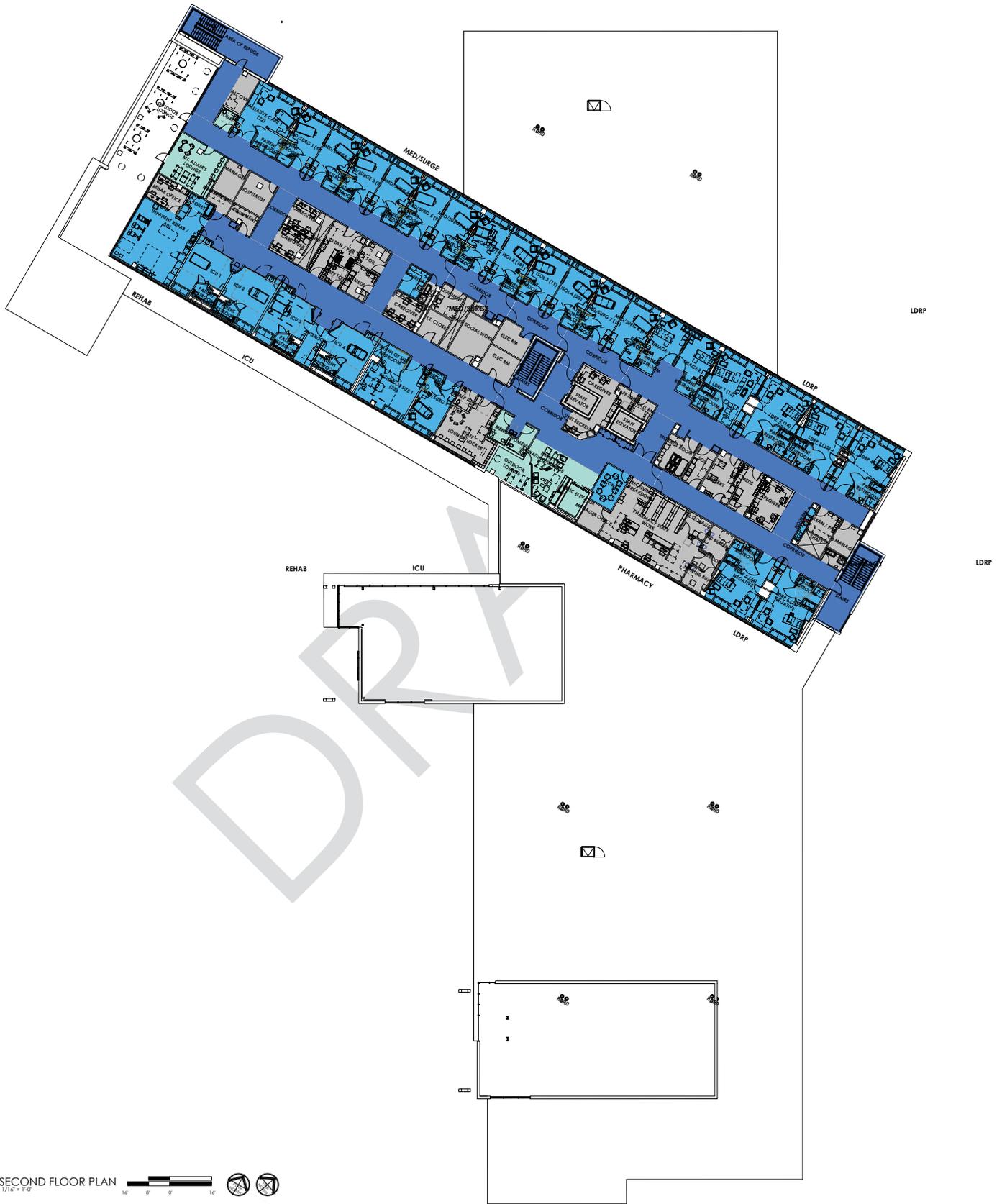


Exhibit 3: Proposed Floor Plan



SECOND FLOOR PLAN  
1/16" = 1'-0"



**Exhibit 4: Patient Origin Data**

<b>Zip Code</b>	<b>City</b>	<b>2019 Percentage of Discharges</b>
99350	Prosser	33.8%
98930	Grandview	24.8%
98944	Sunnyside	17.3%
98935	Mabton	4.6%
99320	Benton City	3.9%
98938	Outlook	1.6%
99352	Richland	1.4%
99301	Pasco	1.4%
98932	Granger	1.4%
99336	Kennewick	1.3%
99353	West Richland	1.2%
98953	Zillah	1.0%
99338	Kennewick	0.9%
99337	Kennewick	0.9%
99354	Richland	0.5%
98948	Toppenish	0.5%
99322	Bickleton	0.4%
98951	Wapato	0.4%
99356	Roosevelt	0.3%
99345	Paterson	0.3%
	Other	2.1%
	<b>Total</b>	<b>100.0%</b>

**Exhibit 5: Prosser Memorial Health Policies**

**Exhibit 5: Admissions Policy**



<b>SUBJECT:</b>	Hospital Admission Policy	<b>NO:</b>	
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes #           ;		<b>Effective Date</b>	5/21/2021
<b>Author</b>	M. Fuller, CNO/COO	<b>Date of Electronic Distribution</b>	5/21/2021
<b>Dept. Manager</b>	Acute Care and FBP	<b>Medical Director/ CAH Oversight</b>	
<b>Administrative</b>	K. Mellema, CQO	<b>Policy Committee</b>	
<b>Committee</b>		<b>Other</b>	
<b>Audit Review:</b>	Initials:		
	Date:		

**PURPOSE:** The mission of Prosser Memorial Health (PMH) is to improve the health of our community. To this end, hospital admission is based on medical necessity. No patient will be denied admission or care based on race, color, national origin, creed, religion, age disability, sex (birth or re-assignment), sexual orientation, or gender identity. Every patient seeking care will be treated with dignity and respect, and afforded all other patient rights detailed by the Washington State Department of Health (WADOH) and the Centers for Medicare and Medicaid Services (CMS).

**POLICY:**

- A. Admission** – All patients may only be admitted by a physician or Advanced Level Partitioner (ALP) who has been granted admitting privileges by the PMH Medical Staff and Board of Commissioners, and only to the extent privileges have been granted.
- B. Responsibility** – The admitting provider has the responsibility to oversee care of the patient until an appropriate provider to provider hand off has occurred. The hospital has the responsibility to provide care and services under the providers direction.
- C. General Consent** – A general consent will be obtained prior to admission. The general consent allows the patient to consent to low-risk treatment and procedures during admission (i.e. physical assessment, diagnostic testing, Intravenous fluids, etc.).
- D. Informed Consent** – Informed consent will be required and obtained before any invasive or high-risk procedures. The patient must be provided an explanation of the procedure, risks and benefits, and any alternative treatment options.
- E. Inability to Obtain Consent** – In the event the patient is unable to provide consent and a surrogate decision maker is not available, consent for emergency treatment will be implied.
- F. Advanced Directive** – The patient will be asked if they have an advanced directive at the time of admission or offered assistance in developing one if not already completed. The patients advanced directive will be entered into the Electronic Medical Record to ensure is readily available to all providers of care.
- G. Financial information** – The patient will be provided all financial notifications required by CMS. Assistance in understanding, applying for, and obtaining a financial assistance will be provided upon request (including charity care). When ever possible patients will be provided cost estimates prior to admission and upon request.
- H. Care partners** – The patient and family/support people (designated by the patient) will be considered members of the care team. Information and explanations will be provided as needed, and participation in joint decision making and care planning will be facilitated.



- I. **Education and Information** - All information needed by the patient and patient designated support system to understand and participate in care will be provided. To include but not limited to the following:
  1. Patient Rights
  2. Patient Handbook
  3. Visitor policy
  4. Orientation to the room, call light, whiteboard, fall prevention, Rapid Response Team Activation, and all other appropriate safety measures.
  5. Food service and any dietary restrictions.
  6. The name and role of all care providers.
  7. Departmental staff in accordance with WADOH regulations.
  8. How to access interpreter services.
  9. Access and utilization of ambulatory aids as indicated.
  10. Care plan customized to the patients needs.
  11. New medications and potential side effects.
- J. **Bed placement** – Bed placement will be determined by the patients care needs. Single occupancy rooms are not always available. The decision to cohort patients will take into consideration the patients' gender, care needs, risk of infection, and orientation. To the extent possible, patients without infection will not be roomed with patients with a known contagious infection (i.e. MRSA, COVID-19, etc.).
- K. **Admission Status** – The patients admission status (Inpatient, Observation, Outpatient, or Swing Bed) will be determined by CMS criteria as outlined by InterQual. This criterion takes into consideration the patient's intensity of service and severity of illness.
- L. **Discharge Planning** – Discharge planning begins on admission as the patient's history, physical assessment, social support, home environment, and activities-of-daily living are evaluated to anticipate any discharge support needs. An interdisciplinary team (provider, nurses, pharmacist, respiratory therapists, social services, case management, dieticians, and rehab therapists) will collaborate with the patient and family to establish as successful discharge plan. The patients history & physical, discharge summary, and medication list will be provided to the patient and the next provider of care at discharge.

<b>SUBJECT:</b>	Outpatient Orders: Privileged and Non-privileged Providers	<b>NO:</b>	345-0017
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes # _____ ;		<b>Effective Date</b>	08/14/2019
<b>Author</b>	M. Fuller, CNO/COO	<b>Date of Electronic Distribution</b>	08/14/2019
<b>Dept. Manager</b>	Marla Davis, Director	<b>Medical Director/CAH Oversight</b>	MEC Approval 8/7/2019
<b>Administrative</b>	M. Fuller, CNO/COO	<b>Policy Committee</b>	
<b>Committee</b>		<b>Other</b>	
<b>Audit Review:</b>	Initials: mf		
	Date: 5/2021		

**PURPOSE:**

To ensure compliance with the Center for Medicare and Medicaid Services (CMS) Conditions of Participation (CoP) in regard to who may order outpatient services at Prosser Memorial Health.

**POLICY:**

- A. Outpatient Services at Prosser Memorial Health may be ordered (and patient may be referred for hospital outpatient services) by a practitioner who is:
  1. Responsible for the care of the patient;
  2. Licensed in, or holds a license recognized in the jurisdiction where the practitioner sees the patient;
  3. Acting within the practitioner’s scope of practice;
  4. Has not been excluded from participation in any federal or state health care program;
  5. This includes both practitioners who are privileged by the Prosser Memorial Health Medical Staff and non-privileged providers who satisfy the hospital’s policies for ordering applicable outpatient services and for referring patient for hospital outpatient services.
- B. Orders for the following types of Outpatient Services will **not** be accepted from non-privileged practitioners:
  1. Orders from practitioners not licensed in the United States (such as Canada or Mexico).
  2. Invasive procedures requiring moderate sedation or above.
  3. Orders regarding immediate family members.
  4. Inpatient or Observation patient orders.
  5. Opioid administration of any kind, without review and approval by a privileged member of the Medical Staff.
  6. Administration of chemotherapy and blood transfusions without review and approval by a privileged member of the Medical Staff.

7. Orders related to obstetrical complications identified during routine outpatient diagnostic procedures; such as ultrasound, biophysical profiles, or non-stress testing.
- C. Orders for non-formulary/non-stock supplies or costly medications/supplies may require pharmacy &/or administrative review to ensure the service can be provided to the patient prior to the order being accepted.
- D. Pre-authorization may be required for outpatient procedures and will be the responsibility of the ordering provider to obtain.
- E. Patient self-referrals for outpatient diagnostic testing is allowed where applicable under federal or state law:
  1. Medicare allows for the self-referred screening mammograms based on age and frequently requirements. Patients presenting for self-referred screening mammograms will be requested to provide a personal provider name for results but no order is required.
  2. Speech Therapy, Massage Therapy and Physical Therapy may be self-referred under Washington State Law.

## DEFINITIONS:

- A. **“Outpatient Services”** shall mean those therapeutic services (e.g. physical therapy or wound care) or diagnostic services (e.g. laboratory or imaging services) provided by Prosser Memorial Health, either at the hospital or a clinic site.
- B. **“Order”** for the purpose of this policy, shall mean an order for Outpatient Services that satisfies regulatory compliance and organizational policy. At a minimum orders must include:
  1. Date of order;
  2. Patient name;
  3. Test or service being ordered;
  4. Serial orders must include a start and stop date, but may not exceed 12 months;
  5. Diagnosis or reason for service;
  6. Licensed practitioner signature;
  7. Verbal orders be given orally by a licensed practitioner to an RN or LPN. Verbal order should be used infrequently and must be authenticated by the ordering provider within 30 days.
- C. **“Practitioner”** shall mean a doctor of medicine (MD), doctor of osteopathy (DO), doctor of dental surgery (DDS), doctor of podiatric medicine (DPM), doctor of optometry (OD), chiropractor (DC), physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), or certified nurse midwife (CNM), provide that such person holds a license to practice recognized by the jurisdiction where he or she saw the patient.
- D. **“Non-privileged Practitioner”** shall mean a practitioner who has not been privileged or credentialed by the Prosser Memorial Health Medical Staff.
- E. **“Critical Value”** shall mean values determined by the Prosser Memorial Health Medical Staff to require results to be immediately reported to the ordering provider so as to ensure timely and appropriate follow up with the patient.

- A. Orders for outpatient services may be submitted electronically via EPIC, by fax, or in writing. (Orders not originated in the EPIC EMR will be scanned into the media tab of the patients EMR record).
- B. Orders requiring pre-authorization should have authorization submitted with the outpatient order.
- C. Non-privileged providers will have their licensure confirmed and be checked against the Office of Inspector General (OIG) exclusion listed in accordance with hospital policy and procedure.
- D. Laboratory procedures, plain film x-rays, and ECG's will be accommodated on a walk in basis with presentation to the hospital or clinic admission areas.
- E. Diagnostic Imaging and Cardiopulmonary procedures will be scheduled via the Prosser Memorial Health Call Center or department scheduler(s).
- F. Procedures to be completed in the Outpatient Special Procedures Department (OSP) (i.e. IV therapy, wound care, pre-surgical hospitalist consults, blood products, and medication injections) may be scheduled by calling (509-303-0818) and faxing (509-786-7228) the Outpatient Special Procedures (OSP) unit.
- G. Medication orders will be reviewed by a pharmacist prior to administration via the EPIC EMR.
- H. Incomplete or unclear orders will be clarified with the ordering practitioner prior to the procedure being completed.
- I. Patients experiencing an adverse reaction or complication during an outpatient procedure will be evaluated and treated in the Emergency Room. The ordering provider must be notified of the patient complication and a new order obtained prior to a subsequent procedure being completed.
- J. Critical values will be called to the ordering provider in the timeframe determined by the Medical Staff. If unable to reach the ordering provider or designated back up provider, the patient will be contacted and referred to the Prosser Memorial Health Emergency Department for evaluation.

## REFERENCES:

- Center for Medicare and Medicaid Services (CMS), (February 2018). *Provider compliance tips for ordering hospital outpatient services*. Retrieved May 21, 2019, from: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceTipsforOrderingHospitalOutpatientServices-ICN909405.pdf>
- Center for Medicare and Medicaid Services (CMS), Office of Clinical Standards and Quality/Survey & Certification Group. (February 17, 2012). *Referring Practitioners Ordering Outpatient Services in Hospitals*. Retrieved May 21, 2019, from: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12\\_17.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12_17.pdf)

<b>SUBJECT:</b>	Swing Bed Admission Criteria				<b>NO:</b>	607-0006	
<input checked="" type="checkbox"/> <b>Policy</b> <input type="checkbox"/> <b>Procedure</b> <input type="checkbox"/> <b>Protocol/Pre-Printed Order</b> <input type="checkbox"/> <b>Other:</b>							
<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Supersedes</b> #607-0006; 09/05/2005				<b>Effective Date</b>		11/09/2010	
<b>Author</b>	Karen Livezey			<b>Date of Electronic Distribution</b>	11/09/2010		
<b>Dept. Manager</b>	Mary Ella Clark, RN			<b>Medical Director/ CAH Oversight</b>			
<b>Administrative</b>	Merry Fuller RN			<b>Policy Committee</b>			
<b>Committee</b>				<b>Other</b>			
<b>Audit Review:</b>	Initials:	sc	S. CARR	mec	TG	shm	tit
	Date:	01/2012	04/25/12	03/19/14	3/04/15	08/19/16	03/09/18
<b>Audit Review:</b>	Initials:	CRH	JP				
	Date:	3/22/19	11/17/20				

**PURPOSE:** To define parameters to place a person into a swing bed designation. Swing bed designation is used for short-term skilled nursing care or skilled rehabilitation services. The expected length of stay shall be less than 100 days. Swing bed designation shall not be used for non-skilled or custodial care services.

**ELIGIBILITY CRITERIA:**

**Financial requirements:** Needs to meet one of the following:

Medicare

- Enrolled in Medicare Part A
- Has benefit days available to use
- Three day qualifying acute inpatient admission
- Within 30 days of discharge from an acute care facility
- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

Medicaid (co-pay)

- Enrolled in Washington State Medicaid program
- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.
- If admitted from home, pre-authorization needs to be obtained from DSHS Home and Community Services Caseworker

Private pay with or without secondary insurance

- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

Private (commercial) Insurance

- Pre authorization

## PMH Medical Center

- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

## DEFINITIONS:

### Qualifying condition

Requires and receives daily Skilled Nursing Services &/or Skilled Rehabilitation Therapies

- Daily in terms of skilled nursing requires skilled nursing care 7 days/week
- Daily in terms of skilled rehab therapies may be translated to 5 days/week if the services are not available 7 days per week and skilled rehab is the only reason for admission.

Skilled nursing and/or skilled rehabilitation services are services that:

- Are ordered by a physician
- Require the skills of a qualified technical or health professional
- Must be provided directly by or under the general supervision of skilled personnel to ensure patient safety and achieve desired results
- May require skilled personnel to perform or supervise because of special medical conditions

### Practical Matter

As a "practical matter" the services can only be provided on an inpatient basis in a Swing Bed or Skilled Nursing Facility. The following may be used as requirements for designation for practical matter:

- Individual's condition
- Availability of other types of services
- Feasibility of using other types of services
- Excessive physical hardship
- Less economical
- Less efficient or effective
- Limited support system

**Exhibit 5: Charity Care or Financial Assistance Policy**

<b>SUBJECT:</b> Charity Care/Financial Assistance		<b>NO:</b> 853-0001
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes # _____ ;		<b>Effective Date</b> 01/13/2021
<b>Author</b>	Bonnie Berg	<b>Date of Electronic Distribution</b> 01/13/2021
<b>Dept. Manager</b>	Stephanie Titus	<b>Medical Director/CAH Oversight</b>
<b>Administrative</b>	David Rollins	<b>Policy Committee</b>
<b>Committee</b>		<b>Other</b>
<b>Audit Review:</b>	Initials: ST Date: 05/2021	

**Purpose:**

The purpose of this policy is to set forth Prosser Memorial Health’s Financial Assistance/Charity Care policy, which is designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other medically necessary healthcare services provided by Prosser Memorial Health. This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy (“FAP”) for each hospital and clinic that is owned, leased or operated by Prosser Memorial Health and covers all employed medical providers.

Prosser Memorial Health includes Prosser Hospital, Benton City Clinic, Prosser Clinic, Prosser Women’s Health Clinic, Grandview Clinic, Prosser Comprehensive Pain Clinic, Prosser Specialty Clinic, Prosser ENT & Allergy Clinic, and Prosser Rehabilitation Services.

**Policy:**

Prosser Memorial Health does Business under the license of Prosser Public Hospital District of Benton County and provides medically necessary healthcare services to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, “financial assistance” includes charity care and other financial assistance programs offered by Prosser Memorial Health.

1. Prosser Memorial Health will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance, and charity care, including but not limited to Section 1867 of the Social Security Act, RCW 70.170.060, and WAC Ch. 246-453.
2. Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors with no other primary payment sources to relieve them of all or some of their financial obligation for emergency and medically necessary healthcare services.
3. In alignment with its Core Values, Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors in a respectful, compassionate, fair, consistent, effective and efficient manner.

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4. Prosser Memorial Health will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.

5. In extenuating circumstances, Prosser Memorial Health may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis, homelessness, bankruptcy, deceased with no estate, history of non-compliance and non-payment of account(s). All documentation must support the patient/guarantors inability to pay and why collection agency assignment would not result in resolution of the account.

6. Prosser Memorial Health hospital's dedicated emergency department will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance. Prosser Memorial Health will provide emergency medical screening examinations and stabilizing treatment, or refer or transfer an individual if such transfer is appropriate in accordance with 42 C.F.R. 482.55. Prosser Memorial Health prohibits any actions that would discourage individuals from seeking emergency medical care, such as by permitting debt collection activities that interfere with the provision of emergency medical care.

**Financial Assistance Eligibility Requirements:**

Financial assistance is available for both uninsured and underinsured patients and guarantors where such assistance is consistent with federal and state laws governing permissible benefits to patients. Financial assistance is available only with respect to amounts that relate to emergency or other medically necessary services. Patients or guarantors with gross family income, adjusted for family size, at or below 300% of the Federal Poverty Level (FPL) are eligible for financial assistance, so long as no other financial resources are available, and the patient or guarantor submits information necessary to confirm eligibility.

Financial assistance is secondary to all other financial resources available to the patient or guarantor, including but not limited to insurance, third party liability payers, government programs, and outside agency programs. In situations where appropriate primary payment sources are not available, patients or guarantors may apply for financial assistance based on the eligibility requirements in this policy and supporting documentation, which may include proof of application to Medicaid may be requested.

Financial assistance is granted for emergency and medically necessary services only. For Prosser Memorial Health "emergency and medically necessary services" means appropriate hospital-based services as defined by WAC 246-453-010(7). Prosser Memorial Health physician services and clinic services medically necessary services must be provided within a Prosser Memorial Health hospital or clinic setting or in such other settings as defined by Prosser Memorial Health.

Patients who reside outside the Prosser Memorial Health service area and seek medically necessary services from Prosser Memorial Health may qualify for charity care/ financial assistance upon receipt of completed, appropriate charity care/financial

Prosser Memorial Health assistance application and supporting documentation. The Prosser Memorial Health service area is defined as any resident of Washington or Oregon.

Eligibility for financial assistance shall be based on financial need at the time of application. All income of the family as defined by Washington law governing charity care (“income” and “family” are defined in WAC 246-453-010(17)-(18)) is considered in determining the applicability of the Prosser Memorial Health sliding fee scale as attached.

Patients seeking financial assistance must provide any supporting documentation specified in the application for charity care/financial assistance, unless Prosser Memorial Health indicates otherwise.

### Basis for Calculating Discounted Amounts to Patients Eligible for Charity Care/Financial Assistance

Categories of available discounts under this policy are built on a sliding scale:

Family Unit Size	Annual Income	Percentage of bill which Patient is Responsible						
		0-138% FPL	175% FPL	200% FPL	225% FPL	250% FPL	275% FPL	>300 FPL
		100%	77%	62%	46%	31%	15%	0%
1	From	\$0.00	\$17,774	\$22,541	\$25,761	\$28,981	\$32,201	\$35,421
	To	\$17,774	\$22,540	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	From	\$0.00	\$24,040	\$30,486	\$34,841	\$39,196	\$43,551	\$47,906
	To	\$24,040	\$30,485	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
3	From	\$0.00	\$30,305	\$38,431	\$43,921	\$49,411	\$54,901	\$60,391
	To	\$30,305	\$38,430	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	From	\$0.00	\$36,570	\$46,376	\$53,001	\$59,626	\$66,251	\$72,876
	To	\$36,570	\$46,375	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	From	\$0.00	\$42,835	\$54,321	\$62,081	\$69,841	\$77,601	\$85,361
	To	\$42,835	\$54,320	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	From	\$0.00	\$49,100	\$62,265	\$71,161	\$80,056	\$88,951	\$97,846
	To	\$49,100	\$62,264	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	From	\$0.00	\$55,366	\$70,211	\$80,241	\$90,271	\$100,301	\$110,331
	To	\$55,366	\$70,210	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	From	\$0.00	\$61,631	\$78,156	\$89,321	\$100,486	\$111,651	\$122,816
	To	\$61,631	\$78,155	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980
For families with more than 8 members, add \$4,540								

The range above is for Reference Use. Actual FPL calculation is completed by the financial counselor in Patient Financial Services once documentation is received and reviewed. (RCW 70.170.060(5))

- All discounts are applied after all funding possibilities available to the patient or guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay billed charges. Financial assistance may be offered to patients or guarantors with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

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• **Limitation on Charges for all Patients Eligible for Financial Assistance:** No patient or guarantor will be charged more than Prosser Memorial Health charges any third party or government payer.

**Method for Applying for Assistance and Evaluation Process:**

Patients or guarantors may apply for financial assistance under this Policy by any of the following means:

- (1) Advising Prosser Memorial Health patient financial services staff at or prior to the time of discharge that assistance is requested and submitting an application form and any documentation as requested by Prosser Memorial Health.
- (2) Downloading an application form from Prosser Memorial Health website, at: <https://www.prosserhealth.org/> submitting the form together with any required documentation.
- (3) Requesting an application via mail to:  
Prosser Memorial Health  
723 Memorial Street  
Prosser WA 99350  
ATTN: Financial Counselor, Patient Financial Services;
- (4) Requesting an application form by telephone, by calling: **1-509-786-6645**, and submitting the form; or
- (5) Any other methods specified within this policy. Prosser Memorial Health will display signage and information about its financial assistance policy at appropriate access areas. Including but not limited to the emergency department and admission areas.

The hospital will give a preliminary screening to any person applying for financial assistance. As part of this screening process Prosser Memorial Health will review whether the person has exhausted or is ineligible for any third-party payment sources. Prosser Memorial Health may choose to grant financial assistance based solely on an initial determination of a patient's status as an indigent person, as defined in WAC 246-453-010(4). In these cases, documentation may not be required. In all other cases, documentation is required to support an application for financial assistance. This may include proof of family size and income and assets from any source, including but not limited to: copies of recent paychecks, W-2 statements, income tax returns, forms approving or denying Medicaid or state-funded medical assistance, forms approving or denying unemployment compensation, written statements from employers or welfare agencies, and/or bank statements showing activity. If adequate documentation cannot be provided, Prosser Memorial Health may ask for additional information.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to Prosser Memorial Health to support an eligibility determination until fourteen (14) days after the application is made or two hundred forty (240) days after the date the first post-discharge bill was sent to the patient, whichever is later per the 501(r) regulations. Prosser Memorial Health acknowledges that per the WAC 246-453-020(10), a designation can be made at any time upon learning that a party's income is below 100% of the federal poverty standard. Based upon documentation provided with the application, Prosser Memorial Health will determine if additional information is required, or whether an eligibility determination can be made. The failure of a patient or guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for Prosser Memorial Health to determine the patient or guarantor ineligible for financial

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assistance and to initiate collection efforts. An initial determination of potential eligibility for financial assistance will be completed as closely as possible to the date of the application.

Prosser Memorial Health will notify the patient or guarantor of a final determination of eligibility or ineligibility within fourteen (14) business days of receiving the necessary documentation.

The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to Prosser Memorial Health within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the patient and the Washington State Department of Health in accordance with state law. The final appeal process will conclude within ten (10) days of the receipt of the appeal by Prosser Memorial Health.

Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor's income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes.

**Billing and Collections:** Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections in accordance with Prosser Memorial Health uniform billing and collections policies. For information on Prosser Memorial Health billing and collections practices for amounts owed by patients or guarantors, please contact Prosser Memorial Health Financial Counselor at 723 Memorial Street, Prosser, WA 99350 or 509-786-6645.

### **Discounts Available Under Prosser Memorial Health Financial Assistance/Charity Care Policy**

The full amount of hospital charges outstanding after application of any other available sources of payment will be determined to be charity care for any patient or guarantor whose gross family income, adjusted for family size, is at or below 100% of the current federal poverty guideline level (consistent with WAC Ch. 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income between (adjusted for family size) 101% and 200% of the FPL, the Prosser Memorial Health sliding fee scale applies – (See attached)

In determining the applicability of the Prosser Memorial Health fee scale, all income of the family as defined by WAC 246-456-010 (17-18) are taken into account. Responsible parties with family income between 0% and 100% of the FPL, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that

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are not covered by private or public third-party sponsorship as referenced in WAC 246-453-040 (1-3).

For guarantors with income (adjusted for family size) between 201%-300% of the FPL, household income and assets are considered in determining the applicability of the sliding fee scale. Assets considered for evaluation; IRAs, 403(b) accounts, and 401(k) accounts are exempt under this policy, unless the patient or guarantor is actively drawing from them.

**Forms can be found on Sharepoint/ Forms/ Administrative/ Charity Care**

- Sliding Scale
- Charity Care/Financial Assistance Application Form
- Charity Care/Financial Assistance Plain Language Summary

**Propósito:**

El propósito de esta póliza es para establecer las políticas de atención médica y de asistencia financiera de Prosser Memorial Health, las cuales están diseñadas para promover el acceso a atención médicamente necesaria para aquellas personas que no tienen la posibilidad de pagar, y ofrecer un descuento sobre los cargos facturados a aquellos que solo pueden pagar una parte de los costos de su atención. Estos programas se aplican únicamente a emergencias y a otros servicios de atención de salud médicamente necesarios proporcionados por Prosser Memorial Health. Esta póliza y los programas de asistencia financiera descritos en este document constituyen la póliza de asistencia financiera oficial, por sus siglas en inglés) y la póliza de atención médica para cada hospital y clínicas propiedad de dentro del estado o rentado y operado por Prosser Memorial Health cubre todos los proveedores empleados de Prosser Memorial Health.

Prosser Memorial Health incluye Prosser Hospital, Benton City Clinic, Prosser Clinic, Prosser Women's Clinic, Grandview Clinic, Prosser Comprehensive Pain Clinic, Prosser Specialty Clinic, Prosser ENT & Allergy Clinic, y Prosser Rehabilitation Services.

**Polica:**

Prosser Memorial Health hace negocio bajo la licencia de Prosser Public Hospital District de Benton County los servicios de atención de salud médicamente necesarios estén disponibles para los miembros de la comunidad y para aquellas personas con necesidad médica emergente, sin demoras, sin importar su capacidad de pago. Para los fines de esta póliza, "asistencia financiera" incluye atención médica caritativa y otros programas de asistencia financiera ofrecidos por Prosser Memorial Health.

1. Prosser Memorial Health cumplirá con las leyes y reglamentaciones estatales y federales relacionadas con los servicios médicos de emergencia, asistencia financiera al paciente y atención médica caritativa, que incluye, entre otros, la Sección 1867 de la Ley de Seguridad Social y la Sección 70.170.060 del Código Revisado de Washington (RCW, por sus siglas en inglés) y el Capítulo 246-453 del Código Administrativo de Washington (WAC, por sus siglas en inglés).

2. Prosser Memorial Health proporcionará asistencia financiera a pacientes elegibles o garantes que no cuenten con otras fuentes principales de pago para eximirlos de totalidad o parte de sus obligaciones financieras relacionadas con servicios de emergencia y de atención de salud médicamente necesarios de Prosser Memorial Health.

3. De conformidad con sus valores centrales, Prosser Memorial Health brindará asistencia financiera a pacientes elegibles o garantes de forma respetuosa, humanitaria, justa, consistente, efectiva y eficiente:

4. Prosser Memorial Health no discrimina por motivos de edad, raza, color, credo, etnia, religión, nacionalidad de origen, estado civil, sexo, orientación sexual, identidad o

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expresión de género, discapacidad, estado militar o condición de veterano, ni por cualquier otra razón prohibida por la legislación federal, estatal o local al realizar determinaciones de asistencia financiera.

5. En circunstancias atenuantes, Prosser Memorial Health puede, según su criterio, aprobar asistencia financier fuera del alcance de esta política. La caridad incobrable/presunta está aprobada debido, entre otros motivos, al diagnóstico social, falta de hogar, bancarrota, fallecimiento sin patrimonio, antecedente de incumplimiento y falta de pago de cuenta(s). Toda la documentación debe respaldar la incapacidad de pago del paciente/garantes y el motivo por el cual la asignación de una agencia de recaudación no generaría la resolución de la cuenta.

6. Los hospitales de Prosser Memorial Health que cuentan con departamentos de emergencia especializados proporcionarán, sin distinciones, atención para afecciones médicas de emergencia (dentro del significado de la Ley de Tratamiento Médico de Emergencia y Parto [EMTALA, por sus siglas en inglés]), de conformidad con las capacidades disponibles, independientemente de la elegibilidad de una persona para recibir asistencia financiera. Los hospitales de Prosser Memorial Health realizarán exámenes

de selección médica emergencia y tratamiento de estabilización, o derivarán o trasladarán al paciente, si corresponde, de acuerdo con el Título 42 del Código de Reglamentaciones Federales (CFR, por sus siglas en inglés) 482.55. Prosser Memorial Health prohíbe cualquier acción que desaliente a las personas a procurar atención médica de emergencia, por ejemplo, permitiendo las actividades de recaudación de deudas que interfieran en la prestación de atención médica de emergencia.

**Requisitos de elegibilidad para recibir asistencia financiera:**

La asistencia financiera se encuentra disponible tanto para pacientes y garantes sin seguro como para aquellos con una cobertura de seguro insuficiente, y dicha asistencia cumple con las leyes federales y estatales que regulan los beneficios permisibles para pacientes. La asistencia financiera se encuentra disponible únicamente para montos que se relacionan con servicios de emergencia o otros servicios de medicamento necesarios. Los pacientes o garantes con ingreso familiar bruto, adaptados al tamaño de la familia, del 300 % o menos con respecto al índice federal de pobreza (FPL, por sus siglas en inglés) son elegibles para recibir asistencia financiera, siempre que no haya otros recursos financieros disponibles y el paciente o garante presente la información necesaria para confirmar la elegibilidad.

La asistencia financiera es adicional a los otros recursos financieros disponibles para el paciente o garante, que incluye, entre otros, el seguro, las personas que pagan responsabilidades de terceros, los programas gubernamentales y los programas de organismos externos. En situaciones en las que las principales fuentes de pago correspondientes no estén disponibles, los pacientes o garantes pueden solicitar asistencia financiera sobre la base de los requisitos de elegibilidad de esta política y la documentación de respaldo, la cual puede incluir lo siguiente Es posible que se necesite la evidencia de solicitud de Medicaid.

La asistencia financiera se otorga únicamente para servicios de emergencia y medicamento necesarios” quiere decir servicios hospitalarios, según se define en el Capítulo 246-453-010(7) del WAC. Para y servicios médicos de Prosser Memorial

**Prosser Memorial Health**

Health, servicios médicamente necesarios proporcionados dentro de un hospital de Prosser Memorial Health o en otros centros, de acuerdo con lo establecido por Prosser Memorial Health. Los pacientes que soliciten asistencia financiera deben presentar cualquier documentación de respaldo que se especifique en la solicitud de asistencia financiera, por parte de Prosser Memorial Health. El área de servicio de Prosser Memorial Health se define residente de Washington o Oregon.

La elegibilidad para recibir asistencia financiera debe basarse en la necesidad financiera al momento de la solicitud. Todo el ingreso familiar, según se define en la legislación de

Washington (WAC 246-453-010(17)-(18)) que rige la atención médica caritativa, 1 se considera al momento de determinar la aplicabilidad de la escala de costos variables de Prosser Memorial Health que se encuentra incluido. Los pacientes que soliciten asistencia financiera deben presentar cualquier documentación de respaldo que se especifique en la solicitud de asistencia financiera, salvo especificación contraria por parte de Prosser Memorial Health.

**Bases para el cálculo de los montos cobrados a los pacientes elegibles para recibir asistencia financiera**

Las categorías de descuentos disponibles bajo esta polisa se basan en una escala móvil:

Family Unit Size	Annual Income	Percentage of bill which Patient is Responsible						
		0-138% FPL	175% FPL	200% FPL	225% FPL	250% FPL	275% FPL	>300 FPL
		100%	77%	62%	46%	31%	15%	0%
1	From	\$0.00	\$17,774	\$22,541	\$25,761	\$28,981	\$32,201	\$35,421
	To	\$17,774	\$22,540	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	From	\$0.00	\$24,040	\$30,486	\$34,841	\$39,196	\$43,551	\$47,906
	To	\$24,040	\$30,485	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
3	From	\$0.00	\$30,305	\$38,431	\$43,921	\$49,411	\$54,901	\$60,391
	To	\$30,305	\$38,430	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	From	\$0.00	\$36,570	\$46,376	\$53,001	\$59,626	\$66,251	\$72,876
	To	\$36,570	\$46,375	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	From	\$0.00	\$42,835	\$54,321	\$62,081	\$69,841	\$77,601	\$85,361
	To	\$42,835	\$54,320	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	From	\$0.00	\$49,100	\$62,265	\$71,161	\$80,056	\$88,951	\$97,846
	To	\$49,100	\$62,264	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	From	\$0.00	\$55,366	\$70,211	\$80,241	\$90,271	\$100,301	\$110,331
	To	\$55,366	\$70,210	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	From	\$0.00	\$61,631	\$78,156	\$89,321	\$100,486	\$111,651	\$122,816
	To	\$61,631	\$78,155	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980

For families with more than 8 members, add \$4,540

El rango arriba es para uso de referencia. El asesor financiero en servicios financieros para pacientes complete el calculo real del FPL una vez que se recibe y revisa la documentacion. (RCW 70.170.060(5))

- Todos los descuentos después de agotar todas las posibilidades de financiamiento disponibles para el paciente o garante, o de que estas hayan sido denegadas, y de

Prosser Memorial Health

revisar los recursos y activos financieros personales para determinar una potencial financiación para pagar los cargos facturados. La asistencia financiera puede ofrecerse a pacientes o garantes con ingresos familiares que superen el 300 % con respecto al índice federal de pobreza, cuando las circunstancias indiquen dificultades financieras graves o pérdida personal.

**•Limitación de cargos para todos los pacientes elegibles para recibir asistencia**

**financiera:** - Ningun paciente o garante sera cobrado cargos mas de lo que Prosser Memorial Health cobra cualquier terser pagador o pagador de gobierno

**Método para solicitar asistencia y proceso de evaluación:**

Los pacientes o garantes pueden solicitar asistencia financiera conforme a esta política a través de cualquiera de los siguientes medios:

(1) indicando al personal de servicios financieros del paciente de PH&S al momento del alta, o antes, que se requiere asistencia y presentando un formulario de solicitud y cualquier documentación, si así lo requiere Prosser Memorial Health;

(2) descargando un formulario de solicitud del sitio web de en <https://www.prosserhealth.org/> y presentando el formulario junto con cualquier documentación requerida;

(3) solicitando un formulario de soliciud por correo:

Prosser Memorial Health

723 Memorial Street

Prosser WA 99350

ATTN: Consejero Financiero, Servicios Financieros del Paciente;

(4) solicitando un formulario de solicitud por teléfono, llamando al **1-509-786-6645**, y presentando el formulario; o

(5) mediante cualquier otro método dentro etsa poliza. Prosser Memorial Health. colocará avisos e información sobre su policia de asistencia financiera en las áreas de acceso adecuadas, las cuales incluyen, entre otras, el departamento de emergencias y las áreas de admisión.

El hospital realizará un examen de selección preliminar a cualquier persona que solicite asistencia financiera. Como parte de este proceso de selección, Prosser Memorial Health evaluará si la persona ha agotado las fuentes de pago de terceros o si no es elegible para estas. Prosser Memorial Health puede otorgar asistencia financiera basándose únicamente en una determinación inicial del estado de un paciente como una persona indigente, de acuerdo con lo establecido en el Capítulo 246-453-010(4) del WAC. En estos casos, es posible que no se requiera documentación. En el resto de los casos, se requiere documentación para respaldar una solicitud de asistencia financiera. Estos puede incluir evidencia del tamaño de la familia y de los ingresos y activos de cualquier origen, que incluye, entre otros, copias de recibos de sueldos recientes, declaraciones W-2, declaración de impuestos sobre la renta, formularios que aprueban o rechazan asistencia médica estatal o por parte de Medicaid, formularios que aprueban o rechazan la compensación por desempleo, declaraciones escritas por empleadores u organismos de bienestar o extractos de cuenta bancaria que reflejen la actividad. Si no se puede presentar la documentación adecuada, Prosser Memorial Health puede solicitar más información.

Un paciente o garante que pueda ser elegible para solicitar asistencia financiera deberá

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presentar a Prosser Memorial Health documentación suficiente para respaldar una determinación de elegibilidad hasta catorce (14) días después de que se realice la solicitud o doscientos cuarenta (240) días después de la fecha de envío al paciente de la factura posterior al alta, lo que suceda después según las reglamentaciones 501(r). Prosser Memorial Health reconoce que, de acuerdo con el Capítulo 246-453-020(10) del WAC, una designación puede realizarse en cualquier momento siempre que se sepa que el ingreso de una parte es inferior al 100 % del estándar de pobreza federal. De acuerdo con la documentación proporcionada con la solicitud, Prosser Memorial Health determinará si se requiere más información o si se puede realizar una determinación de elegibilidad. Si un paciente o garante no completa razonablemente los procedimientos de solicitud adecuados dentro de los períodos especificados anteriormente, Prosser Memorial Health puede determinar que el paciente o garante no es elegible para recibir asistencia financiera e iniciar acciones de recaudación. La determinación inicial de elegibilidad potencial para recibir asistencia financiera se realizará lo más cerca posible de la fecha de la solicitud.

Prosser Memorial Health notificará al paciente o garante sobre una determinación definitiva de elegibilidad o inelegibilidad en el transcurso de catorce (14) días hábiles, después de recibir la documentación necesaria.

El paciente puede apelar una determinación de inelegibilidad para recibir asistencia financiera proporcionando a Prosser Memorial Health más documentación relevante en el transcurso de treinta (30) días, después de la recepción del aviso de rechazo. Se revisarán todas las apelaciones y, si la determinación de la apelación confirma el rechazo, se enviará una notificación por escrito al paciente y al Departamento de Salud del Estado de Washington, de conformidad con la ley estatal. El proceso de apelación definitiva terminará en el transcurso de catorce (14) días hábiles, después de que Prosser Memorial Health reciba la apelación.

Otros métodos de calificación para recibir asistencia financiera pueden ser los siguientes:

- expiración del estado legal de las limitaciones de recaudación;
- fallecimiento del garante e inexistencia de propiedades o autenticación de testamento;
- presentación de bancarrota por parte del garante;
- presentación, por parte del garante, de registros financieros que hacen que este sea elegible para recibir asistencia financiera; o
- registros financieros que indican que el ingreso del garante no se incrementará en el futuro y, por lo tanto, no podrá pagar la deuda, por ejemplo, con garantes que tienen ingresos fijos de por vida.

**Facturación y recaudación:** Cualquier saldo pendiente adeudado por los pacientes o garantes después de la aplicación de descuentos disponibles, si corresponde, remitido a recaudación de acuerdo con las políticas de facturación y recaudación uniforme de Prosser Memorial Health. Para obtener información sobre las prácticas de facturación y recaudación de Prosser Memorial Health 723 Memorial St Prosser, WA 99350, para montos adeudados por pacientes o garantes, asimismo, podemos enviarle esta poliza si así lo solicita llamando al **1-509-786-6645**.

**Descuentos disponibles conforme a la política de asistencia financiera/atención médica caritativa de Prosser Memorial Health**

Se determinará que el monto total de los cargos del hospital pendiente de pago luego de la solicitud de cualquier otro recurso de pago disponible es atención caritativa para cualquier garante cuyo ingreso familiar bruto, ajustado al tamaño de la familia, es del 100 % o menos respecto del nivel actual establecido en las pautas federales (de acuerdo con el Capítulo 246-453 del WAC), siempre que dicha persona no sea elegible para recibir otra cobertura de salud pública o privada (consulte la Sección 70.170.060 (5) del RCW).

Los garantes que tienen un ingresos entre 101% - 200% (ajustado para el tamaño de la familia) respecto del FPL, Prosser Memorial Health la base de una escala . (Que esta incluido)

odo el ingreso familiar, según se establece en el Capítulo 246-456-010 (17-18) del WAC, se considera al momento de determinar la aplicabilidad de la escala de costos variables de Prosser Memorial Health Se determinará que las partes responsables que cuenten con un ingreso familiar entre el 0 % y el 100 % del FPL, ajustados al tamaño de la familia, son personas indigentes elegibles para recibir atención médica caritativa por el total de los cargos del hospital relacionados con los servicios médicos hospitalarios correspondientes que no estén cubiertos por un tercero patrocinador público o privado, como se establece en el Capítulo 246-453-040 (1-3) del WAC.

En el caso de los garantes que cuenten con un ingreso entre 201-300% (ajustado para el tamaño de la familia) respecto del FPL, los ingresos del grupo familiar y los activos se tienen en cuenta para la determinación de la aplicabilidad de la escala de costos variables. Los activos considerados para evaluación, cuentas de aportes jubilatorios, cuentas 403(b) y 401(k), están exentas conforme a esta póliza, a menos que el paciente o garante realice extracciones de estas cuentas de forma activa.

**Forms can be found on Sharepoint/ Forms/ Administrative/ Charity Care**

Base de una escala variable honorarios

Obra de Caridad asistencia financier forma de solicitud

Obra de Caridad asistencia financier en lenguaje simple

**Exhibit 5: Patients' Rights and Responsibilities Policy**

**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 4 PAGE(S)

REGARDING: PATIENTS' RIGHTS AND RESPONSIBILITIES NUMBER: 100.0026

DEPARTMENTS

AFFECTED: ALL AMENDED: 9-26-19

EFFECTIVE DATE: 9-28-17 REVIEWED: 9-26-19

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**PURPOSE**

To improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public, Prosser Memorial Health (PMH) has adopted and implemented this policy, and others, to define and protect patients' rights. PMH is committed to compliance with all state and federal laws which detail patients' rights. The following text is in accordance with WAC 246-320-414 and 42 CFR 482.13(h), as well as the Prosser Memorial Health Code of Conduct and ASPIRE Values.

**POLICY**

A. Washington State Legislature: The following rights as mandated by Washington State Law (WAC 246-320-141) are provided to the patients of PMH. Where applicable, the provision of these rights are more clearly defined in other organizational polices and procedures:

1. The right to be treated with dignity and respect at all times in a manner that is equitable, humane, and given without discrimination;
2. The assurance of confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;
3. To be protected from abuse and neglect;
4. To have access to protective services;
5. To have the liberty to complain about their care and treatment without fear of retribution or denial of care;
6. To receive timely complaint resolution;
7. To be involved in all aspects of their care including:

- Refusing care and treatment and,
  - Resolving problems with care decisions;
  - To be informed of unanticipated outcomes according to RCW 10.41.380;
8. To be informed and agree to their care;
  9. To have family input in care decisions as directed by the patient and/or applicable state law. (The patient's definition of "family" will be honored in all circumstances where state law does not delineate a hierarchy of surrogate decision makers due to the patient being incapacitated).
  10. To have advance directives and for the hospital to respect and follow those directives;
  11. To be able to request no resuscitation or life-sustaining treatment;
  12. To receive end of life care;
  13. Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including: (see Policy 873-0035 for a detailed explanation of the provision of this patient right).
    - Medical staff input; and
    - Direction by family or surrogate decision makers;
  14. To be provided with a written statement of patient rights;
  15. To be advised if PMH proposes to involve the introduction of any research, investigation, and/or clinical trials. The patient has the right to refuse participation in these programs without hindering the patient's access to care;
  16. Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including:
    - Medical staff input; and
    - Direction by family or surrogate decision makers;

B. Centers for Medicare and Medicaid Services (CMS): The following patient rights as mandated by CMS (42 CFR 482.13) are provided to the patients of PMH. Where applicable, the provision of these rights are more clearly defined in other organizational policies and procedures:

1. PMH will protect and promote each patient's rights.
2. Notice of rights:
  - a. PMH will inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.

b. PMH has established a process for prompt resolution of patient grievances and will inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:

- 1) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
- 2) The grievance process must specify time frames for review of the grievance and the provision of a response.
- 3) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

### 3. Exercise of rights

- a. The patient has the right to participate in the development and implementation of his or her plan of care.
- b. The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- c. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with § 489.100 of this part (Definition), § 489.102 of this part (Requirements for providers), and § 489.104 of this part (Effective dates).
- d. The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

#### 4. Privacy and Safety

- a. The patient has the right to personal privacy.
- b. The patient has the right to receive care in a safe setting.
- c. The patient has the right to be free from all forms of abuse or harassment.

#### 5. Confidentiality of Patient Records

- a. The patient has the right to the confidentiality of his or her clinical records.
- b. The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

#### 6. Restraint and Seclusion

- a. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
- b. For a detailed explanation of the provision of patient rights related to the use of restraint and seclusion at PMH see Policy 873-0032, Restraint Use: Non Violent or Non-Self Destructive and Violent or Self Destructive.

#### 7. Patient Visitation rights. PMH has written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. PMH will meet the following requirements:

- a. Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
- b. Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not

limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

- c. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
  - d. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- C. Children and Adolescents: Child and adolescent patients are entitled to all of the rights and responsibilities guaranteed to adult patients. These rights will be shared with the patient and parents or guardians at the time of admission.
- D. SNF/Swing Bed Patients/Long term admissions: Although, also available to short term admissions, special attention will be paid to ensuring the following rights are provided to patients with extended stays within the facility:
- 1. The right to not have to perform services or work for the medical facility;
  - 2. The right to privacy in written communications, including the right to send and promptly receive mail that is unopened and have access to stationary, postage and writing implements;
  - 3. The right to share a room with a spouse who is a patient as long as the clinical needs of both patients can be provided;
  - 4. Have access to personal possessions that do not pose a risk to the patient or the facility;
  - 5. The right to receive visitors of their choice without regard to race, color, national origin, religion, sex, gender identity, sexual orientation, or disability of either the patient or the visitor. Children are welcome, but require supervision. Visitation will only be restricted based on the clinical needs of the patient;
  - 6. The right to refuse visitors.
- E. MRSA Co-habitation Notification: To be notified when they may be roomed with a patient who is colonized or infected with methicillin-resistant staphylococcus aureus, in accordance with RCW 70.41.430.
- F. Additional Patient Rights in accordance with the PMH Code of Conduct and ASPIRE values:
- 1. The right to know the name of the provider who is responsible for coordination of care, treatment or procedures;

2. The right to receive from the provider information concerning diagnosis, treatment, and prognosis in understandable terms;
3. The right to receive an explanation from the provider of any procedure or treatment to which the patient is asked to consent;
4. The right to reach a decision about such prescribed procedure or treatment after having been made aware of its medical necessity, benefits of the procedure, possible risks, and known alternatives including the prognosis should the patient elect to decline treatment that is offered;
5. The right to privacy concerning the patient's medical care. Also, the right to expect that all communications and records pertaining to the patient's care will be treated as confidential. (PMH participates in the education of health professionals and conforms to requirements of the review of the care of the patients by health professionals, which we believe enhances the level of care the patients receive);
6. Reports concerning the patient's diagnosis, treatment, and continuing healthcare requirements may be reported to the patient's community provider, unless otherwise directed;
7. The right to expect that, within its capacity, PMH will make reasonable responses to requests for services;
8. When medically permissible, the patient may be transferred to another facility only after the patient has received complete information and explanation concerning the needs for and alternatives to such a transfer and risks. Arrangements will be made for transfer if necessary;
9. The right to either accept, refuse, or stop medical treatment according to state and federal laws;
10. The right to receive an explanation of the relationship of PMH to other healthcare organizations when such relationship affects the patient's present or future health needs;
11. The patient will be advised if PMH proposes to involve the introduction of any research, investigation, and/or clinical trials. The patient has the right to refuse participation in these programs without hindering the patient's access to care;
12. The right to expect reasonable continuity of care. The patient's physician or delegate of the physician will inform the patient of the patient's continuing health requirements following discharge;
13. The right to have pain assessed, monitored and managed according to the patient's needs;
14. The right to examine and receive an explanation of the bill regardless of the source of payment;
15. The right to an explanation of PMH rules and regulations which apply to the patient's hospitalization;
16. The right to have every attempt made to provide written and verbal information in a manner understandable to the patient and family/caregivers.

## G. Notification of Patient Rights

1. Each patient will receive a written statement of patient rights upon admission.
2. The following policies (and policy updates) related to access to care will be provided to the Washington State Department of Health for public access and posted on the PMH website:
  - a. Admission;
  - b. Nondiscrimination;
  - c. End of life care;
  - d. Reproductive health care.
  - e. Nurse Staffing;
3. Additional information or Policies will be provided upon request.

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**Exhibit 5: Non-Discrimination Policy**

Prosser Memorial Health

<b>SUBJECT:</b>		Non-Discrimination Policy		<b>NO:</b>	861-0001	
<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:						
<input type="checkbox"/> New <input type="checkbox"/> Supersedes #           ;				Effective Date	02/14/2018	
<b>Author</b>	Bonnie Berg		<b>Date of Electronic Distribution</b>	02/14/2018		
<b>Dept. Manager</b>	K. Mellema, CQO		<b>Medical Director/ CAH Oversight</b>			
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<b>Committee</b>			<b>Other</b>			
<b>Audit Review:</b>	Initials:	MF				
	Date:	5/2021				

**POLICY:**

It is the intention of Prosser Memorial Health to comply with all applicable Federal and State Civil Rights laws. To this end we will not discriminate on the basis of race, color, national origin, creed, religion, age, disability, sex (birth or re-assignment), sexual orientation, or gender identity consistent with requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. These Civil Rights protections apply to patients, visitors, employees, providers, vendors, contract staff, and all others seeking care or providing services at all Prosser Memorial Health campus or events.

**PROCEDURE:**

- A. Free aids and services will be provided as needed to ensure effective communication, including but not limited to the following:
  - 1. Language and communication support needs will be assessed on admission.
  - 2. Qualified language support services will be provided as needed.
  - 3. Qualified sign language interpreters will be provided as needed.
  - 4. Written information in English or Spanish is readily available. Written information in other languages will be provided as needed, as quickly as possible.
  - 5. Written information will be provided in large print upon request.
  - 6. Electronic formatted information is available the Prosser Memorial Health Patient Portal, and other formats upon request.
- B. Civil Rights notifications will be posted in all areas required by State and Federal Law.
- C. Patients will receive written notification of their rights upon admission.
- D. Family and Caregiver participation in care and decision making is encouraged and facilitated based on the patient's preference.
- E. If you believe that PMH has failed to provide these services or discriminated in another way you may file a complaint:
  - 1. PMH Civil Rights Coordinator, 723 Memorial St. Prosser WA 99350, Phone: (509) 786-5152, Fax: (509) 786-6608, Email: [Nondiscrimination@pphdwa.org](mailto:Nondiscrimination@pphdwa.org).

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2. U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,
3. Or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 509-786-5152 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 509-786-5152 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 509-786-5152 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 509-786-5152 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 509-786-5152 (TTY: 711) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 509-786-5152 (телетайп: 711).

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 509-786-5152 (TTY (711))

### Arabic:

509-786-5152 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم رقم هاتف الصم والبكم: (TTY: 711)

### Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 509-786-5152 (TTY: 711) تماس بگیرید.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 509-786-5152 (TTY:711) まで、お電話にてご連絡ください。

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**Punjabi:** ਸ਼੍ਰੋਮਣੀ ਗੁਰਦੁਆਰਾ ਪ੍ਰਬੰਧਕ ਕਮੇਟੀ, ਸ਼੍ਰੋਮਣੀ ਅੰਮ੍ਰਿਤਸਰ ਸਾਹਿਬ, ਫੋਨ: 509-786-5152 (TTY: 711) 'ਸ਼੍ਰੋਮਣੀ ਅੰਮ੍ਰਿਤਸਰ ਸਾਹਿਬ'

**Mon-Khmer, Cambodian:** គម្រោងសេវាបន្ថែមសម្រាប់អ្នកនិយោជិតខ្មែរ, គម្រោងសេវាបន្ថែមសម្រាប់អ្នកនិយោជិតខ្មែរ, គម្រោងសេវាបន្ថែមសម្រាប់អ្នកនិយោជិតខ្មែរ 509-786-5152 (TTY: 711)

**Hindi:** भारतीय भाषा: हिंदी में प्रश्न पूछें, प्रश्न पूछें, प्रश्न पूछें, प्रश्न पूछें, प्रश्न पूछें 509-786-5152 (TTY: 711) 'प्रश्न पूछें'

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 509-786-5152 (TTY: 711).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 509-786-5152 (TTY: 711)

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 509-786-5152 (TTY: 711).

**Urdu:** 509-786-5152 (TTY: 711) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 509-786-5152 (телетайп: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 509-786-5152 (ATS: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ອຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ ນມພໍ້ ອມໃຫ້ ທ່ານ. ໂທຮ 509-786-5152 (TTY: 711).

**Gujarati:** ગુજરાતી: સર્વ પ્રશ્નો, સર્વ પ્રશ્નો: 509-786-5152 (TTY: 711).

**Cushite (Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 509-786-5152 (TTY: 711).

**Amharic:** ጥያቄ: የሌሎች ጥያቄዎችን ለማግኘት 509-786-5152 (ጥያቄ ለማግኘት: 711).

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 509-786-5152 (TTY: 711).

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**Samoan:** MO LOU SILAFIA: Afai e te tautala Gagana fa\ʻa Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 509-786-5152 (TTY:711)

**Ilocano:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 888-311-9127 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-311-9127 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (TTY: 711).

**Norwegian:** MERK: Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).

**Pennsylvanian (Dutch):** Schwetzscht, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 888-311-9127 (TTY: 711).

**Exhibit 5: End of Life Policy**

**PMH MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURES**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 9 PAGE(S)

REGARDING: FOREGOING LIFE-SUSTAINING TREATMENT NUMBER: 100.0027

DEPARTMENT  
AFFECTED: ALL AMENDED:

EFFECTIVE DATE: 8-31-17 REVIEWED: 9-26-19

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**I. INTRODUCTION**

These guidelines are applicable to all types of life-sustaining treatment and are not limited to decisions to forego cardiopulmonary resuscitation. The term “life sustaining treatment,” as used in the Guidelines, encompasses all healthcare interventions that have the potential effect of increasing the life-span of the patients. Although the term includes respirators, intravenous fluid, and all the paraphernalia of modern intensive care medicine, it also includes, for instance, physical therapy and special feeding procedures, provided that one of the anticipated effects of the treatments is to prolong the patient’s life.

The term “forego” is used to include both stopping a treatment already begun as well as not starting a treatment, because there is no significant ethical distinction between failing to institute new treatment and discontinuing treatment that has already been initiated. A justification that is adequate for not commencing a specific treatment is also sufficient for ceasing that treatment.

**II. STATEMENT OF GENERAL POLICY PRINCIPLES:**

1. **Presumption in Favor of Treatment:** It is the policy of Prosser Memorial Health (PMH) to provide high quality medical care to its patients with the objective of sustaining life and practicing in conformity with traditional and current ethical and medical standards. It is imperative that the professional staff remain committed to this objective by maintaining a presumption in favor of providing treatment to all patients unless such treatment would be judged to cause harm. However, this commitment must recognize the right that patients have in making their own

decisions about their health care in continuing, limiting, declining, or discontinuing treatment, whether life-sustaining or not.

2. **Right to Refuse Treatment:** As a general rule, all adult patients who do not lack decision-making capacity may decline any treatment or procedure. There is sometimes, however, a reluctance to apply this rule to patients who seek to forego life-sustaining treatment. Thus, the Guidelines are adopted and promulgated to deal specifically with decisions to forego life-sustaining treatment.

3. **Decisions to Forego Are Particular to Specific Treatment:** A decision to limit, decline, discontinue, or otherwise forego a particular treatment or procedure is specific to that treatment or procedure and does not imply that any other procedures or treatments are to be foregone unless a specific decision is also made with respect to them.

4. **Preservation of Patient Dignity:** The dignity of the individual must be preserved and necessary measures to assure comfort must be maintained at all times by the provision of appropriate nursing care, hygienic care, comfort care, analgesics, psychological, spiritual, and cultural needs to all patients, including those who have elected to forego a specific life-sustaining therapy.

5. **Surrogates and Patients:** In these Guidelines, the term “surrogate” decision-maker is defined as specified in the informed consent policy of PMH. Unless otherwise indicated, the term “patient” includes the surrogate of a patient who lacks decision-making capacity.

6. **Physicians’ Rights:** It is the ethical and legal right of individual physicians to decline to participate in the limitation or withdrawal of therapy. However, no physician may abandon his or her patient until care by another physician has been secured (see Section III.3).

7. **Availability of Guidelines to Patients:** These Guidelines must be freely available to all patients (and their families), who upon admission to PMH, will be given a general explanation of the existence and content of these Guidelines (e.g. through an introductory brochure) and be given the opportunity to name a surrogate decision-maker in writing. Patients (and their families) will be able to obtain copies of the guidelines at each patient unit station.

8. **Presumption Against Judicial Review:** Families and healthcare professionals should work together to make decisions for patients who lack decision-making capacity. Recourse to the courts should be reserved for the occasions when adjudication is clearly required by state law or when concerned parties have

disagreements that they cannot resolve over matters of substantial import (see Section V).

### III. GENERAL PRINCIPLES GOVERNING DECISION-MAKING:

1. **Right to decide and to be informed:** It is the ethical and legal right of each patient who possesses the capacity to make decisions regarding his or her healthcare to do so. Furthermore, it is the concomitant ethical and legal right of each patient to be provided with adequate information about the diagnostic, therapeutic, and alternative options (including risks, benefits, nature, purpose, and prognosis as a result of the options) which are reasonably available.
2. **Collaborative Physician/Patient (or Surrogate) Decision-Making:**
  - (a) Decisions to forego life-sustaining treatment should be made between the patient (or surrogate) and the attending physician after a thorough discussion of all options, as is reasonably possible, has been conducted.
  - (b) When a patient is terminally ill and the treatment to be foregone is, in the professional judgement of the attending physician, unlikely to provide the patient with significant benefit, the patient (or surrogate) should be so informed, unless there is evidence that such disclosure would be harmful to the patient.
  - (c) If a patient (or surrogate) is unwilling to forego such treatment (as described in 2b), the treatment may nonetheless be foregone (that is, either stopped or not started) after notice to the patient (or surrogate) that is sufficient to permit transfer of the patient's care to another physician or medical center.
  - (d) A patient (or surrogate) may not compel a physician to provide any treatment which, in the professional judgment of that physician, is unlikely to provide the patient with sufficient benefit.
3. **Physicians' Rights:** Any physician may decline to participate in the limitation or withdrawal of therapy. In exercising this right, however, the physician must take appropriate steps to transfer the care of the patient to another qualified physician. Such a decision should be made only for reasons of conscience and after serious efforts have been made to dissuade the patient (or the patient's surrogate) from the decision to forego treatment, and after adequate notice has been given to the patient that the physician will have to withdraw from the case.
4. **Informing for Decision-Making:**
  - (a) It is the physician's responsibility to provide the patient (or, in the case of the patient who lacks decision-making capacity, the patient's surrogate) with adequate information about therapeutic and diagnostic options so that the patient or surrogate may make an informed decision.

- (b) This information should include the risks, discomforts, side-effects, the potential benefits of treatment, and the likelihood, if known, that the treatment will realize its intended beneficial effects.
- (c) The patient may, in addition to providing such factual information, also wish to provide advice about treatment.
- (d) The physician should: seek to elicit questions from the patient or surrogate; provide truthful and complete answers to such questions; attempt to ascertain whether or not the patient or surrogate understands the information and the advice provided; and attempt to enhance understanding when deficient.
- (e) Understanding of options by the patient or surrogate will often increase over time. Therefore, decision-making should be treated as a process rather than an event. In order to provide adequate time to deal with patients before they lose their capacity to decide, the process of informing patients or surrogates should begin at the earliest possible time.

5. Withholding of Information from Patients (or Surrogates):

- (a) There is a strong presumption that all information needed to make an appropriate decision about healthcare (including a decision to forego life-sustaining treatment) should be provided to the decision maker (i.e. the patient or surrogate).
- (b) Information may not be withheld from a patient or surrogate on the grounds that its divulgence might cause the patient or surrogate to decline a recommended treatment or to choose a treatment that the physician does not wish to provide. Nor may any information be withheld because of the belief that its disclosure would upset the patient or surrogate.
- (c) Only if, in the exercise of professional judgment, the physician believes that disclosure would lead to an immediate and serious threat to the patient's (or surrogate's) health or life, may information be withheld. In such cases, the least restrictive degree of withholding, consistent with the patient's (or surrogate's) well-being should be practiced (i.e. disclosure of relevant information not presumed to be immediately and seriously harmful should be provided). Since the process of decision-making will often take place over a period of time, such information should gradually be given to the patient or surrogate, when possible, so as to minimize the presumed harmful impact.
- (d) Information may also be withheld from a decision-maker who clearly makes known that he or she does not wish to have the information in question, as long as the decision-maker has previously been informed of his right to have such information.
- (e) When disclosure is purposely limited, the reasons therefore should be documented in the medical record.

6. Consultation with Family: Patients should be encouraged to discuss foregoing life-sustaining treatment with family members and, where appropriate, close

friends. However, a patient's privacy and confidentiality require that his or her wish not to enter into such a decision not to divulge to family members the patient's decision to forego life-sustaining treatment must be respected.

7. **Ethics Committee Consultation:** The attending physician, any member of the healthcare team, patient, surrogate, or any family member may seek a consultation with representatives of the Ethics Committee at any time. Motive for consultation might include family/staff conflicts, conflicts between family members, staff/staff conflicts, and unclear moral or legal status of any aspect, including a lack of clarity as to who should act as the patient's surrogate. The goal of such consultation may include: correcting misunderstandings, helping in the acquisition of needed information, allowing ventilation of emotions, and otherwise aiding in the resolution of disputes. In order for patients and surrogates to effectively exercise this prerogative, they must be made aware of the existence and purpose of the Ethics Committee.

#### IV. DECISION-MAKING FOR PATIENTS WHO LACK DECISION-MAKING CAPACITY:

##### 1. Definitions:

**Competent Patient:** A patient shall be considered to be competent if the patient is: (1) an adult 18 years of age or older, or a minor who is married, pregnant, or a parent; (2) conscious; (3) able to understand the nature and severity of the illness involved; (4) able to understand the possible consequences of alternatives to the proposed treatment; and (5) able to make informed choices concerning the course of treatment.

**Incompetent Patient:** A patient shall be considered to be incompetent if the patient: (1) is a minor under 18 years of age unless the patient is a minor who is married or emancipated; (2) is unable to understand the nature and severity of the illness involved; (3) is unable to understand the possible consequences of and alternatives to, the proposed treatment; (4) is unable to make informed and deliberate choices concerning the course of treatment; or (5) has been declared legally incompetent by a court.

##### 2. Presumption of Capacity: Decision-Making Capacity in General:

- (a) Patients should be considered, in the first instance, to possess the capacity to make healthcare decisions.
- (b) In the case of conscious and alert patients, the ethical and legal presumption of capacity will govern, unless countervailing evidence arises to call the presumption into question.
- (c) A patient's authority to make his or her own decisions should be overridden only after a clear demonstration of lack of capacity.

- (d) Inquiry into a patient's capacity may be initiated by such conditions as delirium, dementia, depression, mental retardation, psychosis, intoxication, stupor, or coma.
  - (e) Refusal of specific treatment to which most patients would agree does not mean that the patient lacks decision-making capacity, but may initiate inquiry into the matter of such capacity.
  - (f) Furthermore, decision-making incapacity can be a transient condition and can be specific to a particular decision. Therefore, patients who suffer from any of the above conditions may not lack capacity at all times for all purposes, and decision-making capacity may need to be reassessed from time to time.
3. **Rights of Patients Lacking Decision-Making Capacity:** Patients who lack decision-making capacity have the same substantive ethical and legal rights as do patients who possess such capacity. The only distinction is that in the case of patients lacking decision-making capacity, healthcare decisions must be made on their behalf by a surrogate decision maker. Decisions made on behalf of patients who lack decision-making capacity should, when their wishes are known, replicate the decision that they would have made for themselves had they had the capacity to do so. If the patient has executed a "living will" or any other form of an Advanced Directive to a healthcare provider, this document should serve as strong evidence of the patient's wishes (see Section V).
4. **Formal Assessment of Capacity:** The formal assessment of capacity is a process that ordinarily ought to be performed and documented by the attending physician. A psychiatric consultation may indicate if psychological factors are thought to be compromising capacity. However, a consultation is not required if the attending physician is able to assess capacity without it.
5. **Selection of a Surrogate Decision-Maker:**
- (a) If a patient is incompetent, treatment decisions shall be made on behalf of the patient by the following individuals, if reasonably available, willing, and competent, in this order or priority:
    - (1) A judicially appointed guardian, if any;
    - (2) A person or persons designated by the patient in writing to make the treatment decisions for him/her, e.g. by a durable power of attorney;
    - (3) The patient's spouse;
    - (4) An adult child or the majority of the adult children who are available;
    - (5) The parents of the patient; or
    - (6) The nearest living relative of the patient.

The individual of the highest priority shall act as an incompetent patient's representative. If none of the individuals listed in (1) through (6) are available, willing, or competent, the Risk Manager shall be notified.

(b) If the patient has no family or friends to serve and if the patient so requests while still possessing decision-making capacity, the attending physician or another member of the healthcare team, in consultation with the Ethics Committee, may serve as the patient's surrogate.

(c) In the case of intractable conflict among family members or when there is no appropriate person to serve as a surrogate and the patient has not previously designated a surrogate, the judicial appointment of a surrogate must be sought.

## V. ADVANCE DIRECTIVES:

1. **Definition:** An advanced directive is any written document drafted by an individual, either while a patient or prior to becoming one, that either (a) gives instructions to a healthcare professional or provider as to the patient's desires about healthcare decisions, or (b) designates another person (i.e. surrogate) to make healthcare decisions on behalf of the patient if the patient is unable to make decisions for himself or herself, or (c) both gives instructions and designates a surrogate. To meet this definition for purposes of these Guidelines, an advanced directive need not comply with any particular form or formalities, as long as it is in written form, and it appears to be authentic and unrevoked. It may be handwritten by the patient or at the patient's direction or it may be typewritten.
2. **Effect to be Given Advanced Directive:** An advanced directive is merely a written manifestation of a patient's wishes concerning healthcare decision-making. It should, therefore, be accorded the same effect as an oral declaration from a competent patient. That is, it should be followed to the extent that it does not request a physician to perform or refrain from performing any act which is criminal, which violates that physician's personal or professional ethical responsibilities, or which violates accepted standards of professional practice.
3. **Weight to be given Advanced Directive:** An advanced directive should be accorded a presumption of validity. The fact that it is written in the handwriting of a person other than the patient, for example, should not necessarily invalidate the document, but should be taken into account in determining the weight to be accorded to the directive. Similarly, the fact that the patient who executed the advance directive may have lacked the capacity to make a healthcare decision at

the time the directive was executed may be taken into account in determining the weight to be accorded the directive. In all cases in which an advance directive is to be disregarded, such a decision must be based on more than surmise or speculation as to the circumstances surrounding the execution of the document, and instead be based on persuasive and credible evidence. A document that is notarized and witnessed, or complies with similar legal formalities for that particular type of document, ought to be disregarded for only the most compelling reasons. However, the failure to notarize or witness a document by itself should not invalidate the document.

4. **Probate of an Advance Directive:** Ordinarily there should be no need to seek judicial review of the enforceability of a written advance directive any more than there ought to be routine judicial review of a patient's oral wishes to forego life-sustaining treatment. However, in extraordinary cases, such as where there is conflict between the written advance directive and the wishes of the patient's family, or where there is a substantial doubt as to the authenticity of the advance directive, judicial review should be sought.
5. **Procedures for Recording the Advance Directive:** A written advance directive must be filed in the appropriate section of the patient's medical record. Further, a notation must be made in the Progress Notes of the existence of the advance directive. If a copy of the advance directive is not available for placement in the patient's record, the provider should record this fact as well as the substance of the advance directive, in the progress notes.
6. **Implementation of an Advance Directive:** When the patient is deemed to be incompetent (See section IV) implementation of the advance directive will occur by provider order.

## VI. DOCUMENTATION OF DECISIONS AND ENTRY OF ORDERS:

1. **ORDERS:**
  - (a) The order must be written, timed, dated, and signed by the attending physician. Under extraordinary circumstances, a telephone order can be taken by two nurse witnesses, providing that a full explanatory documentation has previously been recorded on the chart.
  - (b) If the patient's attending physician cannot, in good conscience, write a DNR order in compliance with the wishes of the competent patient representative, the attending physician shall offer to transfer the patient to the care of another physician in this or another healthcare facility.
  - (c) The order must be reviewed and reconsidered prior to any surgical procedures being performed.

2. **Progress Notes:** At the time an order to limit life-sustaining treatment is written, a companion entry should be made in the progress notes, which includes at a minimum, the following information: (a) diagnosis; (b) prognosis; (c) patient's wishes (when known) or surrogate's wishes (if the patient lacks decision-making capacity), and family members' wishes (where known); (d) the recommendations of the treating team and consultants with documentation of their names; (e) a description of the patient's decision-making ability at the time the decision was made and the efforts made to ascertain the patient's capacity.
  
3. **Acceptable Orders:** Each situation is unique, necessitating individual consideration. Detailed orders are usually required in each specific case. Orders may address one of the following categories but should be specific:
  - (a) **All But Cardiac Resuscitation** – These patients are treated vigorously, including, intubation, mechanical ventilation, and measures to prevent cardiac arrest. However, should a patient develop cardiac arrest in spite of every therapeutic effort, no resuscitate efforts are made and the patient is permitted to die. In those situations, where patients are being monitored for arrhythmia control, cardioversion or defibrillation for ventricular tachycardia or fibrillation will be attempted once, unless specified not to by written order. This possibility should be discussed with the patient and/or family in advance.
  - (b) **Limited Therapy** – In general, no additional therapy is initiated except for hygienic care and for comfort. Should cardiac arrest occur, no resuscitative efforts are made. Exceptions may occur. For example, it may be appropriate to initiate certain drug therapy in a patient who has decided in advance against intubation, dialysis, etc.
  - (c) **Comfort Measures Only** – These patients will only receive nursing and hygienic care and medications appropriate to maintain comfort as ordered. Therapy (e.g. administration of narcotics) which is necessary for comfort may be utilized even if it contributes to cardiorespiratory depression. Therapies already initiated will be reviewed by the physician and discontinued if not related to comfort or hygiene.

**Exhibit 5: Reproductive Health Policy**

<b>SUBJECT:</b>		Reproductive Health Care			<b>NO:</b>	873-1015	
<input checked="" type="checkbox"/> Policy		<input checked="" type="checkbox"/> Procedure		<input type="checkbox"/> Protocol/Pre-Printed Order		<input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> New		<input type="checkbox"/> Supersedes #			Effective Date		12/12/2018
<b>Author</b>	K. Mellema			<b>Date of Electronic Distribution</b>	12/12/2018		
<b>Dept. Manager</b>	K. Mellema			<b>Medical Director/ CAH Oversight</b>			
<b>Administrative</b>	Merry Fuller			<b>Policy Committee</b>			
<b>Committee</b>				<b>Other</b>			
<b>Audit Review:</b>	Initials:	mf					
	Date:	5/20/21					

**Policy**

As defined by International Conference on Population Development (ICPD), reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health care includes having access to a range of good-quality information and services.

For all patients needing reproductive health care, this policy applies to services provided at Prosser Memorial Health (PMH) within the hospital and/or clinic setting.

**Procedure**

At Prosser Memorial Health, we provide a range of male and female reproductive health services to meet a patient’s clinical needs and a patient’s choice. Not every reproductive health procedure is available at the hospital and/or clinics, however, this policy does focus on services provided in the hospital and/or clinics.

1. Through the primary care settings within Prosser Memorial Health, patients have access to a full array of preventive healthcare services including all forms of contraception prevention, and the preventions and treatment of sexually transmitted diseases
2. Prosser Memorial Health routinely delivers babies and offers a full scope of services related to prenatal care, birth, maternal fetal medicine consultations and referrals and genetic counseling.
3. Within Prosser Memorial Health we offer both elective and medically indicated terminations of pregnancy in addition to actively referring patients to community providers.
4. Patients who wish to explore limited services related to male and female fertility can find a range of such service, which includes actively referring patients to community providers.

5. Our hospital permits their healthcare professionals to opt in/out of participating in services that violate their conscience or values. In such circumstances, the hospital will attempt to arrange for other healthcare professionals to deliver the care for the patient.
6. Minors may consent for reproductive health care and treatment to the extent allowed by Washington State Law (RCW 26.28.010).

References:

United Nations, *Reproductive Health Policies 2017*,

[http://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive\\_health\\_policies\\_2017\\_data\\_booklet.pdf](http://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf)

Providing Health Care to Minors under Washington Law: *A summary of health care services that can be provided to minors without parental consent.*

<https://depts.washington.edu/hcsats/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf>

WA State Legislature RCW 71.34.530 *Age of consent – Outpatient treatment of minors.*

<http://app.leg.wa.gov/rcw/default.aspx?cite=71.34.530>

WA State Legislature RCW 26.28.010 *Age of majority.*

<http://app.leg.wa.gov/rcw/default.aspx?cite=26.28.010>

**Exhibit 6: Pro Forma Financials and Assumptions**

## Prosser Memorial Health Replacement Hospital Financial Assumptions

No inflation is included per instruction unless otherwise noted. Projections are based on most recent budget year 2021

### Revenue Assumptions

- Patient days, with the project are detailed in Table 5 for the replacement hospital and drive assumptions of staffing and expenses. the without hospital financials assume no additional growth past 2023 as the hospital will likely be ‘at capacity’.
- Gross patient revenue was calculated using the same rates and utilization of services as in the baseline period of 2019 as it was expected to be more typical for a non-COVID year. Due to volume increases, there is a small change in payer mix during the project. The expected payer mix by year is as follows:

	2021	2022	2023	2024	2025	2026
Medicare	31.1%	30.7%	30.5%	30.3%	30.2%	30.1%
Medicaid	32.2%	32.3%	32.4%	32.4%	32.4%	32.4%
Commercial	33.3%	33.6%	33.7%	33.9%	34.0%	34.1%
Self Pay	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

- Charity Care is assumed to be 1.2% of gross patient services revenue in 2021. In an effort to be conservative, however, the combination of charity care and bad debt was assumed to be 4.0% for the years 2022-2026. Charity care was assumed to increase to 1.4% (held to the 2021 proportion). Bad Debt is 2.3% of gross patient revenues in 2021 and increase to 2.6% in 2022-2026.
- Please note that some of the expenses associated with the recruitment plans for new providers in 2023, are expected to increase expenses in 2023 and 2024. These additional expenses impact the deductions from revenue in these two years.
- Other Operating Revenue is held constant throughout the pro forma period.
- Tax revenue is assumed to be \$862,000 per year, same as 2021.

### Expenses

- Salary expense corresponds to the FTEs needed to provide the service. FTEs increase in accordance with the increase in patient days. This level of productivity is based upon assumed productivity in 2021. Increases in staffing for the hospital are proportionate to the increase in patient days. Other increases in staffing are for the clinics and are based on the planned recruitment of new providers. Laundry staff are expected to decrease as this service will be contracted beginning in 2022.

The following table provides the assumed staffing by department.

	2021	2022	2023	2024	2025	2026
Acute	19.20	19.20	20.20	21.20	21.20	21.20
Operating Room	16.75	18.75	19.75	21.75	22.75	22.75
Labor and Delivery	14.94	15.94	15.94	16.94	16.94	16.94
Radiology	17.7	18.7	19.7	20.7	20.7	20.7
Laboratory	20.4	20.4	20.4	21.4	21.4	21.4
Respiratory Therapy	8.40	8.40	8.40	8.40	8.40	8.40
Outpatient Services	2.50	2.50	2.50	3.00	3.00	3.00
Clinics	86.75	97.26	104.14	114.68	119.41	119.41
Emergency	21.00	21.00	21.00	24.00	24.00	24.00
Ambulance	19.67	-	-	-	-	-
Employee Benefits	4.00	4.00	4.00	4.00	4.00	4.00
Admin & General	52.99	54.99	55.99	55.99	55.99	55.99
Maintenance	5.50	5.50	6.50	6.50	6.50	6.50
Laundry	2.80	0.80	0.80	0.80	0.80	0.80
Housekeeping	11.50	11.50	11.50	12.50	12.50	12.50
Dietary	10.60	11.60	11.60	11.60	11.60	11.60
Nurse Administration	8.20	8.20	8.20	8.20	8.20	8.20
Pharmacy	2.40	2.40	2.40	2.40	2.40	2.40
Medical Records	8.00	9.00	9.00	9.00	9.00	9.00
Social Service	3.00	4.00	4.00	5.00	5.00	5.00
<b>Total</b>	<b>336.3</b>	<b>334.14</b>	<b>346.02</b>	<b>368.06</b>	<b>373.79</b>	<b>373.79</b>

- Employee benefits are kept at the same percentage of Salary as 2021 or 22.5% throughout the projection period.
- Professional fees include physicians, therapists, etc. and are assumed to be the same both with and without the project because the increases are based on planned recruitment of new providers that will occur with or without the project.
- Supplies were assumed to increase proportionate to the increase in patient days.
- Purchased Services – other: includes but is not limited to: software licenses and fees and advertising.
- Rentals and Leases: while there are no changes in the assumed leases with and without the project, there are some accounting changes that impact how leases are recorded on the income statement and balance sheet. As a result of these accounting changes, it appears that PMH’s lease expense has decreased.
- Insurance: this expense was not assumed to change with the project.
- License and Taxes: these expenses were not assumed to change with the project.
- Other direct expenses includes, but is not limited to: dues/fees, travel/education, employee recruiting, freight/handling, and bank fees and it was assumed to decrease slightly with elimination of the ambulance service.

**Other Non-Operating Revenues**

- No increase in property taxes are projected
- Investment income is calculated at 1.5%.

**Capital**

- For the “without project” pro forma, additional capital expenditures were already planned and assumed to be \$1.2 million per year for 2024 – 2025. For the “with project” the \$1.2 million in capital is only assumed for 2025.
- The Project assumes a total Capital spend of \$78,400,000 with an associated annual depreciation expense of \$4,466,370 for the years 2024-2026. Interest rate assumptions are as follows:

**Interest Rates by Loan-Construction Period**

<b>Debt:</b>	<b>Interest Rate</b>
USDA Rural Development Direct Loan	N/A
Revenue Bonds	4%
Other Financing (Capital Municipal Lease Financing for Equipment)	N/A
USDA Direct Loan with LTGO Pledge	N/A
Construction loan	4%

**Interest Rates by Loan – Permanent Financing**

<b>Debt</b>	<b>Interest Rate</b>	<b>Term</b>
USDA Rural Development Direct Loan	2.25%	35 years
Revenue Bonds	4.00%	30 years
Other Financing (Capital Municipal Lease Financing for Equipment)	3.00%	10 years
USDA Direct Loan with LTGO Pledge	2.25%	35 years

**Hospital Pro Forma Financials**  
**“With the Project”**

HOSPITAL INFORMATION  
DEDUCTIONS FROM REVENUE- HOSPITAL AGGREGATE

ACCT:	ITEM:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
5800	PROVISION FOR BAD DEBTS	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,866,000	5,062,000	5,224,000
<b>CONTRACTUAL ADJUSTMENTS</b>											
5810	Medicare	19,563,497	20,590,207	27,928,741	26,822,171	31,480,000	32,148,000	33,490,000	33,373,000	35,506,000	37,342,000
5820	Medicaid	22,418,699	26,359,433	31,140,293	32,297,809	37,444,000	38,690,000	39,995,000	41,602,000	43,716,000	43,491,000
5830	Workers Compensation										
5840	Other Government Programs										
5850	Negotiated Rates										
5860	Other	13,052,032	15,408,237	18,161,402	20,485,302	21,785,000	22,678,000	23,511,000	24,927,000	26,041,000	26,943,000
	<b>Total Contractual Adjustments</b>	<b>55,034,228</b>	<b>62,357,877</b>	<b>77,230,436</b>	<b>79,605,282</b>	<b>90,709,000</b>	<b>93,516,000</b>	<b>96,996,000</b>	<b>99,902,000</b>	<b>105,263,000</b>	<b>107,776,000</b>
<b>CHARITY CARE</b>											
5900	Inpatient										
5910	Outpatient	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,608,000	2,714,000	2,801,000
	<b>Total Charity Care</b>	<b>1,527,799</b>	<b>2,108,996</b>	<b>1,671,832</b>	<b>1,782,001</b>	<b>2,059,000</b>	<b>2,396,000</b>	<b>2,475,000</b>	<b>2,608,000</b>	<b>2,714,000</b>	<b>2,801,000</b>
5970	ADMINISTRATIVE ADJUSTMENTS										
5980	OTHER DEDUCTIONS (Specify)										
	<b>TOTAL DEDUCTIONS FROM REVENUE</b>	<b>58,843,154</b>	<b>66,792,440</b>	<b>82,933,864</b>	<b>84,711,214</b>	<b>96,608,000</b>	<b>100,381,000</b>	<b>104,088,000</b>	<b>107,376,000</b>	<b>113,039,000</b>	<b>115,801,000</b>

EXPLANATIONS:

HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>ASSETS</b>										
CURRENT ASSETS:										
Cash	2,282,799	1,279,823	817,760	9,379,362	5,415,000	5,472,000	5,720,000	6,042,000	6,141,000	6,148,000
Marketable Securities	-	335,780	437,638	512,731	513,000	513,000	513,000	513,000	513,000	513,000
Accounts Receivable	8,121,908	8,166,553	10,744,795	9,878,800	9,602,000	9,758,000	10,028,000	10,885,000	11,147,000	11,621,000
Less-Estimated Uncollectable & Allowances Receivables From Third Party Payors	-	622,040	-	-	-	-	-	-	-	-
Pledges And Other Receivables	500,182	248,343	442,183	318,197	198,000	176,000	151,000	164,000	130,000	130,000
Due From Restricted Funds										
Inventory	291,763	357,940	413,831	496,349	565,000	573,000	580,000	592,000	603,000	616,000
Prepaid Expenses	304,717	304,724	902,449	940,146	778,000	697,000	940,000	778,000	697,000	940,000
Current Portion Of Funds Held In Trust										
<b>TOTAL CURRENT ASSETS</b>	<b>11,501,369</b>	<b>11,315,203</b>	<b>13,758,656</b>	<b>21,525,585</b>	<b>17,071,000</b>	<b>17,189,000</b>	<b>17,932,000</b>	<b>18,974,000</b>	<b>19,231,000</b>	<b>19,968,000</b>
BOARD DESIGNATED ASSETS:										
Cash	11,999,425	1,376,480	1,250,261	2,233,842	2,234,000	2,486,000	3,403,000	3,403,000	5,225,000	8,042,000
Marketable Securities	-	12,534,987	13,880,674	15,448,177	17,298,000	12,508,000	14,798,000	16,703,000	18,402,000	23,651,000
Other Assets										
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>11,999,425</b>	<b>13,911,467</b>	<b>15,130,935</b>	<b>17,682,019</b>	<b>19,532,000</b>	<b>14,994,000</b>	<b>18,201,000</b>	<b>20,106,000</b>	<b>23,627,000</b>	<b>31,693,000</b>
PROPERTY, PLANT AND EQUIPMENT:										
Land	2,806,342	2,728,342	3,128,342	3,128,342	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000
Land Improvements	537,254	545,656	629,956	632,699	633,000	633,000	633,000	633,000	633,000	633,000
Buildings	18,082,131	17,716,299	22,556,640	22,556,640	22,557,000	27,324,000	27,444,000	89,998,000	90,118,000	90,118,000
Fixed Equipment - Building Service										
Fixed Equipment - Other										
Equipment	14,420,297	15,520,477	18,448,369	19,655,225	23,573,000	25,523,000	26,692,000	37,338,000	38,418,000	38,418,000
Leasehold Improvements										
Construction In Progress	563,041	2,089,656	228,718	1,906,093	3,727,000	33,316,000	73,200,000	-	-	-
<b>TOTAL</b>										
Less Accumulated Depreciation	(23,041,267)	(24,286,630)	(26,677,265)	(29,120,104)	(31,392,000)	(34,895,000)	(38,222,000)	(45,475,000)	(52,327,000)	(59,056,000)
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>13,367,798</b>	<b>14,313,800</b>	<b>18,314,760</b>	<b>18,758,895</b>	<b>22,226,000</b>	<b>55,029,000</b>	<b>92,875,000</b>	<b>85,622,000</b>	<b>79,970,000</b>	<b>73,241,000</b>
INVESTMENTS AND OTHER ASSETS:										
Investments In Property, Plant & Equipment										
Less - Accumulated Depreciation										
Other Investments										
Other Assets	976,204	190,267	827,439	1,763,426	850,000	1,138,000	923,000	1,052,000	1,537,000	1,507,000
<b>TOTAL INVESTMENTS &amp; OTHER ASSETS</b>	<b>976,204</b>	<b>190,267</b>	<b>827,439</b>	<b>1,763,426</b>	<b>850,000</b>	<b>1,138,000</b>	<b>923,000</b>	<b>1,052,000</b>	<b>1,537,000</b>	<b>1,507,000</b>
INTANGIBLES ASSETS:										
Goodwill										
Unamortized Loan Costs										
Preopening And Other Organization Costs										
Other Intangible Assets										
<b>TOTAL INTANGIBLE ASSETS</b>										
<b>TOTAL ASSETS</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,679,000</b>	<b>88,350,000</b>	<b>129,931,000</b>	<b>125,754,000</b>	<b>124,365,000</b>	<b>126,409,000</b>

HOSPITAL INFORMATION

BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

LIABILITIES AND FUND BALANCES-UNRESTRICTED

CURRENT LIABILITIES:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
Notes and Loans Payable										
Accounts Payable	1,160,673	915,866	1,192,142	1,369,231	1,565,000	1,498,000	1,509,000	1,524,000	1,533,000	1,543,000
Accrued Compensation and Related Liabilities	1,105,709	1,586,757	2,282,536	1,134,162	1,907,000	1,984,000	2,072,000	2,254,000	2,312,000	2,312,000
Other Accrued Expenses	845,705	953,506	1,233,493	1,329,277	1,246,000	1,295,000	1,353,000	1,472,000	1,510,000	1,510,000
Advances from Third Party Payors										
Payables to Third Party Payors	856,120	1,148,700	472,704	901,118	-	-	-	-	-	-
Due to Restricted Funds										
Income Taxes Payable										
Other Current Liabilities	21,099	20,307	19,670	3,186,085	27,000	155,000	1,368,000	-	-	-
Current Maturities of Long Term Debt	245,000	928,075	1,225,192	1,170,080	1,180,000	2,210,000	2,524,000	3,212,000	3,244,000	3,199,000
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,234,306</b>	<b>5,553,211</b>	<b>6,425,737</b>	<b>9,089,953</b>	<b>5,925,000</b>	<b>7,142,000</b>	<b>8,826,000</b>	<b>8,462,000</b>	<b>8,599,000</b>	<b>8,564,000</b>
DEFERRED CREDITS:										
Deferred Income Taxes										
Deferred Third Party Revenue										
Other Deferred Credits	990,600	660,400	330,200	-	-	-	-	-	-	-
<b>TOTAL DEFERRED CREDITS</b>	<b>990,600</b>	<b>660,400</b>	<b>330,200</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
LONG TERM DEBT:										
Mortgage Payable										
Construction Loans - Interim Financing						15,515,000	51,500,000			
Notes Payable	6,571,624	6,312,292	11,152,228	11,145,077	10,019,000	14,669,000	13,343,000	61,682,000	59,505,000	57,260,000
Capitalized Lease Obligations	-	336,449	-	-	354,000	4,514,000	7,212,000	6,174,000	5,103,000	4,145,000
Bonds Payable										
Notes and Loans Payable to Parent										
Noncurrent Liabilities	-	-	-	6,350,235	-	-	-	-	-	-
<b>TOTAL</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>34,698,000</b>	<b>72,055,000</b>	<b>67,856,000</b>	<b>64,608,000</b>	<b>61,405,000</b>
Less Current Maturities of Long Term Debt										
<b>TOTAL LONG TERM DEBT</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>34,698,000</b>	<b>72,055,000</b>	<b>67,856,000</b>	<b>64,608,000</b>	<b>61,405,000</b>
<b>UNRESTRICTED FUND BALANCE</b>	<b>26,048,266</b>	<b>26,868,385</b>	<b>30,123,625</b>	<b>33,144,660</b>	<b>43,381,000</b>	<b>46,510,000</b>	<b>49,050,000</b>	<b>49,436,000</b>	<b>51,158,000</b>	<b>56,440,000</b>
EQUITY (INVESTOR OWNED)										
Preferred Stock										
Common Stock										
Additional Paid In Capital										
Retained Earnings (Capital Account for Partnership or Sole Proprietorship)										
Less Treasury Stock										
<b>TOTAL EQUITY</b>										
<b>TOTAL LIABILITIES AND FUND BALANCE OR EQU</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,679,000</b>	<b>88,350,000</b>	<b>129,931,000</b>	<b>125,754,000</b>	<b>124,365,000</b>	<b>126,409,000</b>

HOSPITAL INFORMATION  
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED  
FUNDS-HOSPITAL AGGREGATE

	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
OPERATING REVENUE:										
Inpatient Revenue										
Outpatient Revenue										
<b>TOTAL PATIENT SERVICES REVENUE</b>	106,063,722	118,391,490	142,067,798	144,124,588	166,710,000	171,614,000	177,296,000	186,838,000	194,411,000	200,637,000
DEDUCTIONS FROM REVENUE:										
Provision for Bad Debt	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,866,000	5,062,000	5,224,000
Contractual Adjustments	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,516,000	96,996,000	99,902,000	105,263,000	107,776,000
Charity and Uncompensated Care	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,608,000	2,714,000	2,801,000
Other Adjustments and Allowances										
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,381,000	104,088,000	107,376,000	113,039,000	115,801,000
<b>NET PATIENT SERVICE REVENUE</b>	47,220,568	51,599,050	59,133,934	59,413,374	70,102,000	71,233,000	73,208,000	79,462,000	81,372,000	84,836,000
OTHER OPERATING REVENUE										
Other Operating Revenue	1,602,374	800,824	1,714,114	1,224,945	943,000	593,000	593,000	593,000	593,000	593,000
Tax Revenues	784,095	821,455	846,680	856,225	862,000	862,000	862,000	862,000	862,000	862,000
<b>TOTAL OTHER OPERATING REVENUE</b>	2,386,469	1,622,279	2,560,794	2,081,170	1,805,000	1,455,000	1,455,000	1,455,000	1,455,000	1,455,000
<b>TOTAL OPERATING REVENUE</b>	49,607,037	53,221,329	61,694,728	61,494,544	71,907,000	72,688,000	74,663,000	80,917,000	82,827,000	86,291,000
OPERATING EXPENSES										
Salaries and Wages	20,444,314	23,287,263	27,475,681	29,263,038	31,146,000	32,383,000	33,819,000	36,803,000	37,741,000	37,741,000
Employee Benefits	4,714,799	6,118,772	6,260,013	6,452,514	7,000,000	7,290,000	7,613,000	8,285,000	8,496,000	8,496,000
Professional Fees	7,530,166	7,565,035	7,399,636	7,462,624	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000
Supplies	4,750,644	4,960,397	5,566,480	6,656,675	7,927,000	8,043,000	8,149,000	8,307,000	8,472,000	8,645,000
Purchased Services - Utilities	465,846	520,065	535,779	575,775	573,000	534,000	534,000	534,000	534,000	534,000
Purchased Services - Other	4,050,206	4,093,715	4,568,821	4,917,920	6,249,000	6,141,000	6,141,000	6,141,000	6,141,000	6,141,000
Depreciation	2,063,342	1,988,410	2,443,594	2,754,873	2,964,000	3,503,000	3,327,000	7,253,000	6,852,000	6,729,000
Rentals and Leases	1,859,223	1,998,258	2,157,531	2,075,213	2,120,000	1,004,000	1,092,000	1,193,000	1,189,000	1,189,000
Insurance	255,248	241,381	312,599	417,756	476,000	476,000	476,000	476,000	476,000	476,000
License and Taxes	284,240	343,191	425,776	474,816	550,000	550,000	550,000	550,000	550,000	550,000
Interest	178,423	167,241	351,114	386,610	531,000	868,000	1,937,000	1,931,000	1,833,000	1,741,000
Other Direct Expenses	1,456,571	1,486,085	1,441,319	1,483,817	2,107,000	2,080,000	2,080,000	2,080,000	2,080,000	2,080,000
Allocated Expenses										
<b>TOTAL OPERATING EXPENSES</b>	48,053,022	52,769,813	58,938,343	62,921,631	68,849,000	70,078,000	72,924,000	80,759,000	81,570,000	81,528,000
<b>NET OPERATING REVENUE</b>	1,554,015	451,516	2,756,385	(1,427,087)	3,058,000	2,610,000	1,739,000	158,000	1,257,000	4,763,000
<b>NON-OPERATING REVENUE-NET OF EXPENSE:</b>	46,931	455,603	498,855	4,448,122	7,183,000	518,000	802,000	227,000	465,000	519,000
<b>NET REVENUE BEFORE ITEMS LISTED BELOW</b>	1,600,946	907,119	3,255,240	3,021,035	10,241,000	3,128,000	2,541,000	385,000	1,722,000	5,282,000
EXTRAORDINARY ITEM					1.24%	1.40%	1.40%	1.40%	1.40%	1.40%
FEDERAL INCOME TAX										
<b>NET REVENUE OR (EXPENSE)</b>	1,600,946	907,119	3,255,240	3,021,035	10,241,000	3,128,000	2,541,000	385,000	1,722,000	5,282,000

EXPLANATION:

**Hospital Pro Forma Financials**  
**“Without the Project”**

HOSPITAL INFORMATION  
DEDUCTIONS FROM REVENUE- PROJECT SPECIFIC

ACCT:	ITEM:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
5800	PROVISION FOR BAD DEBTS	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,623,000	4,623,000	4,623,000
	CONTRACTUAL ADJUSTMENTS										
5810	Medicare	19,563,497	20,590,207	27,928,741	26,822,171	31,480,000	32,206,000	33,686,000	33,538,000	33,955,000	34,111,000
5820	Medicaid	22,418,699	26,359,433	31,140,293	32,297,809	37,444,000	38,690,000	39,995,000	39,576,000	40,089,000	39,845,000
5830	Workers Compensation										
5840	Other Government Programs										
5850	Negotiated Rates										
5860	Other	13,052,032	15,408,237	18,161,402	20,485,302	21,785,000	22,678,000	23,511,000	23,543,000	23,543,000	23,543,000
	<b>Total Contractual Adjustments</b>	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,574,000	97,192,000	96,657,000	97,587,000	97,499,000
	CHARITY CARE										
5900	Inpatient										
5910	Outpatient	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,478,000	2,478,000	2,478,000
	<b>Total Charity Care</b>	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,478,000	2,478,000	2,478,000
5970	ADMINISTRATIVE ADJUSTMENTS										
5980	OTHER DEDUCTIONS (Specify)										
	<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,439,000	104,284,000	103,758,000	104,688,000	104,600,000

EXPLANATIONS:

HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

ASSETS	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>CURRENT ASSETS:</b>										
Cash	2,282,799	1,279,823	817,760	9,379,362	5,415,000	5,446,000	5,570,000	5,710,000	5,704,000	5,700,000
Marketable Securities	-	335,780	437,638	512,731	513,000	513,000	513,000	513,000	513,000	513,000
Accounts Receivable	8,121,908	8,166,553	10,744,795	9,878,800	9,602,000	9,750,000	10,002,000	10,105,000	9,977,000	9,989,000
Less-Estimated Uncollectable & Allowances Receivables From Third Party Payors	-	622,040	-	-	-	-	-	-	-	-
Pledges And Other Receivables	500,182	248,343	442,183	318,197	198,000	176,000	151,000	164,000	130,000	130,000
Due From Restricted Funds										
Inventory	291,763	357,940	413,831	496,349	565,000	573,000	580,000	580,000	580,000	580,000
Prepaid Expenses	304,717	304,724	902,449	940,146	778,000	697,000	940,000	778,000	697,000	940,000
Current Portion Of Funds Held In Trust										
<b>TOTAL CURRENT ASSETS</b>	<b>11,501,369</b>	<b>11,315,203</b>	<b>13,758,656</b>	<b>21,525,585</b>	<b>17,071,000</b>	<b>17,155,000</b>	<b>17,756,000</b>	<b>17,850,000</b>	<b>17,601,000</b>	<b>17,852,000</b>
<b>BOARD DESIGNATED ASSETS:</b>										
Cash	11,999,425	1,376,480	1,250,261	2,233,842	2,234,000	2,486,000	3,403,000	3,403,000	3,802,000	4,161,000
Marketable Securities	-	12,534,987	13,880,674	15,448,177	20,725,000	23,667,000	26,362,000	29,574,000	31,753,000	34,174,000
Other Assets										
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>11,999,425</b>	<b>13,911,467</b>	<b>15,130,935</b>	<b>17,682,019</b>	<b>22,959,000</b>	<b>26,153,000</b>	<b>29,765,000</b>	<b>32,977,000</b>	<b>35,555,000</b>	<b>38,335,000</b>
<b>PROPERTY, PLANT AND EQUIPMENT:</b>										
Land	2,806,342	2,728,342	3,128,342	3,128,342	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000
Land Improvements	537,254	545,656	629,956	632,699	633,000	633,000	633,000	633,000	633,000	633,000
Buildings	18,082,131	17,716,299	22,556,640	22,556,640	22,557,000	27,324,000	27,444,000	27,564,000	27,684,000	27,804,000
Fixed Equipment - Building Service										
Fixed Equipment - Other										
Equipment	14,420,297	15,520,477	18,448,369	19,655,225	23,573,000	25,523,000	26,692,000	27,772,000	28,852,000	29,932,000
Leasehold Improvements										
Construction In Progress	563,041	2,089,656	228,718	1,906,093	-	-	-	-	-	-
<b>TOTAL</b>										
Less Accumulated Depreciation	(23,041,267)	(24,286,630)	(26,677,265)	(29,120,104)	(31,392,000)	(34,895,000)	(38,223,000)	(41,271,000)	(43,878,000)	(46,406,000)
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>13,367,798</b>	<b>14,313,800</b>	<b>18,314,760</b>	<b>18,758,895</b>	<b>18,499,000</b>	<b>21,713,000</b>	<b>19,674,000</b>	<b>17,826,000</b>	<b>16,419,000</b>	<b>15,091,000</b>
<b>INVESTMENTS AND OTHER ASSETS:</b>										
Investments In Property, Plant & Equipment										
Less - Accumulated Depreciation										
Other Investments										
Other Assets	976,204	190,267	827,439	1,763,426	850,000	1,138,000	923,000	838,000	1,109,000	865,000
<b>TOTAL INVESTMENTS &amp; OTHER ASSETS</b>	<b>976,204</b>	<b>190,267</b>	<b>827,439</b>	<b>1,763,426</b>	<b>850,000</b>	<b>1,138,000</b>	<b>923,000</b>	<b>838,000</b>	<b>1,109,000</b>	<b>865,000</b>
<b>INTANGIBLES ASSETS:</b>										
Goodwill										
Unamortized Loan Costs										
Preopening And Other Organization Costs										
Other Intangible Assets										
<b>TOTAL INTANGIBLE ASSETS</b>										
<b>TOTAL ASSETS</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,379,000</b>	<b>66,159,000</b>	<b>68,118,000</b>	<b>69,491,000</b>	<b>70,684,000</b>	<b>72,143,000</b>

HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND- HOSPITAL AGGREGATE

LIABILITIES AND FUND BALANCES-UNRESTRICTED	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>CURRENT LIABILITIES:</b>										
Notes and Loans Payable										
Accounts Payable	1,160,673	915,866	1,192,142	1,369,231	1,565,000	1,498,000	1,509,000	1,515,000	1,515,000	1,515,000
Accrued Compensation and Related Liabilities	1,105,709	1,586,757	2,282,536	1,134,162	1,907,000	1,984,000	2,053,000	2,136,000	2,136,000	2,136,000
Other Accrued Expenses	845,705	953,506	1,233,493	1,329,277	1,246,000	1,295,000	1,340,000	1,395,000	1,395,000	1,395,000
Advances from Third Party Payors										
Payables to Third Party Payors	856,120	1,148,700	472,704	901,118	-	-	-	-	-	-
Due to Restricted Funds										
Income Taxes Payable										
Other Current Liabilities	21,099	20,307	19,670	3,186,085	27,000	-	-	-	-	-
Current Maturities of Long Term Debt	245,000	928,075	1,225,192	1,170,080	1,180,000	2,100,000	2,070,000	1,737,000	1,731,000	1,648,000
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,234,306</b>	<b>5,553,211</b>	<b>6,425,737</b>	<b>9,089,953</b>	<b>5,925,000</b>	<b>6,877,000</b>	<b>6,972,000</b>	<b>6,783,000</b>	<b>6,777,000</b>	<b>6,694,000</b>
<b>DEFERRED CREDITS:</b>										
Deferred Income Taxes										
Deferred Third Party Revenue										
Other Deferred Credits	990,600	660,400	330,200	-	-	-	-	-	-	-
<b>TOTAL DEFERRED CREDITS</b>	<b>990,600</b>	<b>660,400</b>	<b>330,200</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>LONG TERM DEBT:</b>										
Mortgage Payable										
Construction Loans - Interim Financing										
Notes Payable	6,571,624	6,312,292	11,152,228	11,145,077	10,019,000	8,850,000	7,638,000	6,584,000	5,559,000	4,493,000
Capitalized Lease Obligations	-	336,449	-	-	354,000	4,514,000	3,652,000	2,965,000	2,255,000	1,669,000
Bonds Payable										
Notes and Loans Payable to Parent										
Noncurrent Liabilities	-	-	-	6,350,235	-	-	-	-	-	-
<b>TOTAL</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>13,364,000</b>	<b>11,290,000</b>	<b>9,549,000</b>	<b>7,814,000</b>	<b>6,162,000</b>
Less Current Maturities of Long Term Debt										
<b>TOTAL LONG TERM DEBT</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>13,364,000</b>	<b>11,290,000</b>	<b>9,549,000</b>	<b>7,814,000</b>	<b>6,162,000</b>
<b>UNRESTRICTED FUND BALANCE</b>	<b>26,048,266</b>	<b>26,868,385</b>	<b>30,123,625</b>	<b>33,144,660</b>	<b>43,081,000</b>	<b>45,918,000</b>	<b>49,856,000</b>	<b>53,159,000</b>	<b>56,093,000</b>	<b>59,287,000</b>
<b>EQUITY (INVESTOR OWNED)</b>										
Preferred Stock										
Common Stock										
Additional Paid In Capital										
Retained Earnings (Capital Account for Partnership or Sole Proprietorship)										
Less Treasury Stock										
<b>TOTAL EQUITY</b>										
<b>TOTAL LIABILITIES AND FUND BALANCE OR EQUITY</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,379,000</b>	<b>66,159,000</b>	<b>68,118,000</b>	<b>69,491,000</b>	<b>70,684,000</b>	<b>72,143,000</b>

HOSPITAL INFORMATION  
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED  
FUNDS-HOSPITAL AGGREGATE

	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
OPERATING REVENUE:										
Inpatient Revenue										
Outpatient Revenue										
<b>TOTAL PATIENT SERVICES REVENUE</b>	106,063,722	118,391,490	142,067,798	144,124,588	166,705,000	171,615,000	177,296,000	177,521,000	177,521,000	177,522,000
DEDUCTIONS FROM REVENUE:										
Provision for Bad Debt	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,623,000	4,623,000	4,623,000
Contractual Adjustments	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,574,000	97,192,000	96,657,000	97,587,000	97,499,000
Charity and Uncompensated Care	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,478,000	2,478,000	2,478,000
Other Adjustments and Allowances										
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,439,000	104,284,000	103,758,000	104,688,000	104,600,000
<b>NET PATIENT SERVICE REVENUE</b>	47,220,568	51,599,050	59,133,934	59,413,374	70,097,000	71,176,000	73,012,000	73,763,000	72,833,000	72,922,000
OTHER OPERATING REVENUE										
Other Operating Revenue	1,602,374	800,824	1,714,114	1,224,945	943,000	593,000	593,000	593,000	593,000	593,000
Tax Revenues	784,095	821,455	846,680	856,225	862,000	862,000	862,000	862,000	862,000	862,000
<b>TOTAL OTHER OPERATING REVENUE</b>	2,386,469	1,622,279	2,560,794	2,081,170	1,805,000	1,455,000	1,455,000	1,455,000	1,455,000	1,455,000
<b>TOTAL OPERATING REVENUE</b>	49,607,037	53,221,329	61,694,728	61,494,544	71,902,000	72,631,000	74,467,000	75,218,000	74,288,000	74,377,000
OPERATING EXPENSES										
Salaries and Wages	20,444,314	23,287,263	27,475,681	29,263,038	31,146,000	32,383,000	33,511,000	34,865,000	34,865,000	34,865,000
Employee Benefits	4,714,799	6,118,772	6,260,013	6,452,514	7,000,000	7,290,000	7,544,000	7,849,000	7,849,000	7,849,000
Professional Fees	7,530,166	7,565,035	7,399,636	7,462,624	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000
Supplies	4,750,644	4,960,397	5,566,480	6,656,675	7,927,000	8,043,000	8,149,000	8,149,000	8,149,000	8,149,000
Purchased Services - Utilities	465,846	520,065	535,779	575,775	573,000	534,000	534,000	534,000	534,000	534,000
Purchased Services - Other	4,050,206	4,093,715	4,568,821	4,917,920	6,249,000	6,141,000	6,141,000	6,141,000	6,141,000	6,141,000
Depreciation	2,063,342	1,988,410	2,443,594	2,754,873	2,964,000	3,503,000	3,328,000	3,048,000	2,607,000	2,528,000
Rentals and Leases	1,859,223	1,998,258	2,157,531	2,075,213	2,120,000	1,004,000	1,092,000	1,193,000	1,189,000	1,189,000
Insurance	255,248	241,381	312,599	417,756	476,000	476,000	476,000	476,000	476,000	476,000
License and Taxes	284,240	343,191	425,776	474,816	550,000	550,000	550,000	550,000	550,000	550,000
Interest	178,423	167,241	351,114	386,610	531,000	553,000	487,000	423,000	361,000	307,000
Other Direct Expenses	1,456,571	1,486,085	1,441,319	1,483,817	2,107,000	2,080,000	2,080,000	2,080,000	2,080,000	2,080,000
<b>TOTAL OPERATING EXPENSES</b>										
<b>NET OPERATING REVENUE</b>	48,053,022	52,769,813	58,938,343	62,921,631	68,849,000	69,763,000	71,098,000	72,514,000	72,007,000	71,874,000
	1,554,015	451,516	2,756,385	(1,427,087)	3,053,000	2,868,000	3,369,000	2,704,000	2,281,000	2,503,000
NON-OPERATING REVENUE-NET OF EXPENSE:										
	46,931	455,603	498,855	4,448,122	6,883,000	502,000	569,000	599,000	653,000	691,000
<b>NET REVENUE BEFORE ITEMS LISTED BELOW</b>										
	1,600,946	907,119	3,255,240	3,021,035	9,936,000	3,370,000	3,938,000	3,303,000	2,934,000	3,194,000
EXTRAORDINARY ITEM										
FEDERAL INCOME TAX										
<b>NET REVENUE OR (EXPENSE)</b>										
EXPLANATION:	1,600,946	907,119	3,255,240	3,021,035	9,936,000	3,370,000	3,938,000	3,303,000	2,934,000	3,194,000

**Exhibit 7: Benton County Assessor Information**

# Benton County Property Search

## Property Search Results > 66224 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

### Property

#### Account

Property ID:	66224	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE NORTH ONE/HALF OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER.
Parcel # / Geo ID:	135942000010000	Agent Code:	
Type:	Real	Land Use Code	81
Tax Area:	1613 - 1613	DFL	N
Open Space:	N	Remodel Property:	N
Historic Property:	N	Section:	35
Multi-Family Redevelopment:	N	Legal Acres:	20.0000
Township:	09		
Range:	24		

#### Location

Address:	N GAP RD PROSSER, WA 99350	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

#### Owner

Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX

### Pay Tax Due

There is currently No Amount Due on this property.

### Taxes and Assessment Details

Property Tax Information as of 05/17/2021

Amount Due if Paid on:  **NOTE:** If you plan to submit payment on a future date, make sure you enter the date and click RECALCULATE to obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
------	--------------	----------------------	-----------------------	---------	----------	-----------	------------

▶ Statement Details							
2021	46106	\$15.85	\$0.00	\$0.00	\$0.00	\$15.85	\$0.00
▶ Statement Details							
2020	46174	\$15.75	\$0.00	\$0.00	\$0.00	\$15.75	\$0.00

**Values**

Taxing Jurisdiction

Improvement / Building

Property image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

**This year is not certified and ALL values will be represented with "N/A".**

Website version: 9.0.50.100A

Database last updated on: 5/17/2021 3:24 AM

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# Benton County Property Search

## Property Search Results > 66225 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

### Property

#### Account

Property ID:	66225	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER, LESS THE SOUTH 20 FEET: LESS STATE ROUTE 82, 4-20- 76. EASEMENT (2) 4-20-76.
Parcel # / Geo ID:	135942000011000	Agent Code:	
Type:	Real		
Tax Area:	1613 - 1613	Land Use Code	18
Open Space:	N	DFL	N
Historic Property:	N	Remodel Property:	N
Multi-Family Redevelopment:	N		
Township:	09	Section:	35
Range:	24	Legal Acres:	4.4400

#### Location

Address:	N GAP RD PROSSER, WA 99350	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

#### Owner

Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX

### Pay Tax Due

There is currently No Amount Due on this property.

### Taxes and Assessment Details

Property Tax Information as of 05/17/2021

NOTE: If you plan to submit payment on a future date, make sure you enter the date and click **RECALCULATE** to

Amount Due if Paid on:  obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
▶ Statement Details							
2021	46107	\$14.99	\$0.00	\$0.00	\$0.00	\$14.99	\$0.00
▶ Statement Details							
2020	46175	\$14.97	\$0.00	\$0.00	\$0.00	\$14.97	\$0.00

Values

Taxing Jurisdiction

Improvement / Building

Property Image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

**This year is not certified and ALL values will be represented with "N/A".**

Website version: 9.0.50.1004

Database last updated on: 5/17/2021 3:24 AM

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# Benton County Property Search

## Property Search Results > 66226 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

### Property

#### Account

Property ID:	66226	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER: THE SOUTH 20 FEET OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER. LESS STATE ROUTE 82, 9-28-76.
--------------	-------	--------------------------------	--

Parcel # / Geo ID:	135942000012000	Agent Code:	
Type:	Real		
Tax Area:	1613 - 1613	Land Use Code	81
Open Space:	N	DFL	N
Historic Property:	N	Remodel Property:	N
Multi-Family Redevelopment:	N		
Township:	09	Section:	35
Range:	24	Legal Acres:	8.6200

#### Location

Address:	UNDETERMINED WA	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

#### Owner

Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX

Pay Tax Due

There is currently No Amount Due on this property.

## Taxes and Assessment Details

Property Tax Information as of 05/17/2021

Amount Due if Paid on: 

**NOTE:** If you plan to submit payment on a future date, make sure you enter the date and click RECALCULATE to obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
▶ Statement Details							
2021	46108	\$15.22	\$0.00	\$0.00	\$0.00	\$15.22	\$0.00
▶ Statement Details							
2020	46176	\$15.20	\$0.00	\$0.00	\$0.00	\$15.20	\$0.00

Values

Taxing Jurisdiction

Improvement / Building

Property Image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

**This year is not certified and ALL values will be represented with "N/A".**

Website version: 9 0.50.1004

Database last updated on: 5/17/2021 3:24 AM

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**Exhibit 8: Zoning Information**

**CITY OF PROSSER, WASHINGTON  
ORDINANCE NO. 21-3137**

**AN ORDINANCE ANNEXING AND ZONING REAL PROPERTY WITH PARCEL NUMBERS 1-3594-200-0014-001 (NO ADDRESS), 1-3594-100-0024-000 (6002 NORTH GAP ROAD), 1-3594-200-0008-000, (8501 NORTH GAP ROAD), 1-3594-200-0009-000 (NO ADDRESS), 1-3594-200-0012-000 (NO ADDRESS), 1-3594-200-0011-000 (NORTH GAP ROAD), 1-3594-200-0010-000 (NORTH GAP ROAD), 1-3594-100-0002-000 (141801 WEST JOHNSON ROAD), 1-3594-100-0008-000 (NO ADDRESS), 1-3594-100-0003-000 (WEST JOHNSON ROAD), AND 1-3594-100-0004-000 (144001 WEST JOHNSON ROAD) AND ANNEXING THAT PORTION OF GAP ROAD LOCATED SOUTH OF WEST JOHNSON ROAD. THOSE PORTIONS OF WAMBA ROAD AND INTERSTATE 82 WHERE BOTH SIDES OF THE RIGHT OF WAY ABUT THE CITY LIMITS ARE ALSO ANNEXED. THE ORDINANCE ALSO MAKES THE PROVISIONS OF THE ORDINANCE SEVERABLE FROM ONE ANOTHER; AND SETS FORTH THE EFFECTIVE DATE OF THE ORDINANCE; AND PROVIDES FOR PUBLICATION BY SUMMARY.**

**WHEREAS**, Petitioners Lixsandro Villafan Investments LLC, Hofstad Wooden LLC, the Estate of Mary Ann Ver Mulm, the Prosser Public Hospital District, Rick Murphey, Jane Murphey, the Stephen W. and Mary L. Murphey Trust, and Mary Murphey being the owners of property constituting not less than 10 percent in assessed value, according to the assessed valuation for general taxation of the property for which annexation is petitioned, met with the City Council of the City of Prosser, Washington, on October 13, 2020, which date was prior to circulating their petition for annexation; and

**WHEREAS**, at the initial meeting the City Council determined that the City would accept the proposed annexation provided that property be subject to the existing City indebtedness and be assumed by the area to be annexed; and

**WHEREAS**, on December 8, 2020, a sufficient petition for annexation was submitted to the Benton County Assessor and filed with the City Council pursuant to RCW 35A.14.120, signed by owners of not less than 60 percent of assessed valuation for general taxation of the property for

which annexation is petitioned, seeking annexation to the City of Prosser of contiguous property commonly described in Sections 1 and 2 of the Ordinance; and

**WHEREAS**, the Benton County Assessor issued a determination of sufficiency for the Petition for Annexation on January 15, 2021; and

**WHEREAS**, the City fixed the date of February 23, 2021, at the hour of 7:00 p.m. or soon thereafter as may be held, as the date of the Public Hearing on the proposed annexation and caused notice of such hearing to be published and posted in accordance with RCW 35A.14.130, and the Public Hearing having been held on that date and all interested parties appearing at the hearing and desiring to be heard in regard to the proposed annexation; and

**WHEREAS**, Benton County does not have a Boundary Review Board; and

**WHEREAS**, the annexation of property by a Code City is exempt from review under the State Environmental Policy Act pursuant to RCW 43.21C.222; and

**WHEREAS**, the properties having parcel numbers 1-3594-200-0014-001 (No Address), 1-3594-100-0024-000 (6002 North Gap Road), 1-3594-200-0008-000, (8501 North Gap Road), 1-3594-200-0009-000 (No Address), 1-3594-200-0012-000 (No Address), 1-3594-200-0011-000 (North Gap Road), 1-3594-200-0010-000 (North Gap Road), and 1-3594-100-0002-000 (141801 West Johnson Road) were pre-zoned Commercial General District (CG) by Ordinance 18-3079; and

**WHEREAS**, real property having parcel numbers, 1-3594-100-0008-000 (No Address), 1-3594-100-0003-000 (West Johnson Road), and 1-3594-100-0004-000 (144001 West Johnson Road) were pre-zoned Industrial Light District (IL) by Ordinance 18-3079;

**NOW THEREFORE**, THE CITY COUNCIL OF THE CITY OF PROSSER, WASHINGTON, DO ORDAIN AS FOLLOWS:

**Section 1.** The following described real property is hereby annexed into and made a part of the City of Prosser, Washington:

The South half of the Southeast quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M.;

EXCEPT State Route 82 right of way;

AND EXCEPT the South 292.70 of the East 275.0 feet thereof;

AND EXCEPT Commencing at the North quarter corner of said Section 35, marked as a brass cap in case;

Thence along the East line of the Northwest quarter of said Section 35, South 0°03'18" East 1984.71 feet to the Easterly projection of the South line of Short Plat No. 2512 as recorded under Auditor's File Number 2000-017649, records of Benton County, Washington;

Thence continuing along said East line South 0°03'18" East 368.87 feet;

Thence North 89°53'57" West 24.99 feet to the Westerly right of way of Wamba Road;

Thence North 89°53'57" West 250.00 feet and the Point of Beginning;

Thence South 0°03'18" East 292.70 feet to the South line of said Northwest quarter of Section 35;

Thence along said South line North 89°53'57" West 47.13 feet;

Thence North 0°02'17" East 292.69 feet to the Westerly projection of the Southerly line of the South 60 feet of the North 374.32 feet of the South 667.02 feet of the East 275.00 feet of the Southeast quarter of said Northwest quarter;

Thence South 89°53'57" East 46.65 feet to the Point of Beginning;

This property is also described as Parcel A as provided for on the attached Exhibit "A".

AND

The South One Half of the North One Half of the Southeast Quarter of the Northeast Quarter, less any portion located in the I-82 right of way, Section 34, Township 9 North, Range 24 EWM.

AND

The North One Half of the Northwest Quarter of the Northwest Quarter, Section 35, Township 9 North, Range 24 EWM.

AND

The South One Half of the Northwest Quarter of the Northwest Quarter, Section 35, Township 9 North, Range 24 EWM.

AND

The North half of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington.

AND

The Southeast quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

AND

AND the Southwest quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

AND

The West One Half of the Northeast Quarter of the Northeast Quarter, less the North 20 Feet thereof, Section 34, Township 9 North, Range 24 EWM.

AND

Those portion of Wamba Road and Interstate 82 that where both sides of the right of way abut the City limits.

**Section 2.** The following described real property is hereby annexed into and made a part of the City of Prosser, Washington:

The South One Half of the Northwest Quarter of the Northeast Quarter, Less the West 392.4 Feet of the South 666 Feet Thereof, Section 34, Township 9 North, Range 24 EWM.

AND

The North One Half of the Northwest Quarter of the Northeast Quarter, Less the West 392.4 Feet Thereof and Less That Portion Defined As Follows: Beginning at the North One Half Monument of Section 34; Thence East 392.4 Feet to the Point of Beginning; Thence East 200 Feet; Thence South 220 Feet; Thence West 200 Feet; Thence North 200 Feet to the Point Of Beginning Except Therefrom The North 20 Feet for road. Less The East 200 Feet of the West 792.40 Feet of the North 220 Feet of The North One Half of the Northwest Quarter of The Northeast Quarter, Except The North 20 Feet For Road, situate in Section 34, Township 9 North, Range 24 EWM.

AND

The East 200 Feet of the West 792.40 Feet of the North 220 Feet of the North One Half of the Northwest Quarter of the Northeast Quarter, EXCEPT the North 20 Feet Thereof for road, situate in Section 34, Township 9 North, Range 24 EWM.

AND

Those portion Interstate 82 that where both sides of the right of way abut the City limits.

**Section 3.** All property within the territory annexed hereby shall be assessed and taxed at the same rate and on the same basis as property within the City, including assessments for taxes and payment of any bonds issued or debts contracted prior to or existing as of the date of annexation.

**Section 4.** From and after the effective date of this ordinance, the above described property shall be subject to all of the laws and ordinances then and thereafter in force and effect of the City of Prosser.

**Section 5.** In accordance with Ordinance Number 18-3079, the property described in Section 1 of this Ordinance is zoned Commercial General District (CG) upon its annexation into the City. The City Council hereby adopts the recitals set forth above as additional findings.

**Section 6.** In accordance with Ordinance Number 18-3079, the property described in Section 2 of this Ordinance is zoned Industrial Light District (IL) upon its annexation into the City.

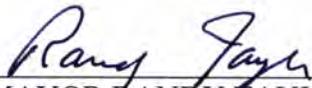
The City Council hereby adopts the recitals set forth above as additional findings.

**Section 7.** City Staff is hereby authorized to negotiate with any solid waste provider a buy-out of their franchise rights to the area annexed. City Staff shall bring the amount of the buy-out back to the City Council for approval prior signing any agreement with such a provider, if any.

**Section 8. SEVERABILITY.** The provisions of this ordinance are hereby declared to be severable. If any section, subsection, sentence, clause, or phrase of this ordinance or its application to any person or circumstance is for any reason held to be invalid or unconstitutional, the remainder of this ordinance shall not as a result of said section, subsection, sentence, clause, or phrase be held unconstitutional or invalid.

**Section 9.** This ordinance shall take effect five (5) days after passage and publication of an approved summary thereof consisting of the title.

**ADOPTED** by the City Council and **APPROVED** by the Mayor this 23<sup>rd</sup> day of February, 2021.

  
MAYOR RANDY TAYLOR

ATTEST:

  
RACHEL SHAW, CITY CLERK

APPROVED AS TO FORM:

  
HOWARD SAXTON, CITY ATTORNEY

Publication Date: 3/3/2021



**SUMMARY OF ORDINANCE NO. 21-3137**

of the City of Prosser, Washington

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On the 23<sup>rd</sup> day of February, 2021, the City of Prosser, Washington, passed Ordinance No. 21-3137. A summary of the content of said ordinance, consisting of the title, provides as follows:

AN ORDINANCE ANNEXING AND ZONING REAL PROPERTY WITH PARCEL NUMBERS 1-3594-200-0014-001 (NO ADDRESS), 1-3594-100-0024-000 (6002 NORTH GAP ROAD), 1-3594-200-0008-000, (8501 NORTH GAP ROAD), 1-3594-200-0009-000 (NO ADDRESS), 1-3594-200-0012-000 (NO ADDRESS), 1-3594-200-0011-000 (NORTH GAP ROAD), 1-3594-200-0010-000 (NORTH GAP ROAD), 1-3594-100-0002-000 (141801 WEST JOHNSON ROAD), 1-3594-100-0008-000 (NO ADDRESS), 1-3594-100-0003-000 (WEST JOHNSON ROAD), AND 1-3594-100-0004-000 (144001 WEST JOHNSON ROAD) AND ANNEXING THAT PORTION OF GAP ROAD LOCATED SOUTH OF WEST JOHNSON ROAD. THOSE PORTIONS OF WAMBA ROAD AND INTERSTATE 82 WHERE BOTH SIDES OF THE RIGHT OF WAY ABUT THE CITY LIMITS ARE ALSO ANNEXED. THE ORDINANCE ALSO MAKES THE PROVISIONS OF THE ORDINANCE SEVERABLE FROM ONE ANOTHER; AND SETS FORTH THE EFFECTIVE DATE OF THE ORDINANCE; AND PROVIDES FOR PUBLICATION BY SUMMARY.

The full text of this Ordinance will be mailed upon request.

DATED this 24<sup>th</sup> day of February, 2021



---

RACHEL SHAW, CITY CLERK

## EXHIBIT A

### PARCEL A:

The South One Half of the Southeast Quarter of the Northwest Quarter,  
EXCEPT the East 275 feet;  
TOGETHER WITH the South 60 feet of the North 374.32 feet of the South 667.02 feet  
of the East 275.00 feet of the Southeast Quarter of the Northwest Quarter;  
EXCEPT the East 15 feet for Wamba Road right of way;  
ALSO EXCEPT State Route 82 right of way;  
All in Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington.

#### ALSO EXCEPT that portion described as follows:

Commencing at the North Quarter corner of said Section 35, marked as a brass cap in  
case;  
Thence along the East line of the Northwest Quarter of said Section 35, South  $00^{\circ}03'18''$   
East 1,984.71 feet to the Easterly projection of the South line of Short Plat No. 2512 as  
recorded under Auditor's File No. 2000-017649, records of Benton County, Washington;  
Thence continuing along said East line South  $00^{\circ}03'18''$  East 368.87 feet;  
Thence North  $89^{\circ}57'53''$  West 14.99 feet to a Northeasterly corner of the above  
described parcel and the True Point of Beginning;  
Thence South  $00^{\circ}03'18''$  East 8.73 feet;  
Thence South  $89^{\circ}53'24''$  West 260.00 feet to Southeastery projection of the West line of  
the East 275 feet of said Northwest corner;  
Thence North  $00^{\circ}03'18''$  West 9.69 feet;  
Thence North  $89^{\circ}53'57''$  East 260.00 feet to the Westerly right of way margin of Wamba  
Road and the True Point of Beginning;

#### ALSO EXCEPT that portion described as follows:

Commencing at the North Quarter corner of said Section 35, marked as a brass cap in  
case;  
Thence along the East line of the Northwest Quarter of said Section 35, South  $00^{\circ}03'18''$   
East 1,984.71 feet to the Easterly projection of the South line of Short Plat 251, as  
recorded under Auditor's File No. 2000-017649, records of Benton County, Washington;  
Thence continuing along said East line, South  $00^{\circ}03'18''$  East 368.87 feet;  
Thence North  $89^{\circ}53'57''$  West 24.95 feet to the Westerly right of way line of Wamba  
Road;  
Thence North  $89^{\circ}53'57''$  West 250.00 feet to a Southeastery corner of said above  
described parcel and the True Point of Beginning;  
Thence along an Easterly line of said described parcel South  $00^{\circ}03'18''$  East 292.70 feet  
to the South line of said Northwest Quarter of said Section;  
Thence along said South line North  $89^{\circ}53'57''$  West 47.13 feet;  
Thence North  $00^{\circ}02'17''$  East 292.69 feet to the Westerly projection of the Southerly line  
of the South 60 feet of the North 374.32 feet of the South 667.02 feet of the East 275.00  
feet of the Southeast Quarter of said Northwest Quarter;  
Thence South  $89^{\circ}53'57''$  East 46.65 feet to the True Point of Beginning.

### PARCEL B:

The Southeast Quarter of the Southwest Quarter of the Northwest Quarter and the  
South 20 feet of the Southwest Quarter of the Southwest Quarter of the Northwest  
Quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County,  
Washington,  
EXCEPTING THEREFROM any portion lying within State Interstate 82, right of way.

### PARCEL C:

Lot 3, Short Plat No. 2512, according to the Survey thereof recorded under Recording  
No. 2000-017649, records of Benton County, Washington.

## Chapter 18.40 "CD" (COMMERCIAL, DOWNTOWN) DISTRICT

Sections:

**18.40.010 Purpose.**

**18.40.020 Permitted uses.**

**18.40.030 Additional uses.**

**18.40.040 Development standards.**

**18.40.010 Purpose.**

The purpose of the CD district is to stabilize, improve and orient the downtown area for pedestrian use, and to provide for the orderly growth of the area by encouraging the opportunity for a wide range of retail commercial uses. (Ord. 1917 § 1 (part), 1997).

**18.40.020 Permitted uses.**

The following uses are the only uses permitted in a CD district:

- A. Shopping plazas; specialty shops; sales and service establishments; convenience stores which may include gasoline; drug stores; food stores; retail liquor stores;
- B. Financial institutions; business and professional offices; medical, dental, physical therapy;
- C. Newspaper, retail printing and publishing shops;
- D. Hotels, motels, theaters, lodges and membership clubs; restaurants, taverns, nightclubs and cocktail lounges; microbrewery-restaurant and/or pub;
- E. Business schools; vocational schools; studios and academies for the arts;
- F. Sign and upholstery shops;
- G. Accessory uses and buildings related to permitted uses;
- H. Manufacture and repair which are incidental to retail sales on the premises; plumbing and heating sales and service shops;
- I. Off-street parking lots;
- J. Automobile service stations, auto sales, drive-in restaurants, and similar auto-oriented uses; laundries, self-service laundries, dry cleaning and laundry pickup stations; vehicle repair shop, no outside storage of material; car wash;
- K. Public and quasi-public uses oriented toward pedestrians, such as civic buildings, museums, libraries and the like;
- L. Residential uses; provided, permitted commercial uses are on the street front. Such residential uses must be a part of a commercial structure and conform with the Uniform Building Code. (Ord. 2218 § 1, 2001: Ord. 1917 § 1 (part), 1997).

#### **18.40.030 Additional uses.**

The following uses require approval of a permit in accord with Chapter 18.75:

- A. Public and quasi-public uses, other than those permitted in Section [18.40.020\(K\)](#);
- B. On-site hazardous waste treatment and storage facilities when accessory to any permitted use except residential and subject to state siting criteria (18.75.050);
- C. Private recreational businesses;
- D. Television and radio stations;
- E. Bed and breakfasts;
- F. Undertaking establishments;
- G. Similar uses (18.75.070). (Ord. 2218 § 2, 2001: Ord. 1917 § 1 (part), 1997).

#### **18.40.040 Development standards.**

Development standards in commercial, downtown (CD) districts are as follows:

- A. Setbacks: front, none, but ten feet if abutting a residential district; side and rear, none, but twenty feet if abutting a residential district.
- B. Building height: forty-five feet. A structure higher than forty-five feet requires approval of a conditional use permit in accord with Chapter 18.75.
- C. Off-street parking in accord with Chapter 18.63.
- D. Signs in accord with Chapter 18.72.
- E. Site Review. Site review in accord with Chapter 18.75 is required for each new use and expansion of existing uses.
- F. Solid Waste Receptacles. All solid waste receptacles must be surrounded on at least three sides by a minimum five-foot high sight-obscuring fence or wall. Such enclosures and receptacles are not permitted within required street frontage areas. (Ord. 1917 § 1 (part), 1997).

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The Prosser Municipal Code is current through Ordinance 3134, passed January 12, 2021.

Disclaimer: The City Clerk's office has the official version of the Prosser Municipal Code. Users should contact the City Clerk's office for ordinances passed subsequent to the ordinance cited above.

City Website: <https://cityofprosser.com/>

City Telephone: (509) 786-2332 

[Code Publishing Company](#)

## **Chapter 18.43 "CG" (COMMERCIAL, GENERAL) DISTRICT**

Sections:

**18.43.010 Purpose.**

**18.43.020 Permitted uses.**

**18.43.030 Additional uses.**

**18.43.040 Development standards.**

**18.43.010 Purpose.**

The purpose of the CG district is to provide areas for more intense commercial uses and those services supporting uses in other districts; and those uses which are not compatible within the CD district. (Ord. 1917 § 1 (part), 1997).

#### **18.43.020 Permitted uses.**

The following are the only uses permitted in CG districts:

- A. **Permitted uses allowed in Chapter 18.40 except off-street parking lots and accessory uses and structures related to a permitted use;**
- B. Express office, wholesale business; heavy machinery sales and service;
- C. Warehouse; landscape gardening and storage area for equipment and material;
- D. Light truck sales, service and rental; auto sales, service and rental; light trailer sales, service and rental;
- E. Paint and electrical shops;
- F. Manufactured homes sales and service;
- G. Marine sales, service and rental;
- H. Private recreational businesses;
- I. Miniwarehouses for storage of personal effects normally associated with dwelling units;
- J. Nursery schools and day care centers;
- K. Wine manufacturing and tasting rooms; and
- L. Residential uses; provided, permitted commercial uses are on the street front. Such residential uses must be a part of a commercial structure and conform with the Uniform Building Code. (Ord. 2219 § 1, 2001; Ord. 1917 § 1 (part), 1997).

#### **18.43.030 Additional uses.**

The following uses require approval of a permit in accord with Chapter 18.75:

- A. Public and quasi-public uses (Section 18.75.050);
- B. On-site hazardous waste treatment and storage facilities when accessory to a permitted use, except residential, subject to state siting criteria (Section 18.75.050);
- C. Recreational vehicle parks (Sections [18.60.250](#) and 18.75.050);
- D. Body and fender shops (Section 18.75.050);
- E. Off-street parking lots (Section 18.75.050);
- F. Radio and television stations (Section 18.75.050);
- G. Bed and breakfasts (Section 18.75.050);
- H. Machine shops sales and service; welding shops sales and service; electrical sales and service; sheet metal sales and service (Section 18.75.050);
- I. One single-family dwelling unit per lot (Section 18.75.050);
- J. Similar uses (Section 18.75.070). (Ord. 2324 § 1, 2002: Ord. 2219 § 2, 2001: Ord. 1917 § 1 (part), 1997).

#### **18.43.040 Development standards.**

Development standards in commercial, general (CG) districts are as follows:

- A. Minimum setbacks: front, none, but ten feet if abutting a residential district; side and rear, none, but twenty feet if abutting a residential district.
- B. Maximum building height: forty-five feet. Structures higher than forty-five feet require approval of a conditional use permit in accord with Chapter 18.75.
- C. Off-street parking in accord with Chapter 18.63.
- D. Signs in accord with Chapter 18.72.
- E. Site Review. Site review, in accord with Chapter 18.75, is required for each new use or expansion of an existing use.

F. Solid Waste Receptacles. All solid waste receptacles must be surrounded on at least three sides by a minimum five-foot high sight-obscuring fence or wall. Such enclosures and receptacles are not permitted within required street frontage areas. (Ord. 1917 § 1 (part), 1997).

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The Prosser Municipal Code is current through Ordinance 3134, passed January 12, 2021.

Disclaimer: The City Clerk's office has the official version of the Prosser Municipal Code. Users should contact the City Clerk's office for ordinances passed subsequent to the ordinance cited above.

City Website: <https://cityofprosser.com/>

City Telephone: (509) 786-2332 

[Code Publishing Company](#)

**Exhibit 9: Cost Estimator Letter**

May 21, 2021

Eric Hernandez, Manager  
 Certificate of Need Program  
 Washington Department of Health  
 111 Israel Road SE  
 Tumwater, WA 98501

Subject: Certificate of Need Application for Prosser Memorial Health in Prosser, WA.

Dear Mr. Hernandez:

Please accept this letter as a non-binding cost estimate supporting Prosser Memorial Health’s Certificate of Need Application for its proposed replacement hospital. Based on our experience with similar projects, and input from both the design team and our GC/CM team member, Graham Construction, we have developed the following capital costs estimates (excluding sales tax):

Line Item	Estimated Hospital Cost	Estimated MOB Cost	Total Value(s)
Utilities to Lot Line	\$66,079	\$17,758	\$83,837
Building Construction	\$41,264,302	\$9,126,796	\$50,391,098
Fixed Equipment	856,135	\$230,078	\$1,086,214
Site Preparation	\$43,364	\$11,654	\$55,018
Supervision & Inspection of Site	\$235,406	\$63,264	\$298,669
<b>Total</b>	<b>\$42,465,286</b>	<b>\$9,449,549</b>	<b>\$51,914,836</b>

We believe these values to be a reasonable estimate of the expected costs for construction of this facility. Please do not hesitate to contact us if you have any questions, or require any additional information supporting this application.

Sincerely,  
 NV5

Paul Kramer  
 Project Director

**Exhibit 10: Equipment List**

Department	Manufacturer	Catalog/Model	Qty	Generic Description	Status	Price
BUILDING SUPPORT SERVICES	AMERIOWATER	HC-2053/	1	WATER SYSTEM	New	\$40,000.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	AMSCO 53/SINK50120	1	COUNTER, CLEAN-UP	New	\$16,551.79
BUILDING SUPPORT SERVICES	STERIS CORPORATION	AMSCO 53/SINK50120	1	COUNTER, CLEAN-UP	Future	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	7052HP/AMSCO	2	WASHER/DISINFECTOR	New	\$100,000.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	INNOWAVE UNITY SONIC/INNOWAVE	1	CLEANER, ULTRASONIC	New	\$52,000.00
BUILDING SUPPORT SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
BUILDING SUPPORT SERVICES	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	4091/4091	1	CART, UTILITY	New	\$299.00
BUILDING SUPPORT SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
BUILDING SUPPORT SERVICES	KENDALL HEALTHCARE, COVIDIEN	8935/	1	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	MU-1/MB-155/	1	TESTER	Existing	\$0.00
BUILDING SUPPORT SERVICES	MEDIVATORS REPROCESSING SYSTEMS	SCOPE BUDDY/EFA-US-G/ECA 10	1	CLEANER, SCOPE	Existing	\$0.00
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	OER-PRO/OER-PRO	1	CLEANER, SCOPE	New	\$40,673.50
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	OER-PRO/OER-PRO	1	CLEANER, SCOPE	Future	\$0.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	2655/2654/GRAY/BRUTE GRAY	1	WASTE RECEPTACLE	New	\$229.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	1883566/SLIM JIM FRONT	1	WASTE RECEPTACLE, STEP-ON	New	\$46.14
BUILDING SUPPORT SERVICES	CS MEDICAL	TD100/TEE PROBE	1	DISINFECTOR	New	\$24,980.08
BUILDING SUPPORT SERVICES	ADVANCED STERILIZATION PRODUCTS	10033/STERRAD NX	1	STERILIZER, LOW TEMP	Existing	\$0.00
BUILDING SUPPORT SERVICES	ADVANCED STERILIZATION PRODUCTS	10104-007 ALLCLEAR/STERRAD 100NX	1	STERILIZER, LOW TEMP	New	\$218,430.00
BUILDING SUPPORT SERVICES	OLYMPIC MEDICAL, DIVISION OF NATUS	MODEL 43/54343	1	DECONTAMINATION SYSTEM ACCESSORY, DRYER, TUBE	New	\$8,900.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	PREP55/DELUXE ELECTRIC	2	TABLE, WORK, ADJUSTABLE	New	\$5,120.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	SWR60S/2460FG/ACC/STERILE WRAP	1	RACK	New	\$570.40
BUILDING SUPPORT SERVICES	RENNCO, INCORPORATED	LS18D/LS18D	1	SEALING UNIT	Existing	\$0.00
BUILDING SUPPORT SERVICES	3M	ATTEST AUTO-READER/390	1	STERILIZER, INDICATOR	Existing	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	EF1301142/AMSCO 600 1563V	1	STERILIZER	New	\$163,533.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	SR0201210311/AMSCO 400	1	STERILIZER	Existing	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	CH14861/CH14861	1	GENERATOR, STEAM	New	\$30,000.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	1	WASTE RECEPTACLE, STEP-ON	New	\$124.00
BUILDING SUPPORT SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$10,000.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	SUPER ADJ SUPER ERECTA STARTER (5A357C)/5A357C	6	SHELVING, WIRE, CHROME, 48	Existing	\$0.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	TOP TRACK/METROMAX Q	1	SHELVING, HIGH DENSITY	New	\$4,400.00
BUILDING SUPPORT SERVICES	AKRO-MILS	2W717/30636	18	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
BUILDING SUPPORT SERVICES	SOLAIRE MEDICAL/INNERSPACE	SEA19365GD/EVOLVE	1	CABINET, SCOPE	Existing	\$0.00
BUILDING SUPPORT SERVICES	ULINE	H-5715/	10	SHELVING, STEEL, PALLET	New	\$339.00
BUILDING SUPPORT SERVICES	SO-LOW ENVIRONMENTAL EQUIPMENT CO.	CHEST STYLE/CH25-5	1	FREEZER, CHEST	New	\$1,795.00
BUILDING SUPPORT SERVICES	WHIRLPOOL CORPORATION	TOP LOAD/WTW4880AW	1	WASHER, CLOTHES, DOMESTIC	New	\$629.00
BUILDING SUPPORT SERVICES	WHIRLPOOL CORPORATION	WED8500DC	1	DRYER, CLOTHES, DOMESTIC	New	\$1,399.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	2	SHELVING, WIRE	New	\$700.80
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2042685-002 /SEER LT EXT	40	MONITOR, HOLTER	New	\$0.00
CARDIOVASCULAR SERVICES	ELGIN EXERCISE EQUIPMENT CO.	004-WR6/RACK ONLY	1	EXERCISE UNIT, RACK	New	\$75.00
CARDIOVASCULAR SERVICES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
CARDIOVASCULAR SERVICES	SCIFIT SYSTEMS, INC.	AC5000-INT/AC5000	2	TREADMILL, ELECTRIC	New	\$6,625.00
CARDIOVASCULAR SERVICES	CYBEX INTERNATIONAL, INC.	770R/BICYCLE RECUMB.	2	EXERCISE UNIT, BICYCLE, RECUMBENT	New	\$4,395.00
CARDIOVASCULAR SERVICES	NUSTEP, INC.	T5XR/NUSTEP	2	EXERCISE UNIT, ERGOMETER	New	\$6,195.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	2	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	New	\$4,715.00
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
CARDIOVASCULAR SERVICES	TROY BARBELL AND FITNESS	SEE DESCRIPTION	1	EXERCISE UNIT, DUMBBELLS	New	\$176.00
CARDIOVASCULAR SERVICES	FITNESS EXPO	RUBBER RESISTANCE	1	EXERCISE UNIT	New	\$60.00
CARDIOVASCULAR SERVICES	GE HEALTHCARE TECHNOLOGIES	VIVID E90 V202/H45591NF	1	IMAGING, ULTRASOUND SCANNER	New	\$99,648.13
CARDIOVASCULAR SERVICES	BIODEX MEDICAL SYSTEMS, INC.	058-700/ACC/ECHO TABLE	1	IMAGING, TABLE	New	\$8,305.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	LANTHEUS MEDICAL IMAGING	VMIX/VIALMIX	1	MIXER	Existing	\$0.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
CARDIOVASCULAR SERVICES	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	Existing	\$0.00
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	CAREFUSION	777404-101/ACC/VMAX ENCORE 22	1	PLETHYSMOGRAPH	New	\$84,527.84

CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	New	\$241.50
CARDIOVASCULAR SERVICES	MATRIX FITNESS	U3X/UPRIGHT BICYCLE	1	EXERCISE UNIT, BICYCLE	New	\$3,295.00
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	SXRDMBASE/SINGLE WIDE	1	CART, PROCEDURE	New	\$2,483.49
CARDIOVASCULAR SERVICES	MGC DIAGNOSTICS CORP	SP2130100011101/SPIROAIR	1	ANALYZER, PULMONARY FUNCTION	New	\$33,645.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	CASE V6.7/T2100/206898-001	1	STRESS TEST SYSTEM	New	\$27,981.60
CARDIOVASCULAR SERVICES	BIODEX MEDICAL SYSTEMS, INC.	058-700/ACC/ECHO TABLE	1	IMAGING, TABLE	New	\$8,305.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	MATRIX FITNESS	U3X/UPRIGHT BICYCLE	1	EXERCISE UNIT, BICYCLE	New	\$3,295.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	604-001/002-0874-XXX/MIDMARK 604	2	TABLE, EXAM, ADULT	New	\$2,004.75
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	604-001/002-0874-XXX/MIDMARK 604	2	TABLE, EXAM, ADULT	New	\$2,004.75
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
CARDIOVASCULAR SERVICES	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	New	\$9,878.40
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
CARDIOVASCULAR SERVICES	ZOLL MEDICAL CORPORATION	2010000102011010/AED PLUS	1	DEFIBRILLATOR, AED	Existing	\$0.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	ZZZ - MONITORING		1	MONITORING SYSTEM, TELEMETRY	New	\$40,000.00
CARDIOVASCULAR SERVICES	RESPIRONICS, A PHILIPS COMPANY	V30 AUTO MOBILITY/1135427	2	VENTILATOR, NON-INVASIVE	Existing	\$0.00
CARDIOVASCULAR SERVICES	PHILIPS MEDICAL SYSTEMS	TRILOGY EV300/DS2200X11B	2	VENTILATOR	Existing	\$0.00
CARDIOVASCULAR SERVICES	LAKESIDE MFG. CO.	-/411	1	CART, UTILITY	New	\$436.00
CARDIOVASCULAR SERVICES	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	New	\$241.50
CARDIOVASCULAR SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
CARDIOVASCULAR SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
CARDIOVASCULAR SERVICES	SSCOR, INC.	/S-SCORT DUET	1	SUCTION MACHINE	Existing	\$0.00
CARDIOVASCULAR SERVICES	NATUS MEDICAL INC.	PSG-CEIL-PTZV-NDX-9/SLEEPWORKS	1	SLEEP LAB	New	\$20,629.85
CARDIOVASCULAR SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
EMERGENCY AND URGENT CARE SERVICES	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	1	CART, PHEBOTOMY	New	\$1,998.00
EMERGENCY AND URGENT CARE SERVICES	SUNRISE MEDICAL	220RADPS/BREEZY EC 2000	4	WHEELCHAIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS89745AXW/BARIATRIC	1	CHAIR, SHOWER	New	\$70.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BERCHTOLD CORPORATION A STRYKER CO.	F628/-	2	LIGHT, SURGICAL, SINGLE	New	\$23,447.57
EMERGENCY AND URGENT CARE SERVICES	BERCHTOLD CORPORATION A STRYKER CO.	SPS-2/	2	MEDICAL GAS ARTICULATING BOOM	New	\$13,269.66
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	GYNNIE/1061000000	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	6	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	New	\$549.99

EMERGENCY AND URGENT CARE SERVICES	BLICKMAN, INC.	7792SS-4/	2	I.V. POLE	New	\$364.95
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	6	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	2	KICKBUCKET	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PREMIER BROSELOW/PBL-PC-9/ACC	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	H4920UC/LOGIQ E10 R2	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	VERATHON MEDICAL	0069-0080/GS CORE	1	LARYNGOSCOPE, VIDEO GLIDESCOPE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
EMERGENCY AND URGENT CARE SERVICES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
EMERGENCY AND URGENT CARE SERVICES	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
EMERGENCY AND URGENT CARE SERVICES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	1	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	1	STAND, MAYO	New	\$549.99
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	1	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	1	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	1	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	1	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	1	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	1	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	1	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	1	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	1	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL XX 24/PREMIER	5	CART, PROCEDURE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60

EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	1	HYPERTHERMIA UNIT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PHILIPS MEDICAL SYSTEMS	V60/RESPIRONICS V60	1	VENTILATOR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500 HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	GAYMAR MEDI-THERM/MTA7900	1	HYPER-HYPOTHERMIA UNIT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PORTER INSTRUMENT COMPANY, INC.	SENTRY HD34/SENTRY SEDATE HP MXR-1 ANALOG	1	DELIVERY SYSTEM	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SMITHS MEDICAL	LEVEL 1/H-1200-EN	1	WARMER, BLOOD/FLUID	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER INSTRUMENTS	940/986/0082/0083/CASTVAC	2	CUTTER, CAST	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	HEAVY DUTY/MDS80600	4	I.V. POLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ACCUVEIN	AV400/AV400	1	ILLUMINATOR, VEIN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HILL-ROM	GOLVO/7007 ES	1	LIFTER, PATIENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BLICKMAN, INC.	7792SS-4/	2	I.V. POLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
EMERGENCY AND URGENT CARE SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
EMERGENCY AND URGENT CARE SERVICES	AKRO-MILS	2W717/30636	4	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	2	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HELMER LABS, INC.	HLR111/HLR111	1	REFRIGERATOR, UPRIGHT	New	\$4,172.50
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1010-A-SS STAINLESS STEEL/P-1010-A-SS	1	STOOL, STEP, W/HANDRAIL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MR. COFFEE	DRX5-NP/	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	NESPRESSO USA, INC	AQUILA 220	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RCA COMMERCIAL PRODUCTS	RMW741/	1	OVEN, MICROWAVE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SAMSUNG	RF220NCTASR/FRENCH DOORS	2	REFRIGERATOR/FREEZER, UPRIGHT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
EMERGENCY AND URGENT CARE SERVICES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PERRY BAROMEDICAL	SIGMA 40/	1	CHAMBER, HYPERBARIC	New	\$120,000.00
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	1	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	New	\$4,715.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/ACC/B450	1	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	1	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	1	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	1	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	EXERGEN CORPORATION	124275/TAT5000	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	1	FLOWMETER, OXYGEN	Existing	\$0.00

EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	SALTER BRECKNELL	MS-1000 /WHEELCHAIR	1	SCALE, WHEELCHAIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SCALE-TRONIX DIV. OF WELCH ALLYN	/4802D	1	SCALE, INFANT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	3	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	3	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	3	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	ROOT/9695	3	MONITOR, VITAL SIGNS	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	3	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	3	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	3	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	3	FLOWMETER, OXYGEN	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	3	FLOWMETER, AIR	New	\$29.85
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	3	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	3	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	3	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	3	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	2	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$29.85
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	CE122301/DUAL	1	SINK, SCRUB	New	\$9,600.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	DOUBLE BAY [CE00]/CE00006	1	CARRIER, CHAIR, SCRUB SINK	New	\$256.00
IMAGING AND DIAGNOSTIC SERVICES	FUJIFILM MEDICAL SYSTEMS USA, INC.	800042778/FDR GO DR	1	IMAGING, X-RAY UNIT, MOBILE, BATTERY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	PRECISION 600FP/PRECISION 600FP	1	IMAGING, RADIOGRAPHIC/FLUOROSCOPIC, DIGITAL	New	\$605,000.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	New	\$364.95
IMAGING AND DIAGNOSTIC SERVICES	CONE INSTRUMENTS	5086151/	1	SHIELD, LEAD, BARRIER	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	WOLF X-RAY CORPORATION	22103/-	1	STOOL, FOOT, WITH HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CLEAR IMAGE DEVICES	24305-C55/	1	STOOL, STEP, X-RAY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CONE INSTRUMENTS	PIGG-O-STAT/206500	1	RESTRAINT, IMMOBILIZER, CHILD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HAUSTED	VIC-429-ST/VIDEO-IMAGING	1	STRETCHER, CHAIR	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	/9-662	1	RACK, APRON, WALL MOUNTED	New	\$175.75
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	5	APRON, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	3DM-SYS-STD/3DIMENSIONS	1	IMAGING, MAMMOGRAPHY SYSTEM	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	STLC-00004/AFFIRM	1	IMAGING, BIOPSY SYSTEM, BREAST	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$15,000.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	INFAB CORPORATION	683430/INFAB	1	RACK, APRON AND GLOVE, WALL MOUNTED	New	\$243.25
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	1	APRON, LEAD	Existing	\$0.00

IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	REVOLUTION EVO/S7880EX	1	IMAGING, CT SYSTEM	New	\$878,190.45
IMAGING AND DIAGNOSTIC SERVICES	MEDRAD/BAYER HEALTHCARE	SCT322/STELLANT D OCS	1	INJECTOR	New	\$49,500.00
IMAGING AND DIAGNOSTIC SERVICES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	1	CART, PROCEDURE	New	\$1,921.40
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	/9-662	1	RACK, APRON, WALL MOUNTED	New	\$175.75
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	3	APRON, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1065-SS/P-1065-SS	1	STAND, MAYO	New	\$714.28
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	New	\$345.50
IMAGING AND DIAGNOSTIC SERVICES	WOLF X-RAY CORPORATION	22103/-	1	STOOL, FOOT, WITH HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	S7526EL/SIGNA ARTIST	1	IMAGING, MAGNETIC RESONANCE UNIT	New	\$1,090,000.00
IMAGING AND DIAGNOSTIC SERVICES	MEDRAD/BAYER HEALTHCARE	MRXP 200/MRXPERION	1	INJECTOR	New	\$54,950.00
IMAGING AND DIAGNOSTIC SERVICES	INVIVO MDE	EXPRESSION W/CART/865214	1	MONITOR, PHYSIOLOGIC, MRI	New	\$80,000.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	New	\$345.50
IMAGING AND DIAGNOSTIC SERVICES	NEWMATIC MEDICAL	MR TRANSPORT GURNEY/MRTG	1	STRETCHER	New	\$8,305.00
IMAGING AND DIAGNOSTIC SERVICES	ZZZ - GENERIC DESCRIPTIONS		1	REGULATOR, SUCTION, MRI	New	\$619.00
IMAGING AND DIAGNOSTIC SERVICES	OHIO MEDICAL CORPORATION	FM-15UO-PBXX-B/MRI	1	FLOWMETER, OXYGEN	New	\$34.41
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	8841MR/8841MR	1	STAND, MAYO	New	\$590.39
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7792MR-C/MRI SAFE	1	I.V. POLE	New	\$425.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7757MR/1017757000	1	STOOL, STEP, MRI	New	\$155.40
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	HORIZON A/	1	IMAGING, DENSITOMETER, BONE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$5,500.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	SECA CORPORATION	222/2221814004	1	MEASURING DEVICE, HEIGHT	New	\$183.60
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	LOGIQ E9/	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	E8350MA/TROPHON 2	1	DISINFECTOR	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDICAL POSITIONING	2283/ACC/ECHO TABLE DUAL	1	IMAGING, TABLE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HAG INC	CAPISCO/8106/ULTRASOUND	1	CHAIR, ULTRASOUND	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1010-A-SS STAINLESS STEEL/P-1010-A-SS	1	STOOL, STEP, W/HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PARKER LABORATORIES, INC.	83-20/THERMASONIC	1	WARMER, GEL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	New	\$2,021.20
IMAGING AND DIAGNOSTIC SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	New	\$23,980.20
IMAGING AND DIAGNOSTIC SERVICES	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	New	\$995.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	244-160 DECAY AND STORAGE (1/4" LEAD)/244-160	1	CABINET, STORAGE, CLINICAL, LEAD LINED	New	\$11,200.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	244-120-NT/W/O TOP	1	CABINET, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	FOLLETT CORPORATION	REFSP-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAPINTEC, INC.	CRC-55TW/	1	CALIBRATOR, RADIOISOTOPE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAPINTEC, INC.	5430-3098/CAPRAC-R/ACC	1	WELL COUNTER, SHIELDED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	001-180/LARGE	2	SYRINGE CARRIER, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	042-224/042-228/STANDARD	1	L-BLOCK, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	002-248/-	30	IMAGING, BRICK, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	/039-412/039-413	1	CONTAINER, SHARPS, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	LUDLUM MEASUREMENTS, INC.	14C/44-9/ACC/	2	METER, SURVEY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CHAMPION MANUFACTURING	ASCENT/650	1	CHAIR, RECLINER	New	\$2,888.50
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	NM/CT 870 DR/NM/CT 870 DR	1	IMAGING, SPECT-CT	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$15,000.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	1	STAND, MAYO	New	\$479.07
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	CASE V6.7/T2100/206898-001	1	STRESS TEST SYSTEM	New	\$27,981.60
IMAGING AND DIAGNOSTIC SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	1	STRETCHER	New	\$9,933.30
IMAGING AND DIAGNOSTIC SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	1	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	/039-412/039-413	1	CONTAINER, SHARPS, LEAD LINED	Existing	\$0.00

IMAGING AND DIAGNOSTIC SERVICES	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
IMAGING AND DIAGNOSTIC SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$43.94
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	New	\$364.95
IMAGING AND DIAGNOSTIC SERVICES	SMITHS MEDICAL	GRASEBY 3400	1	PUMP, SYRINGE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	039-106/ACC/-	1	CONTAINER, RADIOACTIVE WASTE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
IMAGING AND DIAGNOSTIC SERVICES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERIS CORPORATION	DJ060124331/	2	CABINET, WARMING	New	\$9,878.40
LAB	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	2	CART, PHLEBOTOMY	Existing	\$0.00
LAB	CLINTON INDUSTRIES	LAB X/66010	1	LAB CHAIR, BLOOD DRAWING	Existing	\$0.00
LAB	MARKETLAB, INC.	ML7676/ML7676	1	LAB CHAIR, BLOOD DRAWING	New	\$549.00
LAB	MARKETLAB, INC.	ML8400/1257.0	1	CART, PROCEDURE	Existing	\$0.00
LAB	MARKETLAB, INC.	ML8400/1257.0	1	CART, PROCEDURE	New	\$1,257.00
LAB	MARKETLAB, INC.	/ML7100	1	LAB RACK, TEST TUBE	New	\$171.00
LAB	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
LAB	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
LAB	STERICYCLE	C-17/ACC/MOBILE	2	CART, SHARPS	New	\$0.00
LAB	MARKETLAB, INC.	ML2600/INFANT-VERTICAL	1	LAB TABLE, BLOOD DRAWING	New	\$419.00
LAB	STERICYCLE	C-17/ACC/MOBILE	2	CART, SHARPS	New	\$0.00
LAB	EAGLE MANUFACTURING COMPANY	/1923X	1	CABINET, SAFETY, FLAMMABLE STORAGE	New	\$730.00
LAB	CMS/FISHER HEALTHCARE	137-455/ACC/EQUATHERM	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	ABBOTT LABORATORIES	03P75-06/I-STAT	1	LAB ANALYZER, CHEMISTRY, MANUAL	Existing	\$0.00
LAB	HELMER LABS, INC.	ILF125/5212125-1	1	FREEZER, LABORATORY	New	\$9,813.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	HETTICH	ROTINA 380R/	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	IMMUCOR, INC.	-/GALILEO ECHO	1	LAB PROCESSOR, BLOOD	Existing	\$0.00
LAB	HELMER LABS, INC.	DH2/	1	LAB WATERBATH	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
LAB	CLAY ADAMS	BD#420352/MC#493688/SEROFUGE 2002	1	LAB CENTRIFUGE, SERO-FUGE	Existing	\$0.00
LAB	IMMUCOR, INC.	P2 INCUBATOR/30205	1	INCUBATOR, LAB, PLATELET, COUNTERTOP	Existing	\$0.00
LAB	HELMER LABS, INC.	PLATELET AGITATOR/PF151	1	LAB AGITATOR	New	\$1,971.00
LAB	HELMER LABS, INC.	HLR125/HLR125	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	HELMER LABS, INC.	5210125-1/IPF125	1	FREEZER, PLASMA	New	\$10,403.49
LAB	LABCONCO CORPORATION	PROTECTOR XSTREAM/110610002	1	HOOD, FUME	New	\$19,200.00
LAB	TROEMNER, INC.	BASIC VORTEX MIXER/TALBOYS 945610	1	LAB MIXER	Existing	\$0.00
LAB	NUAIRE, INC.	NU-5510DHD/AIRFLOW	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	SHELDON MANUFACTURING CO.	/SHEL LAB SMI12	1	LAB INCUBATOR, FLOOR MODEL	Existing	\$0.00
LAB	BARNSTEAD INTERNATIONAL	LAB-LINE/120	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	BIOMERIEUX, INC.	BACT/ALERT 3D 60	1	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	BIOFIRE DEFENSE, INC.	FLM1-ASY-0001/FILMARRAY 1.0	2	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	BIOMERIEUX, INC.	27530/VITEK 2 COMPACT	1	LAB ANALYZER, ANTIMICROBIAL SUSCEPTIBILITY	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
LAB	FISHER SCIENTIFIC	FBG49RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	8	CART, SUPPLY	New	\$750.80
LAB	LEICA MICROSYSTEMS INC.	1491860UVUV/CM1860 UV	1	LAB CRYOSTAT	Existing	\$0.00
LAB	OLYMPUS AMERICA INC.	CX41RF-5/	1	LAB MICROSCOPE	Existing	\$0.00
LAB	SAKURA FINETEK U.S.A., INC.	4451/	1	LAB RACK, SLIDE HOLDER AND STAINING DISHES	New	\$699.99
LAB	MOPEC	BF736/BF710/3FT	1	HOOD, FUME	New	\$2,727.75
LAB	THERMO FISHER SCIENTIFIC	GROSSLAB SENIOR /97002	1	WORKSTATION, GROSSING, FLOOR	Future	\$0.00
LAB	BECKMAN COULTER CORP.	DXC700/	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	Leased	\$0.00

LAB	ABBOTT LABORATORIES	ALINITY I/	1	LAB ANALYZER, CHEMISTRY, IMMUNO	Future	\$0.00
LAB	MILLIPORE CORPORATION	ZAFS15EWW/AFS 15E	1	LAB WATER SYSTEM	Existing	\$0.00
LAB	HOLOGIC, INC.	TLI IQ SYSTEM/	1	LAB ANALYZER, FETAL FIBRONECTIN	Existing	\$0.00
LAB	ABAXIS	/PICCOLO XPRESS	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	Existing	\$0.00
LAB	NOVA BIOMEDICAL	PRIME	1	LAB ANALYZER, BLOOD GAS	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	FISHER SCIENTIFIC/CORPORATE	FBG72RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	FISHER SCIENTIFIC/CORPORATE	11-670-337/MF25SS-SAAE-TS	1	FREEZER, UPRIGHT	Existing	\$0.00
LAB	DRUCKER COMPANY	HORIZON PREMIER/755VES	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	MEDTOX LAB	MEDTOXSCAN READER/-	1	LAB ANALYZER, DRUG MONITORING	Existing	\$0.00
LAB	ABBOTT LABORATORIES	NAT-024/ID NOW	1	LAB ANALYZER	Existing	\$0.00
LAB	SYSMEX CORPORATION	10712039/CA-660	1	LAB ANALYZER, COAGULATION, AUTOMATED	Leased	\$0.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	BECKMAN COULTER - DIAGNOSTICS DIVIS	IRIS/IQ2000	1	LAB ANALYZER, URINE	Leased	\$0.00
LAB	SYSMEX CORPORATION	XN1000-100-BPR/XN-1000	1	LAB ANALYZER, HEMATOLOGY, AUTOMATED	Existing	\$0.00
LAB	SIEMENS MEDICAL SYSTEMS/CORPORATE	HEMATEK 3000/HEMATEK3000	1	LAB STAINER	New	\$20,100.00
LAB	ALCOR SCIENTIFIC, INC.	ISED/1120010125	1	LAB ANALYZER, SEDIMENTATION RATE	New	\$29,892.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	LW SCIENTIFIC INC	RTL-BLVD-24T1/	1	LAB ROTATOR	Existing	\$0.00
LAB	STATSPIN, IRIS SAMPLE PROCESSING	CENSLIDE 2000/X00-003395-001	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	New	\$1,520.00
LAB	MEDICAL ELECTRONIC SYSTEMS	/SQA-V GOLD	1	LAB ANALYZER	Existing	\$0.00
LAB	ALERE NORTH AMERICA, INC.	ALERE-1 INFLUENZA/INFLUENZA A & B	2	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
LAB	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
LAB	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
ONCOLOGY CLINIC	CHAMPION MANUFACTURING	ASCENT/650	5	CHAIR, RECLINER	New	\$2,888.50
ONCOLOGY CLINIC	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	5	I.V. INFUSION PUMP	Leased	\$0.00
ONCOLOGY CLINIC	BLICKMAN, INC.	7792SS-4/	5	I.V. POLE	New	\$364.95
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	5	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	5	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	5	DISPENSER, EMESIS BAG	New	\$119.00
ONCOLOGY CLINIC	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	5	STAND, MAYO	New	\$479.07
ONCOLOGY CLINIC	MIDMARK CORPORATION	204/RITTER	2	TABLE, EXAM, ADULT	New	\$1,526.25
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	New	\$119.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
ONCOLOGY CLINIC	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	1883575/SLIM JIM	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$105.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
ONCOLOGY CLINIC	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
ONCOLOGY CLINIC	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	MARKETLAB, INC.	ML7676/ML7676	1	LAB CHAIR, BLOOD DRAWING	New	\$549.00
ONCOLOGY CLINIC	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	1	CART, PHLEBOTOMY	New	\$1,998.00
ONCOLOGY CLINIC	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
ONCOLOGY CLINIC	ABBOTT LABORATORIES	04P73-04/ACC/I-STAT	1	LAB ANALYZER, CHEMISTRY, MANUAL	New	\$11,864.23
ONCOLOGY CLINIC	NOVA BIOMEDICAL	STAT SENSOR/-	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	New	\$5,000.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	New	\$9,878.40
ONCOLOGY CLINIC	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
ONCOLOGY CLINIC	GE MEDICAL SYSTEMS	2068581-001/CARESCAPE VC150	3	MONITOR, VITAL SIGNS	New	\$5,155.80
ONCOLOGY CLINIC	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00

ONCOLOGY CLINIC	ACCUVEIN	AV500/AV500/HF550	1	ILLUMINATOR, VEIN	New	\$7,128.00
ONCOLOGY CLINIC	SMITHS MEDICAL	HL-90/L-70/HOTLINE	1	WARMER, BLOOD/FLUID	New	\$1,969.92
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	FLEXLINE PHLEBOTOMY FLIV/FLIV	1	CART, PROCEDURE, I.V. THERAPY	New	\$3,191.20
ONCOLOGY CLINIC	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
ONCOLOGY CLINIC	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
ONCOLOGY CLINIC	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	1	CART, PHLEBOTOMY	New	\$1,998.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	9	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	9	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	9	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	18	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	9	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	9	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	9	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	9	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	27	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	9	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	9	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	UMANO MEDICAL	/OOK SNOW FL36	4	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	4	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	4	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	New	\$9,137.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	4	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	8	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	4	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	4	PUMP, COMPRESSION	Existing	\$0.00
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	12	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	8	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	12	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	12	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	6143/RED	4	WASTE RECEPTACLE, STEP-ON	New	\$82.46
PATIENT CARE UNITS	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	19	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	NC001-0512/BEDPAN/URINAL	19	DISPENSER, WALL MOUNTED	New	\$110.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	4	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	1	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	4	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	4	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	8	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	4	THERMOMETER, ELECTRONIC	Existing	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	4	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	4	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	12	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	1	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	1	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00

PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	3	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	2239000000/ACC/BARI 10-A/ACC	1	BED, BARIATRIC	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	1	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	3	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	1	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	HAUSMANN INDUSTRIES, INC.	72573	1	PARALLEL BARS	Existing	\$0.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	New	\$279.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	Existing	\$0.00
PATIENT CARE UNITS	DRIVE MEDICAL	RTL10273/ACC	1	EXERCISE UNIT, ERGOMETER	Existing	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	NUSTEP, INC.	T4R/	1	EXERCISE UNIT, ERGOMETER	Existing	\$0.00
PATIENT CARE UNITS	NUSTEP, INC.	T4R/	1	EXERCISE UNIT, ERGOMETER	New	\$4,795.00
PATIENT CARE UNITS	3B Scientific	3011514/STANDARD TRAINING STAIRS	1	EXERCISE UNIT, STAIRCASE	New	\$900.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	METRON BARIATRIC/961514	1	TABLE, TREATMENT, HI/LO	New	\$3,229.95
PATIENT CARE UNITS	SCIFIT SYSTEMS, INC.	5062/SCI FIT PRO II	1	EXERCISE UNIT, ERGOMETER, BICYCLE, MANUAL	New	\$4,950.00
PATIENT CARE UNITS	BLICKMAN, INC.	8762SS E-Z/EZ STACKING	2	STOOL, FOOT, STEP	New	\$162.39
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5350/SINGLE	1	MIRROR, POSTURE	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5291/-	1	EXERCISE UNIT	Existing	\$0.00
PATIENT CARE UNITS	ALIMED, INC.	8512	2	BOARD, PATIENT TRANSFER	New	\$56.75
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	CX302/MEDIUM	1	HAMPER, LINEN	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	V100/ACC/DINAMAP	1	MONITOR, VITAL SIGNS	New	\$4,311.00
PATIENT CARE UNITS	SAMMONS/PRESTON INC.	081552314/LARGE DIAL	1	SCALE, STAND-ON	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553464	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553465	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553466	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553467	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553463	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5161/STORAGE RACK	1	EXERCISE UNIT, WEIGHTS ACCESSORY, RACK, STORAGE	New	\$321.60
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	WEIGHTS AND BAND	1	EXERCISE UNITS, WEIGHTS AND BANDS	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	3	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	TOP LOAD/WTW4855W	1	WASHER, CLOTHES, DOMESTIC	New	\$629.00

PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WED4815EW/TOP LOAD	1	DRYER, CLOTHES, DOMESTIC	New	\$599.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WFC340S0ES/WFC340S0ES	1	RANGE, DOMESTIC, ELECTRIC	New	\$949.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
PATIENT CARE UNITS	MAXI-MOVERS	M7045/M7045	1	TRUCK, WASTE RECEPTACLE/UTILITY	New	\$800.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3517 COMBO/3526/3529	1	CONTAINER, BIOHAZARD	Leased	\$0.00
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	8985/CHEMOSAFETY	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$50.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	TELEMETRY SYSTEM	1	MONITOR, TELEMETRY	Existing	\$0.00
PATIENT CARE UNITS	NOVA BIOMEDICAL	54790/	4	LAB ANALYZER, GLUCOSE	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	74UP/A2460NC/ACC/SUPER ADJUST	2	CART, LINEN	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	4500-88BEIG/4500-88	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	AKRO-MILS	2W717/30636	12	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	7	PUMP, COMPRESSION	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDRQ1035HBC	27	BIN	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3355-88/-	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL XX 24/PREMIER	1	CART, PROCEDURE	New	\$1,478.50
PATIENT CARE UNITS	OLYMPIC MEDICAL, DIVISION OF NATUS	56948/WARMETTE 48	1	CABINET, WARMING	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MHSE WARMER14S/MSCWARMER14S	2	CABINET, WARMING	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	2436NC/74P/SUPER RECTA	1	SHELVING, WIRE	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	2448NC/63UP/SUPER RECTA	1	SHELVING, WIRE	Existing	\$0.00
PATIENT CARE UNITS	DISTRIBUTION SYSTEMS INTERNATIONAL	HSC4865-2/SMARTCELL HSC4865-2	1	PARWALL UNIT, MOBILE	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	7-DRAWER AUXILIARY/MEDSTATION ES 7-DRAWER AUXILIARY	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	DOUBLE COLUMN IM/MEDSTATION ES	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
PATIENT CARE UNITS	HELMER LABS, INC.	HLR111/HLR111	1	REFRIGERATOR, UPRIGHT	New	\$4,172.50
PATIENT CARE UNITS	GENERAL ELECTRIC (GE)	GME04GGKWW/COMPACT	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
PATIENT CARE UNITS	AKRO-MILS	2W717/30636	1	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
PATIENT CARE UNITS	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
PATIENT CARE UNITS	LABORIE MEDICAL TECHNOLOGIES CORP.	PORTASCAN 3D/PORTASCAN 3D	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	MW203/MW200 SERIES	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	ALIMED, INC.	75634/CANE AND CRUTCH	1	RACK, CRUTCH	New	\$393.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	081576974/ROLLATOR WALKER	12	WALKER	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS89664FR/	1	CHAIR, COMMODORE	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	/MDS86960KDMBH	1	BENCH, TRANSFER SHOWER	New	\$123.00
PATIENT CARE UNITS	AMICO CORPORATION	BB-MTD2-01-XXP/ACC/MARCO SERIES	1	BASSINET, INFANT	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS806400EV/K2 BASIC	2	WHEELCHAIR	Existing	\$0.00
PATIENT CARE UNITS	MED CARE MANUFACTURING	450007/CARE STAND-N-WEIGHT PLUS 440	1	LIFTER, PATIENT	Existing	\$0.00
PATIENT CARE UNITS	SAGE PRODUCTS	7455/PREVALON AIR PUMP	1	PUMP, AIR FLOTATION	Existing	\$0.00
PATIENT CARE UNITS	HILL-ROM	METANEV/PMN4	2	NEBULIZER	Existing	\$0.00
PATIENT CARE UNITS	PHILIPS MEDICAL SYSTEMS	V60/RESPIRONICS V60	2	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	RESPIRONICS, A PHILIPS COMPANY	V30 AUTO MOBILITY/1135427	1	VENTILATOR, NON-INVASIVE	Existing	\$0.00
PATIENT CARE UNITS	HAMILTON MEDICAL, INC.	T1 PACKAGE/TRANSPORT	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	HAMILTON MEDICAL, INC.	14000N/MR1 VIZIENT PKG	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	CAREFUSION	LTV1200MRI/ACC/-	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	FISHER & PAYKEL HEALTHCARE	PT101XX/AIRVO 2	3	HUMIDIFIER	Existing	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	MOBILE 7670-03/	1	SPHYGMOMANOMETER, ANEROID, MOBILE	Existing	\$0.00

PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	RCA COMMERCIAL PRODUCTS	RMW741/	1	OVEN, MICROWAVE	Existing	\$0.00
PATIENT CARE UNITS	GENERAL ELECTRIC (GE)	GME04GGKWW/COMPACT	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	2	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	FRIGIDAIRE	FFSS2614Q/SIDE-BY-SIDE	2	REFRIGERATOR/FREEZER, UPRIGHT	New	\$974.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3546/3548/UNTOUCHABLE	1	WASTE RECEPTACLE	New	\$98.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	TELEMETRY SYSTEM	1	MONITOR, TELEMETRY	Existing	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	New	\$2,021.20
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
PATIENT CARE UNITS	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	New	\$23,980.20
PATIENT CARE UNITS	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
PATIENT CARE UNITS	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
PATIENT CARE UNITS	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	New	\$995.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	1115-000-030/ACC/PRIME BIG WHEEL	1	STRETCHER	Existing	\$0.00
PATIENT CARE UNITS	SCALE-TRONIX DIV. OF WELCH ALLYN	STOW-A-WEIGH/6202	1	SCALE, WHEELCHAIR	New	\$3,195.00
PATIENT CARE UNITS	HILL-ROM	VIKING XL/2040003	1	LIFTER, PATIENT	Existing	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	FRPH1204A/FORMA	1	REFRIGERATOR, UPRIGHT, PHARMACY	New	\$5,220.70
PHARMACY	HELMER LABS, INC.	HPR120/	1	REFRIGERATOR, UPRIGHT, CLINICAL	Existing	\$0.00
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	JLF2330A/JLF2330A	1	FREEZER, UPRIGHT	New	\$6,945.35
PHARMACY	SUMMIT APPLIANCE DIV.	FS407LBIMED2ADA/	1	FREEZER, UNDERCOUNTER	Existing	\$0.00
PHARMACY	BD CAREFUSION PYXIS	CII SAFE BIODID/M2C2BXPINS	1	DISPENSER, MEDICATION, NARCOTICS, MAIN	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	QB236-M12/QWIKSIGHT BASKET SUPPLY	6	CART, SUPPLY	New	\$4,422.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	QB136-M6/QWIKSIGHT BASKET SUPPLY	8	CART, SUPPLY	New	\$2,510.00
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	KENDALL HEALTHCARE, COVIDIEN	8935/	1	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	3	SHELVING, WIRE	New	\$700.80
PHARMACY	INTERMETRO INDUSTRIES CORP.	BC2636-2D/BC2636-2DBU	1	CART, UTILITY	Existing	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	BC2636-2D/BC2636-2DBU	2	CART, UTILITY	New	\$215.20
PHARMACY	FILLMASTER SYSTEMS	FILLMASTER 3600/FMF950	1	WATER SYSTEM	New	\$1,195.00
PHARMACY	STERICYCLE	C-08BLKHAZ-PH/ACC/	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Leased	\$0.00
PHARMACY	STERICYCLE	C-08BLUENON-PH/ACC/DWS-08	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Leased	\$0.00
PHARMACY	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PHARMACY	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PHARMACY	NUAIRE, INC.	NU-PR797-400/ACC/PHARMAGARD	1	LAB CABINET, GLOVE BOX	Existing	\$0.00
PHARMACY	HEALTH CARE LOGISTICS INC.	11875/	1	CART, UTILITY	New	\$376.50
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	STERICYCLE	C-17/ACC/MOBILE	1	CART, SHARPS	Leased	\$0.00
PHARMACY	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PHARMACY	NUAIRE, INC.	NU-560-400/LABGARD ES	1	CABINET, SAFETY, BIOLOGICAL	New	\$15,876.53
PHARMACY	HEALTH CARE LOGISTICS INC.	11875/	1	CART, UTILITY	New	\$376.50
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	2	SHELVING, WIRE	New	\$700.80
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	PRF17-1B/-	1	REFRIGERATOR/FREEZER, UPRIGHT, CLINICAL	New	\$9,909.30
SPECIALTY CLINIC	INTERMETRO INDUSTRIES CORP.	A1436NC/54UP/SUPER ERECTA	1	SHELVING, WIRE	New	\$475.90
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 230/POWER TABLE	1	TABLE, EXAM, ADULT	Existing	\$0.00
SPECIALTY CLINIC	OAKWORKS MEDICAL	PT250/68644-T18	1	TABLE, EXAM	Existing	\$0.00
SPECIALTY CLINIC	RELIANCE MEDICAL,A HAAG STREIT CO.	R-6200H/R-6200H	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00

SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	4	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	DYNATRONICS CORPORATION	27"X72" HARDWOOD/ECO2772(*)	2	TABLE, TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	DYNATRONICS CORPORATION	27"X72" HARDWOOD/ECO2772(*)	1	TABLE, TREATMENT	New	\$359.55
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 203/RITTER 203	1	TABLE, EXAM	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	4	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	2	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	2	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MIDMARK CORPORATION	204/RITTER	6	TABLE, EXAM, ADULT	New	\$1,526.25
SPECIALTY CLINIC	MIDMARK CORPORATION	230-002/RITTER	3	CHAIR/TABLE, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	9	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	9	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	E8350MA/TROPHON 2	1	DISINFECTOR	Existing	\$0.00
SPECIALTY CLINIC	AVANTI PRODUCTS	RM4436SS/RM4436SS	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
SPECIALTY CLINIC	SIEMENS MEDICAL SYSTEMS/CORPORATE	CLINITEK 500/6470	1	ANALYZER, LAB, URINALYSIS, SEMI-AUTOMATED	Existing	\$0.00
SPECIALTY CLINIC	BLICKMAN, INC.	CCC2-17/MULTI-PURPOSE	1	CART, CASE	New	\$1,867.29
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	OPTIMA XR646 OD BASE LED/S1240AL	1	IMAGING, RADIOGRAPHIC, DIGITAL	Existing	\$0.00
SPECIALTY CLINIC	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$16,000.00
SPECIALTY CLINIC	CONE INSTRUMENTS	5086151/	1	SHIELD, LEAD, BARRIER	New	\$389.00
SPECIALTY CLINIC	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
SPECIALTY CLINIC	CONE INSTRUMENTS	PIGG-O-STAT/206500	1	RESTRAINT, IMMOBILIZER, CHILD	New	\$5,000.00
SPECIALTY CLINIC	INFAB CORPORATION	683430/INFAB	1	RACK, APRON AND GLOVE, WALL MOUNTED	Existing	\$0.00
SPECIALTY CLINIC	LITE TECH, INC.	835VS/835VS	1	APRON, LEAD	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	DEVILBISS HEALTH CARE, INC.	7314P-D/VACU-AIDE QSU	1	SUCTION PUMP	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	3	CHAIR, EXAM/TREATMENT	New	\$9,704.25
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 255 LED/255-001	4	LIGHT, SURGICAL, SINGLE	New	\$2,348.25
SPECIALTY CLINIC	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
SPECIALTY CLINIC	BOVIE MEDICAL CORPORATION	AARON A950/ACC/	2	ELECTROSURGICAL UNIT	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	4	STAND, MAYO	Existing	\$0.00
SPECIALTY CLINIC	WELCH ALLYN, INC.	73CT-B/CONNEX	4	MONITOR, VITAL SIGNS	Existing	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-120-L/-	4	HAMPER, LINEN	New	\$254.75
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	KENDALL HEALTHCARE, COVIDIEN	8935/	4	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6143/RED	4	WASTE RECEPTACLE, STEP-ON	New	\$82.46
SPECIALTY CLINIC	SCALE-TRONIX DIV. OF WELCH ALLYN	STOW-A-WEIGH/6202	1	SCALE, WHEELCHAIR	Existing	\$0.00
SPECIALTY CLINIC	VERATHON MEDICAL	BLADDERSCAN PRIME+/0270-0870	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SPECIALTY CLINIC	JEDMED INSTRUMENT COMPANY	03-6200/SPECTRUM CSC	2	CABINET, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	INTERMETRO INDUSTRIES CORP.	SXRSMBASE/ACC/STARSYS	1	CART, CAST	New	\$1,959.62
SPECIALTY CLINIC	LEICA MICROSYSTEMS INC.	M320/F12/10448420	1	MICROSCOPE, OPERATING	Existing	\$0.00
SPECIALTY CLINIC	DEVILBISS HEALTH CARE, INC.	PULMONEB/3655LT	2	NEBULIZER	Existing	\$0.00
SPECIALTY CLINIC	MAICO	8121530/EASYTYMP	1	TYMPANOMETER	Existing	\$0.00
SPECIALTY CLINIC	OLYMPUS AMERICA INC.	/VISERA ELITE	2	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	LOGIQ E9/	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SPECIALTY CLINIC	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	Existing	\$0.00

SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
SPECIALTY CLINIC	ETS LINDGREN	RE-142MC/SINGLE WALL EXAM	1	BOOTH, AUDIOMETRIC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	TRANSMOTION MEDICAL/DIV. OF WINCO	TMM4-B/MULTI-PURPOSE	4	STRETCHER, CHAIR	New	\$6,143.00
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	5	STRETCHER	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	5	MONITOR, PHYSIOLOGICAL	New	\$9,137.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	4	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	9	CART, PROCEDURE	New	\$1,921.40
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	9	TABLE, OVERBED	New	\$279.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	4	HYPERTHERMIA UNIT	New	\$2,000.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	5	HYPERTHERMIA UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	7	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	2	PUMP, COMPRESSION	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	7792SS-4/	9	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	9	DISPENSER, EMESIS BAG	New	\$119.00
SURGERY AND SPECIAL PROCEDURES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	9	I.V. INFUSION PUMP	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	9	FLOWMETER, OXYGEN	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	9	FLOWMETER, AIR	New	\$45.50
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	9	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	9	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	01690-200/02892-100/SURETEMP + 690	9	THERMOMETER, ELECTRONIC	New	\$303.75
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	9	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
SURGERY AND SPECIAL PROCEDURES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	WA71641-M/71641-M	2	OPHTHALMOSCOPE/OTOSCOPE	New	\$428.14
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	1487921243/7921TG	1	CABINET, WARMING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	VERATHON MEDICAL	BVI3000/BLADDERSCAN	1	IMAGING, ULTRASOUND SCANNER	New	\$15,489.95
SURGERY AND SPECIAL PROCEDURES	VERATHON MEDICAL	0069-0080/GS CORE	1	LARYNGOSCOPE, VIDEO GLIDESCOPE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MINDRAY NORTH AMERICA	121-001187-00/TE7	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	FG47160BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
SURGERY AND SPECIAL PROCEDURES	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
SURGERY AND SPECIAL PROCEDURES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL AB 30/	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL AB 30/	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE OEC MEDICAL SYSTEMS	S10000DH/ELITE MINIVIEW	1	IMAGING, X-RAY, C-ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0702-014-000/NEPTUNE 2/DOCKING STATION	1	WASTE MANAGEMENT SYSTEM	New	\$17,911.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0702-014-000/NEPTUNE 2/DOCKING STATION	1	WASTE MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	4	STRETCHER	New	\$9,933.30
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	4	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	4	CART, PROCEDURE	New	\$1,921.40
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	4	HYPERTHERMIA UNIT	New	\$2,000.00

SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	4	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	7792SS-4/	4	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	4	I.V. INFUSION PUMP	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	4	FLOWMETER, AIR	New	\$45.50
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	01690-200/02892-100/SURETEMP + 690	4	THERMOMETER, ELECTRONIC	New	\$303.75
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OSC400/	2	MEDICAL GAS ARTICULATING BOOM	New	\$15,420.61
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OSC400/	1	MEDICAL GAS ARTICULATING BOOM	New	\$15,066.98
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$35,385.61
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	1	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$38,301.93
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$42,121.20
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	1	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$42,121.20
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	TP-632/TELETOM	3	MEDICAL GAS ARTICULATING BOOM	New	\$28,865.67
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS		3	INSTALLATION	New	\$14,829.00
SURGERY AND SPECIAL PROCEDURES	ZZZ - GENERIC DESCRIPTIONS		3	AUDIO/VISUAL SYSTEM,INTEGRATED, SURGERY	New	\$82,886.09
SURGERY AND SPECIAL PROCEDURES	ZZZ - GENERIC DESCRIPTIONS		1	AUDIO/VISUAL SYSTEM,INTEGRATED, SURGERY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	0240-031-050/	6	MONITOR, VIDEO	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	V552/55 IN LCD	2	MONITOR, VIDEO	New	\$5,880.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	V552/55 IN LCD	1	MONITOR, VIDEO	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OT 8301065/OPERON D830	1	TABLE, SURGICAL	New	\$60,169.74
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OT 8301065/OPERON D830	2	TABLE, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	8607000/ACC/FABIUS GS PREM	1	ANESTHESIA MACHINE	New	\$35,717.36
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	8607000/ACC/FABIUS GS PREM	2	ANESTHESIA MACHINE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	ANESTHESIA ES SYSTEM/327	3	CART, ANESTHESIA MEDICATION	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	1	MONITOR, PHYSIOLOGICAL	New	\$11,927.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	3	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	ST-3679S/ST-3679S	6	CABINET, STORAGE	New	\$3,405.56
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	1	ELECTROSURGICAL UNIT	New	\$14,000.00
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	2	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-98-SS/ACC/-	3	TABLE, WORK	New	\$579.18
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	2	TABLE, WORK	New	\$1,438.64
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1078-SS/P-1078-SS	2	STAND, BASIN, SINGLE	New	\$275.45
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1078-SS/P-1078-SS	1	STAND, BASIN, SINGLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	6	STAND, MAYO	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	2	KICKBUCKET	New	\$174.79
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	1	KICKBUCKET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	1088-010-000/1088	1	SCOPE, VIDEO SYSTEM	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	1088-010-000/1088	2	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	1	HYPERTHERMIA UNIT	New	\$2,750.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	2	HYPERTHERMIA UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	3	BOARD, PATIENT TRANSFER	New	\$345.50
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-17/ACC/MOBILE	3	CART, SHARPS	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	6	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	3	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	7792SS-4/	3	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	7792SS-4/	3	I.V. POLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4518/	2	HAMPER, LINEN	New	\$65.86
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	New	\$146.25
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	8862SS/E-Z STACKING	6	STOOL, FOOT, PLATFORM TYPE	New	\$256.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0703-001-000/NEPTUNE 3	1	WASTE MANAGEMENT SYSTEM	New	\$15,000.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0703-001-000/NEPTUNE 3	2	WASTE MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERIS CORPORATION	CE122301/DUAL	2	SINK, SCRUB	New	\$9,600.00
SURGERY AND SPECIAL PROCEDURES	STERIS CORPORATION	DOUBLE BAY [CE00]/CE00006	2	CARRIER, CHAIR, SCRUB SINK	New	\$256.00
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00

SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	THERMO FISHER SCIENTIFIC	/FORMA 708	1	FREEZER, ULTRA-LOW	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PHILLIPS SAFETY PRODUCTS	RAR-M105-HB/-	1	RACK, APRON, MOBILE	New	\$1,251.00
SURGERY AND SPECIAL PROCEDURES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	10	APRON, LEAD	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	1487924243/7924TG	1	CABINET, WARMING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	ROAM 1/SR1RT	2	CART, SUPPLY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	ROAM 1/SR1RT	1	CART, SUPPLY	New	\$2,500.00
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	TOP TRACK/METROMAX Q	1	SHELVING, HIGH DENSITY	Existing	\$4,400.00
SURGERY AND SPECIAL PROCEDURES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$2,000.00
SURGERY AND SPECIAL PROCEDURES	ZIMMER PATIENT CARE	60300010300/ATS 3000	1	TOURNIQUET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	5920-011-000/ACC/SMART PUMP	2	TOURNIQUET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HOLOGIC, INC.	/NOVASURE	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	ESG-400/ESG-400	3	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	SXRSMBASE/ACC/STARSYS	1	CART, CAST	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	CARL ZEISS, INC.	000000-1258-307/OPMI MOVENA	1	MICROSCOPE, OPERATING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HOLOGIC, INC.	AQL-100/AQUILEX	1	FLUID MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALLEN MEDICAL SYSTEMS	EASY IRRIGATION/O-LPA TOWER	1	IRRIGATION SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ORTHOSCAN, INC.	1000-0004-FD/MINI ORTHOSCAN FD-OR	1	IMAGING, X-RAY, C-ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	TPS SYSTEM/5100-1 CONSOLE	1	INSTRUMENTS, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALLEN MEDICAL SYSTEMS	0-YFES-A5/ACC/YELLOFIN ELITE	2	TABLE, SURGICAL ACCESSORY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	KARL STORZ ENDOSCOPY-AMERICA, INC.	C-MAC/8403ZXK	1	SCOPE, LARYNGOSCOPE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HAEMONETICS	02005-110-EP/CELL SAVER 5+	1	BLOOD RECOVERY SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BOSTON SCIENTIFIC CORPORATION	G2200-003/REZUM GENERATOR G2200	2	ABLATION SYSTEM, RADIO-FREQUENCY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDTRONIC, INC.	/AQUAMANTYS	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ANSPACH EFFORT, INC.	EMAX2PLUS	1	DRILL, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	NSK AMERICA CORP	PROSTEP POWER BOX/PRIMADO2 P200-CU-120	2	SURGICAL EQUIPMENT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	CONMED CORPORATION	AS-IFS1/AS-ICART/AIRSEAL AS-IFS W/CART	1	INSUFFLATOR, CO2	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	MDCONS100/DIEGO ELITE	2	INSTRUMENT, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PLASMA SURGICAL, INC.	PS10-3130-EN/PLASMAJET ULTRA W/CART	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	CORE DRILL SYSTEM/CORE	1	DRILL, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDTRONIC-XOMED, INC.	NIM RESPONSE/NEURO 3.0	1	MONITOR, NERVE INTEGRITY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
SURGERY AND SPECIAL PROCEDURES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STILLE SURGICAL, INC.	/SONESTA 6210	1	IMAGING, TABLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER MEDICAL	PRIME BIG WHEEL/111500000E	1	STRETCHER, ADULT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS		2	INSTALLATION	New	\$22,684.60
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	EVIS EXERA II/CV-180/ACC	1	SCOPE, VIDEO SYSTEM	New	\$67,650.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	EVIS EXERA II/CV-180/ACC	1	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	ANESTHESIA ES SYSTEM/327	2	CART, ANESTHESIA MEDICATION	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	SR2G/	2	CART, SUPPLY	New	\$5,100.00
SURGERY AND SPECIAL PROCEDURES	SMITHS MEDICAL	4000-0106-01/MEDFUSION 4000	1	PUMP, SYRINGE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SMITHS MEDICAL	4000-0106-01/MEDFUSION 4000	1	PUMP, SYRINGE	New	\$5,295.94
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	2	MONITOR, PHYSIOLOGICAL	New	\$11,927.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	AKL-XX-5/ACC/A-SMART	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	2	ELECTROSURGICAL UNIT	New	\$14,000.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	New	\$1,438.64
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-86-SS/STERIL-GARD	2	TABLE, UTILITY	New	\$931.63
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	77925S-4/	1	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4866/SPACE SAVER	1	I.V. POLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	87625S E-Z/EZ STACKING	4	STOOL, FOOT, STEP	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$43.94
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$45.50

SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
SURGERY AND SPECIAL PROCEDURES	HEALTH O METER, INC.	WAIST HIGH DIGITAL/499KL	1	SCALE, STAND-ON	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-98-SS/ACC/-	2	TABLE, WORK	New	\$579.18
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	2	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	/MAKO	1	SURGICAL SYSTEM, ROBOTIC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	BRAINLAB	18090/KICK EM	1	NAVIGATION SYSTEM, SURGICAL, IMAGE GUIDED	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	FRIGIDAIRE	FFSS2614Q/SIDE-BY-SIDE	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$974.00
SURGERY AND SPECIAL PROCEDURES	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
SURGERY AND SPECIAL PROCEDURES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SCRUBSTATION INTEGRATED CENTER/SSCIC	1	DISPENSER, SCRUB	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SCRUBSTATION INTEGRATED CENTER/SSCIC	1	DISPENSER, SCRUB	Leased	\$0.00
WOMEN'S	KIRLIN	MRS-17600-120V	6	LIGHT, EXAM/TREATMENT	New	\$13,000.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	LD304/4701	6	BED BIRTHING	Existing	\$0.00
WOMEN'S	OFS CAROLINA	/RESERVOIR 1200-CR3	6	TABLE, OVERBED	New	\$1,964.00
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS 259CX/	6	MONITOR, FETAL	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	01692-200/SURETEMP +692	6	THERMOMETER, ELECTRONIC	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	4402-000-001/NARA	6	BASSINET, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	M1112198/PANDA IRES	6	WARMER, INFANT	New	\$19,582.38
WOMEN'S	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	12	I.V. INFUSION PUMP	Leased	\$0.00
WOMEN'S	MOOG MEDICAL DEVICE GROUP	360-1300PE1L2/6000 CMS	6	PUMP, EPIDURAL	Existing	\$0.00
WOMEN'S	BLICKMAN, INC.	77925S-4/	6	I.V. POLE	New	\$364.95
WOMEN'S	CAREFUSION	FM150OHTP/	12	FLOWMETER, OXYGEN	New	\$50.00
WOMEN'S	CAREFUSION	8701-1125-108	12	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	12	FLOWMETER, AIR	New	\$29.85
WOMEN'S	OHIO MEDICAL CORPORATION	6750-0020-919/LOW FLOW	6	BLENDER, AIR/OXYGEN	New	\$823.00
WOMEN'S	MIDMARK CORPORATION	272-001-856/272	6	STOOL, REVOLVING	New	\$146.25
WOMEN'S	STRYKER MEDICAL	4400316000/TRADITIONAL DELIVERY CART	6	CART, DELIVERY	New	\$2,000.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-120-L/-	6	HAMPER, LINEN	New	\$254.75
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	6	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	KEURIG, INC.	K130/COMMERCIAL BREWING	6	COFFEE BREWER	New	\$116.37
WOMEN'S	WHIRLPOOL CORPORATION	WMC30516AW/	6	OVEN, MICROWAVE	New	\$175.61
WOMEN'S	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	6	DISPENSER, EMESIS BAG	New	\$119.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	6	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	RUBBERMAID COMM. PRODUCTS	6143/RED	6	WASTE RECEPTACLE, STEP-ON	New	\$82.46
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	12	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	18	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	PERFORMANCE HEALTHCARE	SADDLE ROLL/081521996	6	BALL, THERAPY	Existing	\$0.00
WOMEN'S	PERFORMANCE HEALTHCARE	561582/THERABAND PRO	6	BALL, THERAPY	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS 259CX/	1	MONITOR, FETAL	New	\$22,609.88
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS /CORO 172/LOOP	1	MONITOR, FETAL	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	LD304/4701	2	BED BIRTHING	New	\$15,542.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	New	\$14,344.60
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	2030062-005	2	CART, FETAL MONITOR	Existing	\$0.00
WOMEN'S	OFS CAROLINA	/RESERVOIR 1200-CR3	2	TABLE, OVERBED	New	\$1,964.00
WOMEN'S	BLICKMAN, INC.	77925S-4/	1	I.V. POLE	New	\$364.95
WOMEN'S	MEDLINE INDUSTRIES, INC.	HEAVY DUTY/MDS80600	1	I.V. POLE	Existing	\$0.00
WOMEN'S	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	Existing	\$0.00
WOMEN'S	SCALE-TRONIX DIV. OF WELCH ALLYN	/4802D	1	SCALE, INFANT	New	\$3,656.00
WOMEN'S	WELCH ALLYN, INC.	01692-200/SURETEMP +692	2	THERMOMETER, ELECTRONIC	New	\$349.15
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60

WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	8	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	8	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	BOWMAN MANUFACTURING COMPANY	NC001-0512/BEDPAN/URINAL	8	DISPENSER, WALL MOUNTED	New	\$110.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
WOMEN'S	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	2	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
WOMEN'S	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
WOMEN'S	NOR-LAKE SCIENTIFIC	/LF021WWW/OM	1	FREEZER, COUNTERTOP	Existing	\$0.00
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	AKRO-MILS	2W717/30636	8	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	PORTER INSTRUMENT COMPANY, INC.	SENTRY HD34/SENTRY SEDATE HP MXR-1 ANALOG	1	DELIVERY SYSTEM	Existing	\$0.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	Existing	\$0.00
WOMEN'S	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
WOMEN'S	INTERMETRO INDUSTRIES CORP.	N566EC/ACC/SUPER RECTA	1	CART, LINEN	New	\$772.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-2055/P-2055	1	CABINET, WARMING	Existing	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	6	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	4091/4091	1	CART, UTILITY	Existing	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
WOMEN'S	MAXI-MOVERS	M7045/M7045	1	TRUCK, WASTE RECEPTACLE/UTILITY	New	\$800.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	3517 COMBO/3526/3529	1	CONTAINER, BIOHAZARD	Leased	\$0.00
WOMEN'S	LAKESIDE MFG. CO.	-/411	1	CART, UTILITY	Existing	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	1	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
WOMEN'S	G.E. APPLIANCES	12402	1	FREEZER, CHEST	Existing	\$0.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	New	\$14,344.60
WOMEN'S	AKRO-MILS	2W717/30636	7	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	MASIMO CORPORATION	RAD-87/RAD-87	2	OXIMETER	Existing	\$0.00
WOMEN'S	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$50.00
WOMEN'S	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$29.85
WOMEN'S	OHIO MEDICAL CORPORATION	6750-0020-919/LOW FLOW	2	BLENDER, AIR/OXYGEN	New	\$823.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	PREMIER BROSELOW/PBL-PC-9/ACC	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
WOMEN'S	DETECTO SCALE COMPANY	-/6745/SPBT-1728	1	SCALE, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	BILISOFT LED/M1091990	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	FISHER & PAYKEL HEALTHCARE	RD900AEU/ACC/NEOPUFF	1	RESUSCITATION DEVICE	Existing	\$0.00
WOMEN'S	NATUS MEDICAL INC.	010066/NEOBLUE LED	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	DRAEGER INC.	MU2010/JM-105	1	METER, BILIRUBIN	Existing	\$0.00
WOMEN'S	B. BRAUN MEDICAL INC.	PERFUSOR PCA	1	I.V. INFUSION PUMP	Existing	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	WA71641-M/71641-M	1	OPHTHALMOSCOPE/OTOSCOPE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	690 SURETEMP+ RECTAL/01690-201	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	WATERLOO HEALTHCARE	JTGEA-33669-LTB/	1	CART, PROCEDURE	Existing	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	6	LOUVER PANEL, WALL MOUNTED	New	\$38.00

WOMEN'S	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	6	PUMP, COMPRESSION	Existing	\$0.00
WOMEN'S	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	1	ELECTROSURGICAL UNIT	Existing	\$0.00
WOMEN'S	MEDELA, INC.	SYMPHONY W/STAND/240108	2	PUMP, BREAST	Existing	\$0.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	ABL-B-6/A-SMART	2	CART, PROCEDURE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	44400/GS300	1	LIGHT, EXAM/TREATMENT	Existing	\$0.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-11 CHROME/P-11	1	STOOL, FOOT, STEP	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	4402-000-001/NARA	4	BASSINET, INFANT	Existing	\$0.00
WOMEN'S	NATUS MEDICAL INC.	010066/NEOBLUE LED	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	PIVOTAL HEALTH SOLUTIONS	/EPD/LDS	1	POSITIONER, PATIENT	Existing	\$0.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
WOMEN'S	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
WOMEN'S	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	1115-000-030/ACC/PRIME BIG WHEEL	1	STRETCHER	Existing	\$0.00

**Exhibit 11: Repayment Schedule**

## Summary of Debt Service

### Principal Payments

Group	Sum of USDA	Sum of USDA w/ LTGO Pledge	Sum of Revenue Bonds	Sum of Capital Notes
2022	-	-	71,320.40	-
2023	-	-	109,833.41	-
2024	858,929.02	124,067.52	114,226.75	340,198.98
2025	878,254.92	126,859.04	118,795.82	350,404.95
2026-2030	4,696,729.39	678,416.47	669,173.92	1,916,157.86
2031-2035	5,249,429.67	758,250.95	814,152.39	1,293,238.21
Thereafter	33,316,656.99	4,812,406.01	4,102,497.31	-
<b>Grand Total</b>	<b>45,000,000.00</b>	<b>6,500,000.00</b>	<b>6,000,000.00</b>	<b>3,900,000.00</b>

### Interest Payments

Group	Sum of USDA	Sum of USDA w/ LTGO Pledge	Sum of Revenue Bonds	Sum of Capital Notes
2022	-	-	160,000.00	-
2023	-	-	237,147.18	-
2024	1,012,500.00	146,250.00	232,753.85	117,000.00
2025	993,174.10	143,458.48	228,184.78	106,794.03
2026-2030	4,660,415.70	673,171.16	1,065,729.05	369,837.01
2031-2035	4,107,715.42	593,336.67	920,750.58	78,358.71
Thereafter	9,726,210.45	1,404,897.06	1,564,852.40	-
<b>Grand Total</b>	<b>20,500,015.67</b>	<b>2,961,113.37</b>	<b>4,409,417.84</b>	<b>671,989.76</b>

**Exhibit 12: Financial Commitment Letters**



# Prosser

## Memorial Health

May 22, 2021

Eric Hernandez, Manager  
Certificate of Need Program  
Washington Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

Dear Mr. Hernandez:

I am writing to confirm that Prosser Memorial Health will use a combination of debt financing and reserves for the capital expenditure associated with the replacement hospital project. PMH has already purchased the property for the replacement hospital and as outlined in the application will utilize reserves of (\$17,000,000 less Foundation contributions of \$2,000,000 less previous expenditures for land of \$1,700,000 less expenses related to the construction project already expended as of 12/31/2020 of \$708,430 for a total remaining of \$12,591,570) for a portion of the costs.

Included in Appendix 1 of the application is a copy of the 2020 audited financials demonstrating that these reserves are sufficiently available for the project.

Please do not hesitate to contact me directly with any questions at 509-786-6605 or [drollins@prosserhealth.org](mailto:drollins@prosserhealth.org).

Thank you,

David Rollins, CFO

May 26, 2021

Re: Prosser Public Hospital District Certificate of Need Application

To Whom it May Concern:

G.L. Hicks Financial, LLC has been engaged by Prosser Public Hospital District ("Prosser") to serve as the Municipal Advisor to assist with Prosser's USDA Direct Loan permanent financing, Bond Anticipation Note interim construction financing, Revenue Bond financing and Equipment Lease financing all associated with the hospital replacement project. Prosser's financing plan will ultimately be comprised of four separate components, described as follows.

- \$51.5 million USDA Direct Loans (assumed rate in the feasibility study is 2.25% for 35 years, but will not be fixed until the loans are obligated and closed), secured by revenues and limited tax revenues of Prosser;
- \$51.5 million of Bond Anticipation Note financing (assumed rate in the feasibility study is 4.00%, but will not be fixed until priced) as the interim construction financing for the USDA Direct Loans;
- \$6.0 million of Revenue Bond financing privately placed with a bank or publicly offered (assumed rate in the feasibility study is 4.0% for 30 years but will not be fixed until priced); and
- \$3.9 million of Equipment Lease financing provided by a bank (assumed rate in the feasibility study is 3.0% for 10 years but will not be fixed until closed).

With respect to the Bond Anticipation Notes and the Revenue Bonds, Prosser has also engaged the services of Piper Sandler to act as placement agent (if privately placed) and underwriter (if publicly offered) to assist with the placement and/or sale of these financings. Prosser has already submitted its pre-application and formal application to USDA for the USDA Direct Loan permanent financing. After completing a thorough review of the financial position, operating performance, security provided and financial projections for Prosser, USDA will choose to accept or reject the application.

As indicated in the CON response, the current rates on the financing are anticipated to be at the rates indicated above. Note that all of these rates are subject to market conditions at the time of obligation, pricing or closing. The USDA Direct Loan rate is set quarterly and will be set for the term of the loans based on the lowest of the rate upon USDA's loan obligation or upon loan closing, whichever is lowest. Therefore, all the above rates will be set with each financing is obtained. All the proposed interest rates will be fixed rate and no derivatives will be used by Prosser.

Respectfully submitted,



Gary Hicks  
President

## **Appendix 1: Audited Financials**

**Prosser Public Hospital District  
doing business as  
Prosser Memorial Health**

Combined Basic Financial Statements and  
Independent Auditors' Reports

December 31, 2020 and 2019



DINGUS | ZARECOR & ASSOCIATES <sup>PLLC</sup>  
Certified Public Accountants

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
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## INDEPENDENT AUDITORS' REPORT

Board of Commissioners  
Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Prosser, Washington

### **Report on the Financial Statements**

We have audited the accompanying combined financial statements of Prosser Public Hospital District doing business as Prosser Memorial Health (the District) as of and for the years ended December 31, 2020 and 2019, and the related notes to the combined basic financial statements, which collectively comprise the District's combined basic financial statements as listed in the table of contents.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the combined 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 combined 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 combined financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2020 and 2019, and the changes in its financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Emphasis of Matter**

As discussed in Note 16 to the financial statements, the COVID-19 pandemic has created economic uncertainties which may negatively impact the District's financial position. Management's evaluation of the events and conditions and management's plans to mitigate these matters are also described in Note 16. Our opinion is not modified with respect to this matter.

## **Other Matters**

### *Required Supplementary Information*

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the combined basic financial statements. Such missing information, although not a part of the combined basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the combined basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the combined basic financial statements is not affected by this missing information.

## **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 22, 2021, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters for the year ended December 31, 2020. We issued a similar report for the year ended December 31, 2019, dated March 17, 2020, which has not been included with the 2020 financial and compliance report. The purpose of those reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing for each year, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
March 22, 2021

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Net Position**  
**December 31, 2020 and 2019**

<b>ASSETS</b>	<b>2020</b>	<b>2019</b>
<i>Current assets</i>		
Cash and cash equivalents	\$ 9,379,362	\$ 817,760
Investments	512,731	437,638
Receivables:		
Patients, less allowances for uncollectible accounts	9,878,800	10,744,795
Taxes	31,706	26,908
Other	120,637	195,041
Inventories	496,349	413,831
Physician advances	165,854	220,234
Prepaid expenses	940,146	902,449
Total current assets	21,525,585	13,758,656
<i>Noncurrent assets</i>		
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	346,920
Investments limited as to use for capital acquisitions	15,448,177	13,880,674
Physician advances	102,799	156,015
Prepaid expenses	-	324,504
Capital assets, net	18,758,895	18,314,760
Total noncurrent assets	38,204,340	34,273,134
<b>Total assets</b>	<b>\$ 59,729,925</b>	<b>\$ 48,031,790</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Net Position (Continued)**  
**December 31, 2020 and 2019**

<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>	<b>2020</b>	<b>2019</b>
<i>Current liabilities</i>		
Accounts payable	\$ 1,369,231	\$ 1,192,142
Accrued payroll and related liabilities	1,134,162	2,282,536
Accrued leave	1,329,277	1,233,493
Estimated third-party payor settlements	901,118	472,704
Accrued interest payable	19,670	19,670
Unearned CARES Act Provider Relief Fund	3,166,415	-
Current portion of long-term debt	1,170,080	806,614
Current portion of capital lease obligation	-	418,578
Total current liabilities	9,089,953	6,425,737
<i>Noncurrent liabilities</i>		
Paycheck Protection Program loan	6,350,235	-
Long-term debt, net of current portion	11,145,077	11,152,228
Total noncurrent liabilities	17,495,312	11,152,228
Total liabilities	26,585,265	17,577,965
<i>Deferred inflow of resources</i>		
Electronic health records incentive revenue	-	330,200
<i>Net position</i>		
Net investment in capital assets	8,084,695	6,264,590
Unrestricted	25,059,965	23,859,035
Total net position	33,144,660	30,123,625
<b>Total liabilities, deferred inflow of resources, and net position</b>	<b>\$ 59,729,925</b>	<b>\$ 48,031,790</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<i>Operating revenues</i>		
Net patient service revenue	\$ 59,413,374	\$ 59,133,934
Electronic health records incentive payments	330,200	330,200
Grants	589,335	1,040,213
Other	305,410	343,701
<b>Total operating revenues</b>	<b>60,638,319</b>	<b>60,848,048</b>
<i>Operating expenses</i>		
Salaries and wages	29,263,038	27,475,681
Employee benefits	6,452,514	6,260,013
Professional fees	7,462,624	7,399,636
Purchased services	4,917,920	4,568,821
Supplies	6,656,675	5,566,480
Insurance	417,756	312,599
Utilities	575,775	535,779
Depreciation and amortization	2,754,873	2,443,594
Repairs and maintenance	374,544	279,995
Licenses and taxes	474,816	425,776
Leases and rentals	2,075,213	2,157,531
Other	1,109,273	1,161,324
<b>Total operating expenses</b>	<b>62,535,021</b>	<b>58,587,229</b>
<i>Operating income (loss)</i>	<b>(1,896,702)</b>	<b>2,260,819</b>
<i>Nonoperating revenues (expenses)</i>		
Taxation for maintenance and operations	856,225	846,680
Investment income	297,783	423,827
Interest expense	(386,610)	(351,114)
Gain (loss) on disposal of assets	(47,321)	61,850
CARES Act Provider Relief Fund	3,738,633	-
COVID-19 grants	464,119	-
Gift shop and retail revenue	144,610	81,282
Gift shop and retail expenses	(138,102)	(83,634)
Fundraising events revenue	7,787	65,720
Fundraising events expenses	(7,402)	(51,164)
Contributions made to others	(28)	(19,263)
Other Foundation expenses	(55,028)	(19,169)
Contributions	43,071	39,406
<b>Total nonoperating revenues, net</b>	<b>4,917,737</b>	<b>994,421</b>
Change in net position	<b>3,021,035</b>	<b>3,255,240</b>
Net position, beginning of year	<b>30,123,625</b>	<b>26,868,385</b>
<b>Net position, end of year</b>	<b>\$ 33,144,660</b>	<b>\$ 30,123,625</b>

See accompanying notes to combined basic financial statements.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Cash Flows**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Cash received from and on behalf of patients	\$ 60,707,783	\$ 56,501,736
Cash received from other revenue	305,410	343,701
Cash received from operating grants	589,335	1,040,213
Cash paid to and on behalf of employees	(36,768,142)	(32,759,928)
Cash paid to suppliers and contractors	(23,499,805)	(23,235,560)
Net cash provided by operating activities	1,334,581	1,890,162
<i>Cash flows from noncapital financing activities</i>		
Taxes received for maintenance and operations	851,427	844,561
Proceeds from CARES Act Provider Relief Fund	6,905,048	-
Proceeds from the Paycheck Protection Program loan	6,350,235	-
Nonoperating grants	464,119	-
Gift shop revenue	144,610	77,601
Gift shop expenses	(138,094)	(83,634)
Fundraising event revenue	7,787	65,720
Fundraising event expenses	(7,402)	(51,164)
Other Foundation expenses	(61,031)	(42,294)
Contributions to others	(28)	(19,263)
Contributions received	48,001	34,716
Net cash provided by noncapital financing activities	14,564,672	826,243
<i>Cash flows from capital and related financing activities</i>		
Purchase of capital assets	(3,246,669)	(6,300,773)
Proceeds from issuance of long-term debt	1,254,257	6,000,000
Principal payments on long-term debt	(1,312,404)	(1,277,277)
Interest paid	(390,726)	(355,999)
Net cash used in capital and related financing activities	(3,695,542)	(1,934,049)
<i>Cash flows from investing activities</i>		
Purchase of investments	(1,512,678)	(1,322,395)
Interest received	167,857	298,677
Net cash used in investing activities	(1,344,821)	(1,023,718)
Net increase (decrease) in cash and cash equivalents	10,858,890	(241,362)
Cash and cash equivalents, beginning of year	2,414,941	2,656,303
<b>Cash and cash equivalents, end of year</b>	<b>\$ 13,273,831</b>	<b>\$ 2,414,941</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<b><i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i></b>		
Cash and cash equivalents	\$ 9,379,362	\$ 817,760
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	346,920
<b>Total cash and cash equivalents</b>	<b>\$ 13,273,831</b>	<b>\$ 2,414,941</b>
<b><i>Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities</i></b>		
Operating income (loss)	\$ (1,896,702)	\$ 2,260,819
<i>Adjustments to reconcile operating income (loss) to net cash provided by operating activities</i>		
Depreciation and amortization	2,754,873	2,443,594
Provision for bad debts	3,323,931	4,031,596
(Increase) decrease in:		
Receivables:		
Patient accounts, net	(2,457,936)	(6,609,838)
Estimated third-party payor settlements	-	622,040
Other	82,406	(189,891)
Inventories	(82,518)	(43,683)
Physician advances	107,596	6,816
Prepaid expenses	284,248	(919,620)
Increase (decrease) in:		
Accounts payable	173,059	318,759
Accrued payroll and related liabilities	(1,148,374)	695,779
Accrued leave	95,784	279,987
Estimated third-party payor settlements	428,414	(675,996)
Deferred electronic health records incentive revenue	(330,200)	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,334,581</b>	<b>\$ 1,890,162</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies:**

**a. Reporting Entity**

Prosser Public Hospital District doing business as Prosser Memorial Health (the District) is organized as a municipal corporation pursuant to the laws of the state of Washington for municipal corporations. The primary purpose of the District is to operate Prosser Memorial Health (the Hospital), the principal provider of acute and outpatient healthcare services for Prosser, Washington, and surrounding communities. The District also operates specialty clinics, an ambulance service, and a rural health clinic in Prosser, Washington, as well as rural health clinics in Benton City and Grandview, Washington.

As organized, the District is exempt from federal income tax. The Board of Commissioners is made up of seven community members elected to six-year terms. The District is not considered to be a component unit of Benton County.

As required by accounting principles generally accepted in the United States of America, the combined basic financial statements present the District – the primary government – and its component unit. The component unit discussed below is included in the District’s reporting entity because of the significance of its operations and financial relationship with the District. PMH Medical Center Foundation doing business as Prosser Memorial Health Foundation (the Foundation) is a component unit of the District since its Board of Directors is appointed by the District’s Board of Commissioners.

The Foundation was formed in 2017 and began operations in 2019 as a supporting organization for the District. The Foundation is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Foundation’s stated purpose is to support, benefit, perform the functions and carry out the purposes of the District, and the Foundation intends to fulfill this purpose by raising funds to support the operations and activities of the District.

The District is the sole corporate member of the Foundation. In order to ensure that the Foundation remains responsive to the District’s needs, the District appoints all of the Foundation’s directors and can remove directors with or without cause.

**b. Summary of Significant Accounting Policies**

*Use of estimates* – The District’s accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The preparation of combined basic financial statements in conformity with accounting principles generally accepted in the United States of America 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 financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Enterprise fund accounting* – The District’s accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The District uses enterprise fund accounting. Revenue and expenses are recognized on the accrual basis using the economic resources measurement focus.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Cash and cash equivalents* – Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less.

*Investments* – Investments in debt and equity securities are reported at fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenue when earned.

*Inventories* – Inventories consist of medical supplies, drugs, and food and are stated at cost using the first-in, first-out method.

*Assets limited as to use* – Assets limited as to use include assets set aside by the Board of Commissioners for future capital improvements and other uses, over which the Board retains control and could subsequently use for other purposes.

*Capital assets* – The District capitalizes assets whose costs exceed \$5,000 and with an estimated useful life of at least one year; lesser amounts are expensed. Donated capital assets are stated at cost or estimated fair value at the date of donation. Expenditures for maintenance and repairs are charged to operations as incurred; betterments and major renewals are capitalized. When such assets are disposed of, the related costs and accumulated depreciation are removed from the accounts and the resulting gain or loss is classified in nonoperating revenues or expenses.

All capital assets, other than land and construction in progress, are depreciated using the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Useful lives have been estimated as follows:

Land improvements	5 to 25 years
Buildings and improvements	5 to 40 years
Equipment	3 to 20 years

*Accrued leave* – The District’s employees earn vacation days at varying rates depending on years of service. Employees also earn sick leave benefits based on varying rates depending on years of service. Employees may accumulate sick leave days up to a specified maximum.

*Net position* – Net position of the District is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. The District had no restricted net position at either December 31, 2020 or 2019. *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Operating revenues and expenses* – The District’s statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services, the District’s principal activity. Nonexchange revenues, including taxes and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Foundation gift shop and coffee shop operations, fundraising activities, and other activities are reported as nonoperating revenues and expenses.

*Restricted resources* – When the District has both restricted and unrestricted resources available to finance a particular program, it is the District’s policy to use restricted resources before unrestricted resources.

*Grants and contributions* – From time to time, the District receives grants from the state of Washington and others, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are restricted to specific capital acquisitions are reported after nonoperating revenues and expenses. Grants that are for specific projects or purposes related to the District’s operating activities are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

*Upcoming accounting standard pronouncements* – In June 2017, the Governmental Accounting Standards Board (GASB) issued Statement No. 87, *Leases*, which increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee’s right to use the leased asset, thereby enhancing the relevance and consistency of information about governments’ leasing activities. The new guidance is effective for the District’s year ending December 31, 2022, although earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact, if any, of this statement in the year of adoption.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Upcoming accounting standard pronouncements (continued)* – In June 2018, the GASB issued Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period*. The objectives of this statement are (1) to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and (2) to simplify accounting for interest cost incurred before the end of a construction period. The new guidance is effective for the District's year ending December 31, 2021. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

*Subsequent events* – The District has evaluated subsequent events through March 22, 2021, the date on which the financial statements were available to be issued.

**2. Bank Deposits and Investments:**

*Custodial credit risk* – Custodial credit risk is the risk that, in the event of a depository institution failure, the District's deposits may not be refunded to it. The District's deposit policy for custodial credit risk is determined by Washington State law.

All cash and cash equivalents held by the County Treasurer, or deposited with qualified public depositories, are protected against loss by the State of Washington Public Deposit Protection Commission, as provided by RCW Chapter 39.58, subject to certain limitations. Qualified public depositories, including US Bank, pledge securities with this commission, which are available to insure public deposits within the state of Washington. The cash on deposit with these banks is also insured through the Federal Deposit Insurance Corporation.

*The Revised Code of Washington*, Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. The District has elected to use the County Treasurer to be its treasurer to issue warrants and make investments. The District held investments in the Washington State Local Government Investment Pool, United States treasury bonds, and federal home loan bank bonds.

The Foundation, as a nonprofit corporation, is not subject to the Revised Code of Washington, Chapter 39, which authorizes Municipal Corporation investments. The Foundation had investments in mutual funds.

Amounts invested in the Washington State Local Government Investment Pool at December 31, 2020 and 2019, were \$1,292,365 and \$1,284,170, respectively. The Washington State Local Government Investment Pool consists of investments in federal, state, and local government certificates and savings accounts in qualified public depositories.

The District's investments were in compliance with the state of Washington's (the State) investment requirements for the year ended December 31, 2020.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**2. Bank Deposits and Investments (continued):**

**Concentration of credit risk** – The inability to recover the value of deposits, investments, or collateral securities in the possession of an outside party caused by a lack of diversification (investments acquired from single issuer). The District does not have a policy limiting the amount it may invest in any one issuer or multiple issuers.

**Interest rate risk** – Interest rate risk is the risk that changes in market interest rates could adversely affect an investment’s fair value.

The District had the following investments:

	2020					
	Fair Value	No Maturity	Investment Maturities (in Years)			Investment Ratings***
			Less Than One	One to Five	More Than Five	
Federal Farm Credit Bank	\$ 9,787,334	\$ -	\$ -	\$ 9,787,334	\$ -	AAA
Federal Home Loan Mortgage Corporation	999,717	-	-	999,717	-	AAA
Federal National Mortgage Association	4,661,126	-	4,661,126	-	-	AAA
Mutual Funds (Foundation)	512,731	512,731	-	-	-	Not Rated
<b>Totals</b>	<b>\$ 15,960,908</b>	<b>\$ 512,731</b>	<b>\$ 4,661,126</b>	<b>\$ 10,787,051</b>	<b>\$ -</b>	

\*\*\*The District’s bond investment ratings are based on Moody’s Investor’s Service ratings. AAA is the highest credit quality rating issued by Moody’s Investor’s Service.

**Fair value measurements** – The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. The District has the following recurring fair value measurements:

- Mutual funds are valued using quoted market prices of individual assets that make up the fund (Level 1).
- Bonds are valued using observable inputs from similar investments (Level 2).

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**3. Patient Accounts Receivable:**

Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). 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 District records a significant provision for bad debts 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 standard 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 uncollectible accounts.

The District's allowance for uncollectible accounts has not significantly changed from the prior year. The District does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant writeoffs from third-party payors.

Patient accounts receivable reported as current assets by the District consisted of the following amounts:

	<b>2020</b>	<b>2019</b>
Patients and their insurance carriers	\$ 11,926,842	\$ 12,234,545
Medicare	1,391,615	1,568,887
Medicaid	2,089,343	1,918,549
Total patient accounts receivable	<b>15,407,800</b>	15,721,981
Less allowance for uncollectible accounts	<b>5,529,000</b>	4,977,186
<b>Patient accounts receivable, net</b>	<b>\$ 9,878,800</b>	<b>\$ 10,744,795</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**4. Capital Assets:**

Capital asset additions, retirements, transfers, and balances were as follows:

	Balance December 31, 2019	Additions	Retirements	Transfers	Balance December 31, 2020
<i>Capital assets not being depreciated</i>					
Land	\$ 478,396	\$ -	\$ -	\$ -	\$ 478,396
Construction in progress	228,718	3,106,144	-	(1,428,769)	1,906,093
Land not used in operations	2,649,946	-	-	-	2,649,946
Total capital assets not being depreciated	3,357,060	3,106,144	-	(1,428,769)	5,034,435
<i>Capital assets being depreciated</i>					
Land improvements	629,956	2,743	-	-	632,699
Buildings and improvements	21,752,885	-	-	-	21,752,885
Equipment	18,448,567	151,965	(373,057)	1,428,769	19,656,244
Buildings not used in operations	803,755	-	-	-	803,755
Total capital assets being depreciated	41,635,163	154,708	(373,057)	1,428,769	42,845,583
<i>Less accumulated depreciation for</i>					
Land improvements	(452,980)	(38,629)	-	-	(491,609)
Buildings and improvements	(14,218,507)	(613,526)	-	-	(14,832,033)
Equipment	(11,359,697)	(2,083,970)	311,553	-	(13,132,114)
Buildings not used in operations	(646,279)	(19,088)	-	-	(665,367)
Total accumulated depreciation	(26,677,463)	(2,755,213)	311,553	-	(29,121,123)
<i>Total capital assets being depreciated, net</i>	14,957,700	(2,600,505)	(61,504)	1,428,769	13,724,460
<b>Capital assets, net</b>	<b>\$ 18,314,760</b>	<b>\$ 505,639</b>	<b>\$ (61,504)</b>	<b>\$ -</b>	<b>\$ 18,758,895</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**4. Capital Assets (continued):**

	Balance December 31, 2018	Additions	Retirements	Transfers	Balance December 31, 2019
<i>Capital assets not being depreciated</i>					
Land	\$ 78,396	\$ -	\$ -	\$ 400,000	\$ 478,396
Construction in progress	2,089,656	6,443,733	-	(8,304,671)	228,718
Land held for investment	2,649,946	-	-	-	2,649,946
Total capital assets not being depreciated	4,817,998	6,443,733	-	(7,904,671)	3,357,060
<i>Capital assets being depreciated</i>					
Land improvements	545,656	-	-	84,300	629,956
Buildings and improvements	16,912,544	-	-	4,840,341	21,752,885
Equipment	15,520,477	1,019	(52,959)	2,980,030	18,448,567
Buildings held for investment	803,755	-	-	-	803,755
Total capital assets being depreciated	33,782,432	1,019	(52,959)	7,904,671	41,635,163
<i>Less accumulated depreciation for</i>					
Land improvements	(412,130)	(40,850)	-	-	(452,980)
Buildings and improvements	(13,619,928)	(598,579)	-	-	(14,218,507)
Equipment	(9,627,381)	(1,785,275)	52,959	-	(11,359,697)
Buildings held for investment	(627,191)	(19,088)	-	-	(646,279)
Total accumulated depreciation	(24,286,630)	(2,443,792)	52,959	-	(26,677,463)
<i>Total capital assets being depreciated, net</i>	9,495,802	(2,442,773)	-	7,904,671	14,957,700
<b>Capital assets, net</b>	<b>\$ 14,313,800</b>	<b>\$ 4,000,960</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,314,760</b>

Construction in progress as of December 31, 2020, consisted of the following projects:

- Nuclear medicine remodel with an estimated completion date of February 2021 estimated costs to complete of \$770,000.
- A new hospital building estimated to be completed in 2024, with an estimated remaining cost of \$74,200,000. The District will obtain financing for the project in 2021.

**5. Employee Health Self-insurance:**

The District self-insures the cost of employee healthcare. The District accrues an incurred but not reported (IBNR) liability for plan claims that have been incurred but have not yet been reported to the District. The liability is included in accrued compensation and related liabilities on the statements of net position. The District also purchased annual stop-loss insurance coverage for all claims in excess of \$125,000 per eligible participant.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**5. Employee Health Self-insurance (continued):**

Changes in the District's IBNR amount were as follows:

	<b>2020</b>	<b>2019</b>
Claim liability, beginning of year	\$ 359,000	\$ 324,998
Current year claims and changes in estimates	3,577,222	3,566,266
Claim payments	<b>(3,442,222)</b>	<b>(3,532,264)</b>
Claim liability, end of year	<b>\$ 494,000</b>	<b>\$ 359,000</b>

**6. Long-term Debt:**

A schedule of changes in the District's long-term debt is as follows:

	<b>Balance</b>			<b>Balance</b>		<b>Amounts</b>
	<b>December 31,</b>			<b>December 31,</b>		<b>Due Within</b>
	<b>2019</b>	<b>Additions</b>	<b>Reductions</b>	<b>2020</b>	<b>One Year</b>	
2014 LTGO Bonds	\$ 6,270,000	\$ -	\$ (270,000)	\$ 6,000,000	\$ 285,000	
Bank of America Conditional Sales Agreement	5,650,798	-	(446,018)	5,204,780	642,492	
2020 GE Government Finance, Inc.	-	1,254,257	(177,808)	1,076,449	242,588	
Bond Premiums	38,044	-	(4,116)	33,928	-	
Total bonds	11,958,842	1,254,257	(897,942)	12,315,157	1,170,080	
<i>Capital lease obligation</i>	418,578	-	(418,578)	-	-	
<b>Total long-term debt</b>	<b>\$ 12,377,420</b>	<b>\$ 1,254,257</b>	<b>\$ (1,316,520)</b>	<b>\$ 12,315,157</b>	<b>\$ 1,170,080</b>	

	<b>Balance</b>			<b>Balance</b>		<b>Amounts</b>
	<b>December 31,</b>			<b>December 31,</b>		<b>Due Within</b>
	<b>2018</b>	<b>Additions</b>	<b>Reductions</b>	<b>2019</b>	<b>One Year</b>	
2014 LTGO Bonds	\$ 6,525,000	\$ -	\$ (255,000)	\$ 6,270,000	\$ 270,000	
Bank of America Conditional Sales Agreement	-	6,000,000	(349,202)	5,650,798	536,614	
Bond Premiums	42,292	-	(4,248)	38,044	-	
Total bonds	6,567,292	6,000,000	(608,450)	11,958,842	806,614	
<i>Capital lease obligation</i>	1,009,524	82,129	(673,075)	418,578	418,578	
<b>Total long-term debt</b>	<b>\$ 7,576,816</b>	<b>\$ 6,082,129</b>	<b>\$ (1,281,525)</b>	<b>\$ 12,377,420</b>	<b>\$ 1,225,192</b>	

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**6. Long-term Debt (continued):**

*Long-term debt* – The terms and due dates of the District’s long-term debt are as follows:

- Limited Tax General Obligation Bonds, dated May 28, 2014, in the original amount of \$7,000,000, for the purpose of improvements and expansion of District facilities. The bonds are payable semiannually on June 1 and December 1 in the remaining principal amounts ranging from \$285,000 to \$600,000 through 2034. The bonds are subject to redemption prior to their stated maturities. Interest is at a variable rate between 3 percent and 4 percent. The District has irrevocably pledged to include in its budget and levy taxes annually on all of the property within the District subject to taxation in amounts that will be sufficient to pay the principal and interest on the bonds as they become due.
- Bond payable to Bank of America, dated May 23, 2019, in the original amount of \$6,000,000, for the purpose of improvements and expansion of District facilities. Installments of \$57,467 are due monthly, including interest at 2.8 percent, through May 2029.
- Note payable to GE Government Finance, Inc., dated March 6, 2020, in the original amount of \$1,254,257 for the purpose of purchasing medical equipment. Installments of \$22,330 are due monthly, including interest at 2.57 percent, through April 2025.

Aggregate annual principal and interest payments over the terms of long-term debt are as follows:

<b>Years Ending December 31,</b>	<b>Principal</b>	<b>Interest</b>	<b>Total Payments</b>
2021	\$ 1,170,080	\$ 415,356	\$ 1,585,436
2022	1,121,864	360,089	1,481,953
2023	1,164,767	324,987	1,489,754
2024	1,208,312	288,441	1,496,753
2025	1,049,776	252,204	1,301,980
2026-2030	4,351,430	799,353	5,150,783
2031-2034	2,215,000	227,600	2,442,600
	<b>\$ 12,281,229</b>	<b>\$ 2,668,030</b>	<b>\$ 14,949,259</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**7. Paycheck Protection Program Loan:**

In May 2020, the District was granted a loan from US Bank in the aggregate amount of \$6,350,235 pursuant to the Paycheck Protection Program (PPP) under Division A, Title I of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), which was enacted March 27, 2020.

The PPP loan, which was in the form of a Note dated May 4, 2020, matures on April 30, 2022, and bears interest at a rate of 1 percent per annum. The Note may be prepaid by the District at any time prior to maturity with no prepayment penalties. Funds from the loan may only be used for payroll costs, costs used to continue group health care benefits, mortgage payments, rent, utilities, and interest on other debt obligations incurred after February 15, 2020. The District intends to use the entire loan amount for qualifying expenses. Under the terms of the PPP, certain amounts of the loan may be forgiven if they are used for qualifying expenses as described in the CARES Act. The District believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan. The District has applied for loan forgiveness.

**8. Commitments Under Noncancelable Operating Leases:**

Following is a summary of future minimum obligations under noncancelable operating leases for equipment and buildings:

<b>Years Ending December 31,</b>	<b>Amount</b>
2021	\$ 1,442,000
2022	1,182,000
2023	1,036,000
2024	915,000
2025	735,000
2026-2030	2,590,000
2031-2032	561,000
	<b>\$ 8,461,000</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**9. Net Patient Service Revenue:**

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided. The District has not changed its charity care or uninsured discount policies during fiscal years 2020 or 2019. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	<b>2020</b>	<b>2019</b>
Patient service revenue (net of contractual adjustments and discounts):		
Medicare	\$ 20,790,189	\$ 17,531,732
Medicaid	10,915,163	14,357,238
Other third-party payors	27,604,094	27,997,895
Patients	5,209,860	4,950,497
	<b>64,519,306</b>	<b>64,837,362</b>
Less:		
Charity care	(1,782,001)	(1,671,832)
Provision for bad debts	(3,323,931)	(4,031,596)
<b>Net patient service revenue</b>	<b>\$ 59,413,374</b>	<b>\$ 59,133,934</b>

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

- *Medicare* – The District has been designated a critical access hospital by Medicare and is reimbursed for inpatient, skilled swing bed, and outpatient services and rural health clinic visits on a cost basis as defined and limited by the Medicare program. Physician services outside the rural health clinic are paid on a fee schedule. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare administrative contractor.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**9. Net Patient Service Revenue (continued):**

- *Medicaid* – Medicaid beneficiaries receive coverage through either the Washington State Health Care Authority (HCA) or Medicaid managed care organizations (MCOs). The District is reimbursed for MCO-covered inpatient and outpatient services on a prospectively determined rate that is based on historical revenues and expenses of the District. The District is reimbursed by the HCA for inpatient and outpatient services under a cost reimbursement methodology. The District is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the District and review by HCA. Rural health clinic services are paid on a prospectively set rate per visit.
- *Other commercial payors* – The District also has entered into payment agreements with certain commercial insurance carriers, managed care organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations governing Medicare, Medicaid, and other programs 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. Net patient service revenue decreased by approximately \$213,000 in 2020 and \$136,000 in 2019, due to differences between original estimates and final settlements or revised estimates.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2020 and 2019, were approximately \$772,000 and \$694,000, respectively.

**10. CARES Act Provider Relief Fund:**

In May 2020, the District received approximately \$6,905,000 of funding from the CARES Act Provider Relief Fund. These funds are required to be used to reimburse the District for healthcare-related expenses or lost revenues that are attributable to coronavirus. The District has recorded these funds as unearned grant revenue until eligible expenses or lost revenues are recognized. During the year ended December 31, 2020, the District recognized \$3,738,633 of grant revenue from these funds. The District had \$3,166,415 remaining funds as of December 31, 2020, to use for healthcare-related expenses or lost revenues that are attributable to coronavirus in the next fiscal year.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**11. Property Taxes:**

The County Treasurer acts as an agent to collect property taxes levied in Benton County (County) for all taxing authorities. Taxes are levied annually on January 1 on property values listed as of the prior May 31. Assessed values are established by the County Assessor at 100 percent of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer.

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general District purposes. Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax must be authorized by the vote of the people.

For 2020, the District's regular tax levy was \$0.32 per \$1,000 on a total assessed valuation of \$2,645,992,534 for a total regular levy of \$833,589. For 2019, the District's regular tax levy was \$0.32 per \$1,000 on a total assessed valuation of \$2,564,802,033 for a total regular levy of \$833,147.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

**12. Electronic Health Records Incentive Payment:**

The District recognized Medicare and Medicaid electronic health records (EHR) incentive payments during the years ended December 31, 2020 and 2019. The EHR incentive payments are provided to incent hospitals and eligible providers to become meaningful users of EHR technology, not to reimburse providers for the cost of acquiring EHR assets. EHR incentive payments are therefore reported as operating revenue.

The District elected to defer recognition of its 2015 Medicare incentive payment over a five-year period that matches the estimated useful lives of the related assets starting in 2016. Revenue of \$330,200 was recognized in each year through 2020.

**13. Retirement Plans:**

**403(b) Plan** – The District contributes to the Prosser Public Hospital District 403(b) Plan (the Plan), a defined contribution pension plan, for its full-time general administrative employees. The Plan is administered by the District. Benefit terms, including contribution requirements, for the Plan are established and may be amended by the Board of Commissioners. The District is required to contribute 3 percent of annual salary, exclusive of overtime pay, to individual employee accounts for each participating employee. Employees are permitted to make contributions up to applicable Internal Revenue Code limits. Employer contributions to the Plan totaled approximately \$754,000 and \$646,000 for the years ended December 31, 2020 and 2019, respectively. Employee contributions totaled approximately \$1,133,000 and \$1,040,000 in 2020 and 2019, respectively.

Employees are immediately vested in their own contributions and earnings on those contributions. Employees become eligible for District contributions and earnings on District contributions if they are 21 years of age and have completed one year of service. District contributions and earnings on the District contributions are vested immediately.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**13. Retirement Plans (continued):**

**457 Plan** – The District also sponsors a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The name of the plan is Prosser Public Health District 457 Plan. The plan permits employees to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. Employees become eligible to participate in the plan beginning on the first day of employment. Employee contributions to the plan totaled approximately \$187,000 and \$92,000 for the years ended December 31, 2020 and 2019, respectively.

**LEOFF Plan** – In 2017, emergency medical technicians were granted retroactive eligibility from July 1, 2005, forward to participate in the Washington Law Enforcement Officers’ and Firefighters’ Retirement System Plan 2 (LEOFF) by the Washington State Legislature. Employer contributions totaled approximately \$67,000 and \$72,000 in 2020 and 2019, respectively. Employee contributions totaled approximately \$40,000 and \$43,000 in 2020 and 2019, respectively.

The District is not presenting its share of the actuarial net pension asset nor other disclosures for employees who participate in the LEOFF cost-sharing multiple-employer defined benefit retirement plan. The District is exploring transferring this service line to another governmental entity in 2021.

**14. Risk Management and Contingencies:**

**Risk management** – The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Medical malpractice claims** – The District has professional liability insurance coverage with Physicians Insurance. The policy provides protection on a “claims-made” basis whereby claims filed in the current year are covered by the current policy. If there are occurrences in the current year, these will only be covered in the year the claim is filed if claims-made coverage is obtained in that year or if the District purchases insurance to cover prior acts.

The current professional liability insurance provides \$1,000,000 per claim of primary coverage with an annual aggregate limit of \$5,000,000. The policy has no deductible per claim.

The District also has excess professional liability insurance with Physicians Insurance on a “claims-made” basis. The excess malpractice insurance provides \$2,000,000 per claim of primary coverage with an annual aggregate limit of \$2,000,000. The policy has no deductible per claim.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**14. Risk Management and Contingencies (continued):**

**Industry regulations** – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

While no regulatory inquiries have been made, 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.

**Workers' compensation** – The District has a self-insured workers' compensation plan. The District participates in the Public Hospital District Workers' Compensation Trust, which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual workers' compensation claims, maintenance of reserves, and administrative expenses. Payments by the District charged to workers' compensation expense were approximately \$150,000 (net of a \$128,454 dividend) and \$150,000 (net of a \$143,445 dividend) in 2020 and 2019, respectively.

**15. Concentration of Risk:**

**Patient accounts receivable** – The District grants credit without collateral to its patients, most of whom are local residents, and are insured under third-party payor agreements. The majority of these patients are geographically concentrated in and around Benton County.

The mix of receivables from patients was as follows:

	<b>2020</b>	<b>2019</b>
Medicare	<b>17 %</b>	19 %
Medicaid	<b>24</b>	21
Other third-party payors	<b>33</b>	35
Patients	<b>26</b>	25
	<b>100 %</b>	100 %

**Physicians** – The District is dependent on local physicians practicing in its service area to provide admissions and utilize hospital services on an outpatient basis. A decrease in the number of physicians providing these services or changes in their utilization patterns may have an adverse effect on operations.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**15. Concentration of Risk (continued):**

*Collective bargaining unit* – The District has collective bargaining agreements with Washington State Council of County and City Employees through December 31, 2023, and Service Employees Union Healthcare 1199NW through June 30, 2021. As of December 31, 2020 and 2019, approximately 57 percent and 63 percent, respectively, of the District’s employees were represented by the collective bargaining units.

**16. COVID-19 Pandemic:**

The COVID-19 pandemic has created economic uncertainties which have negatively impacted the District’s financial position. Beginning in March 2020, the District began experiencing significant declines in revenues due to the state of Washington temporarily suspending all elective surgeries and other elective procedures. In addition, the District has experienced declines in volumes of outpatient and ancillary services, such as radiology, laboratory, emergency department, and clinic visits.

The District received government grants as described in Note 10 above, as part of the federal government’s response to the pandemic.

Medicare sequestration has been suspended from May 1, 2020, through March 31, 2021, which will increase Medicare reimbursement by 2 percent.

The District also entered into the PPP loan described in Note 7 above, also a part of the federal government’s response to the pandemic.

The District has also implemented cost containment efforts in response to COVID-19.

In addition to accepting funding from the CARES Act Provider Relief Fund and the other funding sources noted above, the District resumed the services that had been temporarily suspended. However, the pandemic continues to affect the District’s operations. The ultimate COVID-19 pandemic effect on the District’s financial position is unknown at this time.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units:**

The combining statement of net position for the year ended December 31, 2020, is as follows:

<b>ASSETS</b>	<b>Prosser Memorial Health</b>	<b>Prosser Memorial Health Foundation</b>	<b>Eliminations</b>	<b>Totals</b>
<i>Current assets</i>				
Cash and cash equivalents	\$ 9,357,886	\$ 21,476	\$ -	\$ 9,379,362
Investments	-	512,731	-	512,731
Receivables:				
Patients, less allowances for uncollectible accounts	9,878,800	-	-	9,878,800
Taxes	31,706	-	-	31,706
Other	122,080	23,283	(24,726)	120,637
Inventories	484,141	12,208	-	496,349
Physician advances	165,854	-	-	165,854
Prepaid expenses	940,096	50	-	940,146
Total current assets	20,980,563	569,748	(24,726)	21,525,585
<i>Noncurrent assets</i>				
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	-	-	2,233,842
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	-	-	1,660,627
Investments limited as to use for capital acquisitions	15,448,177	-	-	15,448,177
Physician advances	102,799	-	-	102,799
Capital assets, net	18,758,414	481	-	18,758,895
Total noncurrent assets	38,203,859	481	-	38,204,340
<b>Total assets</b>	<b>\$ 59,184,422</b>	<b>\$ 570,229</b>	<b>\$ (24,726)</b>	<b>\$ 59,729,925</b>
<b>LIABILITIES AND NET POSITION</b>				
<i>Current liabilities</i>				
Accounts payable	\$ 1,390,404	\$ 3,553	\$ (24,726)	\$ 1,369,231
Accrued payroll and related liabilities	1,134,162	-	-	1,134,162
Accrued leave	1,329,277	-	-	1,329,277
Estimated third-party payor settlements	901,118	-	-	901,118
Accrued interest payable	19,670	-	-	19,670
Unearned CARES Act Provider Relief Fund	3,166,415	-	-	3,166,415
Current portion of long-term debt	1,170,080	-	-	1,170,080
Total current liabilities	9,111,126	3,553	(24,726)	9,089,953
<i>Noncurrent liabilities</i>				
Paycheck Protection Program loan	6,350,235	-	-	6,350,235
Long-term debt, net of current portion	11,145,077	-	-	11,145,077
Total noncurrent liabilities	17,495,312	-	-	17,495,312
Total liabilities	26,606,438	3,553	(24,726)	26,585,265
<i>Net position</i>				
Net investment in capital assets	8,084,214	481	-	8,084,695
Unrestricted	24,493,770	566,195	-	25,059,965
Total net position	32,577,984	566,676	-	33,144,660
<b>Total liabilities and net position</b>	<b>\$ 59,184,422</b>	<b>\$ 570,229</b>	<b>\$ (24,726)</b>	<b>\$ 59,729,925</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of revenues, expenses, and changes in net position for the year ended December 31, 2020, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Operating revenues</i>				
Net patient service revenue	\$ 59,413,374	\$ -	\$ -	\$ 59,413,374
Electronic health records incentive payments	330,200	-	-	330,200
Grants	589,335	-	-	589,335
Other	305,410	-	-	305,410
Total operating revenues	60,638,319	-	-	60,638,319
<i>Operating expenses</i>				
Salaries and wages	29,263,038	-	-	29,263,038
Employee benefits	6,452,514	-	-	6,452,514
Professional fees	7,462,624	-	-	7,462,624
Purchased services	4,917,920	-	-	4,917,920
Supplies	6,656,675	-	-	6,656,675
Insurance	417,756	-	-	417,756
Utilities	575,775	-	-	575,775
Depreciation and amortization	2,754,873	-	-	2,754,873
Repairs and maintenance	374,544	-	-	374,544
Licenses and taxes	474,816	-	-	474,816
Leases and rentals	2,075,213	-	-	2,075,213
Other	1,109,273	-	-	1,109,273
Total operating expenses	62,535,021	-	-	62,535,021
<i>Operating loss</i>	(1,896,702)	-	-	(1,896,702)
<i>Nonoperating revenues (expenses)</i>				
Taxation for maintenance and operations	856,225	-	-	856,225
Investment income	222,682	75,101	-	297,783
Interest expense	(386,610)	-	-	(386,610)
Loss on disposal of assets	(47,321)	-	-	(47,321)
CARES Act Provider Relief Fund	3,738,633	-	-	3,738,633
COVID-19 grants	464,119	-	-	464,119
Gift shop and retail revenue	-	144,610	-	144,610
Gift shop and retail expenses	-	(138,102)	-	(138,102)
Fundraising events revenue	-	7,787	-	7,787
Fundraising events expenses	-	(7,402)	-	(7,402)
Contributions made to others	-	(28)	-	(28)
Other Foundation expenses	-	(55,028)	-	(55,028)
Contributions	-	43,071	-	43,071
Total nonoperating revenues, net	4,847,728	70,009	-	4,917,737
Change in net position	2,951,026	70,009	-	3,021,035
Net position, beginning of year	29,626,958	496,667	-	30,123,625
<b>Net position, end of year</b>	<b>\$ 32,577,984</b>	<b>\$ 566,676</b>	<b>\$ -</b>	<b>\$ 33,144,660</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2020, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Increase (Decrease) in Cash and Cash Equivalents</i>				
<i>Cash flows from operating activities</i>				
Cash received from and on behalf of patients	\$ 60,707,783	\$ -	\$ -	\$ 60,707,783
Cash received from other revenue	305,410	-	-	305,410
Cash received from operating grants	589,335	-	-	589,335
Cash paid to and on behalf of employees	(36,768,142)	-	-	(36,768,142)
Cash paid to suppliers and contractors	(23,499,805)	-	-	(23,499,805)
Net cash provided by operating activities	1,334,581	-	-	1,334,581
<i>Cash flows from noncapital financing activities</i>				
Taxes received for maintenance and operations	851,427	-	-	851,427
Proceeds from CARES Act Provider Relief Fund	6,905,048	-	-	6,905,048
Proceeds from the Paycheck Protection Program loan	6,350,235	-	-	6,350,235
Nonoperating grants	464,119	-	-	464,119
Gift shop revenue	-	144,610	-	144,610
Gift shop expenses	-	(138,094)	-	(138,094)
Fundraising event revenue	-	7,787	-	7,787
Fundraising event expenses	-	(7,402)	-	(7,402)
Other Foundation expenses	-	(61,031)	-	(61,031)
Contributions made to others	-	(28)	-	(28)
Contributions received	-	48,001	-	48,001
Net cash provided by (used in) noncapital financing activities	14,570,829	(6,157)	-	14,564,672
<i>Cash flows from capital and related financing activities</i>				
Purchase of capital assets	(3,246,669)	-	-	(3,246,669)
Proceeds from issuance of long-term debt	1,254,257	-	-	1,254,257
Principal payments on long-term debt	(1,312,404)	-	-	(1,312,404)
Interest paid	(390,726)	-	-	(390,726)
Net cash used in capital and related financing activities	(3,695,542)	-	-	(3,695,542)
<i>Cash flows from investing activities</i>				
Purchase of investments	(1,512,678)	-	-	(1,512,678)
Interest received	167,857	-	-	167,857
Net cash used in investing activities	(1,344,821)	-	-	(1,344,821)
Net increase (decrease) in cash and cash equivalents	10,865,047	(6,157)	-	10,858,890
Cash and cash equivalents, beginning of year	2,387,308	27,633	-	2,414,941
<b>Cash and cash equivalents, end of year</b>	<b>\$ 13,252,355</b>	<b>\$ 21,476</b>	<b>\$ -</b>	<b>\$ 13,273,831</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2020, continues as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i>				
Cash and cash equivalents	\$ 9,357,886	\$ 21,476	\$ -	\$ 9,379,362
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	-	-	2,233,842
Cash received from electronic health records incentive payments	1,660,627	-	-	1,660,627
<b>Total cash and cash equivalents</b>	<b>\$ 13,252,355</b>	<b>\$ 21,476</b>	<b>\$ -</b>	<b>\$ 13,273,831</b>
<i>Reconciliation of Operating Loss to Net Cash Provided by Operating Activities</i>				
Operating loss	\$ (1,896,702)	\$ -	\$ -	\$ (1,896,702)
<i>Adjustments to reconcile operating loss to net cash provided by operating activities</i>				
Depreciation and amortization	2,754,873	-	-	2,754,873
Provision for bad debts	3,323,931	-	-	3,323,931
(Increase) decrease in:				
Receivables:				
Patient accounts, net	(2,457,936)	-	-	(2,457,936)
Other	82,406	-	-	82,406
Inventories	(82,518)	-	-	(82,518)
Physician advances	107,596	-	-	107,596
Prepaid expenses	284,248	-	-	284,248
Increase (decrease) in:				
Accounts payable	173,059	-	-	173,059
Accrued payroll and related liabilities	(1,148,374)	-	-	(1,148,374)
Accrued leave	95,784	-	-	95,784
Estimated third-party payor settlements	428,414	-	-	428,414
Deferred electronic health records incentive revenue	(330,200)	-	-	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,334,581</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,334,581</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of net position for the year ended December 31, 2019, is as follows:

<b>ASSETS</b>	<b>Prosser Memorial Health</b>	<b>Prosser Memorial Health Foundation</b>	<b>Eliminations</b>	<b>Totals</b>
<i>Current assets</i>				
Cash and cash equivalents	\$ 790,127	\$ 27,633	\$ -	\$ 817,760
Investments	-	437,638	-	437,638
Receivables:				
Patients, net of estimated uncollectible accounts	10,744,795	-	-	10,744,795
Taxes	26,908	-	-	26,908
Other	204,486	28,213	(37,658)	195,041
Inventories	401,623	12,208	-	413,831
Physician advances	220,234	-	-	220,234
Prepaid expenses	899,840	2,609	-	902,449
<b>Total current assets</b>	<b>13,288,013</b>	<b>508,301</b>	<b>(37,658)</b>	<b>13,758,656</b>
<i>Noncurrent assets</i>				
Cash and cash equivalents limited as to use for capital acquisitions	1,250,261	-	-	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	346,920	-	-	346,920
Investments limited as to use for capital acquisitions	13,880,674	-	-	13,880,674
Physician advances	156,015	-	-	156,015
Prepaid expenses	324,504	-	-	324,504
Capital assets, net	18,313,939	821	-	18,314,760
<b>Total noncurrent assets</b>	<b>34,272,313</b>	<b>821</b>	<b>-</b>	<b>34,273,134</b>
<b>Total assets</b>	<b>\$ 47,560,326</b>	<b>\$ 509,122</b>	<b>\$ (37,658)</b>	<b>\$ 48,031,790</b>
<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>				
<i>Current liabilities</i>				
Accounts payable	\$ 1,217,345	\$ 12,455	\$ (37,658)	\$ 1,192,142
Accrued payroll and related liabilities	2,282,536	-	-	2,282,536
Accrued leave	1,233,493	-	-	1,233,493
Estimated third-party payor settlements	472,704	-	-	472,704
Accrued interest payable	19,670	-	-	19,670
Current portion of long-term debt	806,614	-	-	806,614
Current portion of capital lease obligations	418,578	-	-	418,578
<b>Total current liabilities</b>	<b>6,450,940</b>	<b>12,455</b>	<b>(37,658)</b>	<b>6,425,737</b>
<i>Noncurrent liabilities</i>				
Long-term debt, net of current portion	11,152,228	-	-	11,152,228
<b>Total liabilities</b>	<b>17,603,168</b>	<b>12,455</b>	<b>(37,658)</b>	<b>17,577,965</b>
<i>Deferred inflow of resources</i>				
Deferred electronic health records incentive revenue	330,200	-	-	330,200
<i>Net position</i>				
Net investment in capital assets	6,263,769	821	-	6,264,590
Unrestricted	23,363,189	495,846	-	23,859,035
<b>Total net position</b>	<b>29,626,958</b>	<b>496,667</b>	<b>-</b>	<b>30,123,625</b>
<b>Total liabilities, deferred inflow of resources, and net position</b>	<b>\$ 47,560,326</b>	<b>\$ 509,122</b>	<b>\$ (37,658)</b>	<b>\$ 48,031,790</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of revenues, expenses, and changes in net position for the year ended December 31, 2019, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Operating revenues</i>				
Net patient service revenue	\$ 59,133,934	\$ -	\$ -	\$ 59,133,934
Electronic health records incentive payments	330,200	-	-	330,200
Grants	1,040,213	-	-	1,040,213
Other	343,701	-	-	343,701
<b>Total operating revenues</b>	<b>60,848,048</b>	<b>-</b>	<b>-</b>	<b>60,848,048</b>
<i>Operating expenses</i>				
Salaries and wages	27,475,681	-	-	27,475,681
Employee benefits	6,260,013	-	-	6,260,013
Professional fees	7,399,636	-	-	7,399,636
Purchased services	4,568,821	-	-	4,568,821
Supplies	5,566,480	-	-	5,566,480
Insurance	312,599	-	-	312,599
Utilities	535,779	-	-	535,779
Depreciation and amortization	2,443,594	-	-	2,443,594
Repairs and maintenance	279,995	-	-	279,995
Licenses and taxes	425,776	-	-	425,776
Leases and rentals	2,157,531	-	-	2,157,531
Other	1,161,324	-	-	1,161,324
<b>Total operating expenses</b>	<b>58,587,229</b>	<b>-</b>	<b>-</b>	<b>58,587,229</b>
<i>Operating income</i>	2,260,819	-	-	2,260,819
<i>Nonoperating revenues (expenses)</i>				
Taxation for maintenance and operations	846,680	-	-	846,680
Investment income	331,087	92,740	-	423,827
Interest expense	(351,114)	-	-	(351,114)
Gain on disposal of assets	61,850	-	-	61,850
Gift shop and retail revenue	-	81,282	-	81,282
Gift shop and retail expenses	-	(83,634)	-	(83,634)
Fundraising events revenue	-	65,720	-	65,720
Fundraising events expenses	-	(51,164)	-	(51,164)
Contributions made to others	-	(2,701)	(16,562)	(19,263)
Fundraising and other Foundation expenses	-	(19,169)	-	(19,169)
Contributions	2,029	20,815	16,562	39,406
<b>Total nonoperating revenues, net</b>	<b>890,532</b>	<b>103,889</b>	<b>-</b>	<b>994,421</b>
Change in net position	3,151,351	103,889	-	3,255,240
Net position, beginning of year	26,475,607	392,778	-	26,868,385
<b>Net position, end of year</b>	<b>\$ 29,626,958</b>	<b>\$ 496,667</b>	<b>\$ -</b>	<b>\$ 30,123,625</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2019, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Increase (Decrease) in Cash and Cash Equivalents</i>				
<i>Cash flows from operating activities</i>				
Cash received from and on behalf of patients	\$ 56,501,736	\$ -	\$ -	\$ 56,501,736
Cash received from other revenue	343,701	-	-	343,701
Cash received from operating grants	1,040,213	-	-	1,040,213
Cash paid to and on behalf of employees	(32,759,928)	-	-	(32,759,928)
Cash paid to suppliers and contractors	(23,235,560)	-	-	(23,235,560)
Net cash provided by operating activities	1,890,162	-	-	1,890,162
<i>Cash flows from noncapital financing activities</i>				
Taxes received for maintenance and operations	844,561	-	-	844,561
Gift shop revenue	-	77,601	-	77,601
Gift shop expenses	-	(83,634)	-	(83,634)
Fundraising event revenue	-	65,720	-	65,720
Fundraising event expenses	-	(51,164)	-	(51,164)
Other Foundation expenses	-	(42,294)	-	(42,294)
Contributions made to others	-	(2,701)	(16,562)	(19,263)
Contributions received	2,029	16,125	16,562	34,716
Net cash provided by (used in) noncapital financing activities	846,590	(20,347)	-	826,243
<i>Cash flows from capital and related financing activities</i>				
Purchase of capital assets	(6,299,754)	(1,019)	-	(6,300,773)
Proceeds from issuance of long-term debt	6,000,000	-	-	6,000,000
Principal payments on long-term debt	(1,277,277)	-	-	(1,277,277)
Interest paid	(355,999)	-	-	(355,999)
Net cash used in capital and related financing activities	(1,933,030)	(1,019)	-	(1,934,049)
<i>Cash flows from investing activities</i>				
Purchase of investments	(1,313,277)	(9,118)	-	(1,322,395)
Interest received	298,677	-	-	298,677
Net cash used in investing activities	(1,014,600)	(9,118)	-	(1,023,718)
Net decrease in cash and cash equivalents	(210,878)	(30,484)	-	(241,362)
Cash and cash equivalents, beginning of year	2,598,186	58,117	-	2,656,303
<b>Cash and cash equivalents, end of year</b>	<b>\$ 2,387,308</b>	<b>\$ 27,633</b>	<b>\$ -</b>	<b>\$ 2,414,941</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2019, continues as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i>				
Cash and cash equivalents	\$ 790,127	\$ 27,633	\$ -	\$ 817,760
Cash and cash equivalents limited as to use	1,250,261	-	-	1,250,261
Cash received from electronic health records incentive payments	346,920	-	-	346,920
<b>Total cash and cash equivalents</b>	<b>\$ 2,387,308</b>	<b>\$ 27,633</b>	<b>\$ -</b>	<b>\$ 2,414,941</b>
<i>Reconciliation of Operating Income to Net Cash Provided by Operating Activities</i>				
Operating income	\$ 2,260,819	\$ -	\$ -	\$ 2,260,819
<i>Adjustments to reconcile operating income to net cash provided by operating activities</i>				
Depreciation and amortization	2,443,594	-	-	2,443,594
Provision for bad debts	4,031,596	-	-	4,031,596
Decrease (increase) in:				
Receivables:				
Patient accounts, net	(6,609,838)	-	-	(6,609,838)
Estimated third-party payor settlements	622,040	-	-	622,040
Other	(189,891)	-	-	(189,891)
Inventories	(43,683)	-	-	(43,683)
Physician advances	6,816	-	-	6,816
Prepaid expenses	(919,620)	-	-	(919,620)
Increase (decrease) in:				
Accounts payable	318,759	-	-	318,759
Accrued payroll and related liabilities	695,779	-	-	695,779
Accrued leave	279,987	-	-	279,987
Estimated third-party payor settlements	(675,996)	-	-	(675,996)
Deferred electronic health records incentive revenue	(330,200)	-	-	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,890,162</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,890,162</b>



DINGUS | ZARECOR & ASSOCIATES PLLC  
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT  
ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED  
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Commissioners  
Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Prosser, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Prosser Public Hospital District doing business as Prosser Memorial Health (the District) as of and for the year ended December 31, 2020, and the related notes to the combined financial statements, which collectively comprise the District's combined basic financial statements, as listed in the table of contents, and have issued our report thereon dated March 22, 2021.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the combined financial statements, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the District's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
March 22, 2021

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Summary Schedule of Prior Audit Findings**  
**Year Ended December 31, 2020**

The audit for the year ended December 31, 2019, reported no audit findings, nor were there any unresolved findings from periods ended December 31, 2018, or prior. Therefore, there are no matters to report in this schedule for the year ended December 31, 2020.