

Mission:

To enhance the quality of
life for all we serve

Vision:

Honor our heritage and be
the pride of the community

Values:

Integrity
Compassion and Caring
Trust
Transparency
Loyalty
Honoring our Heritage
Quality
Fiscal Responsibility

January 17, 2010

Eric Peter, Health Program Associate
Health Planning and Systems Development
Davison of Health Care Services
Department of Health and Social Services
350 Main Street, Room 530
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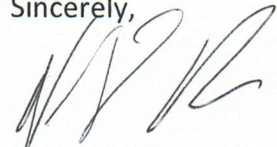
Dear Mr. Peter:

Enclosed please find responses to your November 27, 2009 request for supplemental information regarding the certificate of need application submitted by Wrangell Medical Center (WMC) to replace our existing hospital and add 6 long-term care beds.

Also included to this response, as Attachment 1, is an updated Exhibit 4 (financial schedules). WMC has corrected a couple of inconsistencies between the underlying assumptions and the financial schedules. For reader ease, the entire exhibit has been replicated in Attachment 1.

Please do not hesitate to contact me at (907) 874-7164 if you have any questions or require additional information.

Sincerely,



Noel D. Rea,
Chief Executive Officer

*Caring for
Southeast*

**RESPONSE TO THE NOVEMBER 27, 2009
HEALTH PLANNING AND SYSTEMS DEVELOPMENT
REQUEST FOR SUPPLEMENTAL INFORMATION**

In the process of updating the equipment list, WMC determined that it needs to replace more equipment prior to the relocation than originally anticipated¹. In addition, WMC has also concluded that the land development and landscaping costs are likely understated. Therefore, we have opted to revise the capital expenditure (contained on page 68 of the original submittal). This revised estimate is included in Attachment 2. This revised estimate has increased the land development and landscaping line item and reduced the moveable and fixed equipment line items.

General Review Standards

1. **Applicants for a certificate of need are required to provide a certified cost estimate of the proposed project. This requirement is explained in the footnote on page 20 of the application. The requirement reads as follows:**

Items must be certified estimates from an architect or other professional. Major medical equipment must be documented in bid quotes from suppliers.

With this response, we are providing two cost estimates – 1) an independent 3rd party verification of the estimated building construction costs and 2) vendor quotes for the equipment.

Building Construction Costs:

Attachment 3 is a letter from Exley Hill, President of American Health Facilities Development, LLC, certifying the building construction estimate previously provided on page 68 of the original submittal and also detailed in Attachment 2. Mr. Hill has more than 30 years of healthcare planning and project management expertise including facility master planning, and the design and construction of more than 125 hospital projects ranging in value from \$3.5 million to \$185 million. Mr. Hill's willingness to validate the proposed building construction cost for the replacement hospital provides WMC with additional confidence that its budget is both reasonable and realistic.

Moveable Equipment:

In terms of moveable equipment, an updated equipment list with revised quotes from vendors is included below. As required by the CN Program, the actual vendor quotes are included in Attachment 4.

¹ Based upon conversations with Certificate of Need (CN) Program staff, WMC understands that any equipment purchased prior to the relocation must be put into use at the time of purchase. This equipment cannot be stored and relocated to the new facility unless it is included in the equipment list included in response to Question #1.

Equipment Description	Make	Model	Cost (from CN application)	Revised Per Vendor Quotes
Surgery Table (electric powered 120v table)	Steris	ST010202	\$35,000	\$29,923
Surgical light (harmony dual 500 w/flat panel arm)	Steris	LA02	\$25,000	\$29,163
PACU Pt Monitors/Passport V	Datascope		\$25,000	\$22,874
Defibrillators ²	Zoll	R-Series	\$7,500	\$37,317
Steam sterilizer	Steris	FS2215 & CH004810002	\$83,000	\$101,332
Low Temp Sterilizer	Steris	VP10002101	\$23,000	\$108,720
Laprosopies System	Stryker	-	\$185,000	-
Anthroscopic system	Stryker	-	\$7,500	-
Surgical Instruments	Various	various	\$15,000	-
Second Monitor	GE	-	\$7,500	-
Intubator	Glidescope	Cobalt AVL System	\$25,000	\$30,446
Heart Monitor	Datascope	Passport2	\$95,000	\$99,850
Cardio Upgrade Ultrasound	Siemens		\$25,000	\$22,000
Plow Truck	Ford	2006 F350	\$40,000	\$42,071
O2 Generator	OGSI	MOGS-100	\$110,000	\$99,965
Air conditioning Units (19)	York Air Conditioners	Affinity 8T	\$115,000	\$114,000
LCD	PDI	-	\$24,000	-
Office Copiers/Scanner	Various	various	\$35,000	
2 Servers	IBM	-	\$350,000	
Conference Room Furniture	various	various	\$45,000	
Total			\$1,277,500	\$737,661

2. On page 16 of the CON application packet in Section V, Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services appears the following:

Please discuss the following in narrative form:

4. Appropriate utilization: Development of programs such as ambulatory care, assisted living, home health services and preventative health care; that will eliminate or reduce inappropriate utilization of inpatient services.

² Originally WMC planned to purchase 1. WMC now plans to purchase 2.

Your application addresses this requirement in part on Page 43, specifically as regards ambulatory services, outpatient surgery, imaging and a new ED. Please provide information that supports preventative health care, especially prevention and community outreach and education services.

WMC is both actively involved and committed to various community outreach, education and prevention activities. For the 15th year in a row (2009), WMC sponsored the annual Wrangell Health Fair. Attendance at the annual Health Fair grows each year; with the 2009 attendance around 1,000. Attendees are offered information about a myriad of important health education topics as well as the opportunity to receive some very important medical screenings. The 2009 Health Fair provided over 700 screenings, detailed in Table 1:

Table 1
Health Fair Screenings by Type, 2009

	2009
Type of Screening	
Health Profiles	399
Thyroid Screen	205
Prostate Screen	157
Total	761

Source: Applicant

Total screenings were up over 10% between 2008 and 2009.

In addition to the annual Health Fair, WMC was instrumental in the establishment of the Healthy Wrangell Coalition (the Coalition), which includes a group of businesses, organizations, and concerned citizens committed to creating a healthier Wrangell community. Through grant funding provided by the SouthEast Area Regional Health Consortium (SEARHC), WMC established the Coalition in January 2008 to develop worksite wellness programs in the community of Wrangell, and has worked for two years on prevention in the area of physical activity and nutrition. Specific activities offered to date include but are not limited to: smoking cessation, healthy cooking classes, and a wellness speaker series.

The Coalition has been successful in bringing community leaders and other groups together to make Wrangell a healthier place to live. As a first step, the Coalition has been successful in implementing and improving worksite wellness programs for several of the larger employers in Wrangell (including WMC), creating a ripple effect of wellness throughout the community. In addition, the Coalition has been able to expand the community's recreation center hours and this has led to an increase in recreation center use. Over the past year, the Coalition has mobilized a volunteer force to provide health education and implement wellness programs at various sites in the community. The amazing show of support and energy towards creating a healthier Wrangell community are demonstrated by the membership of the Coalition which now includes members from

a substance abuse advisory group, Alaska Native Brotherhood/Sisterhood, the domestic violence coalition, and the Wrangell Dance and Tumbling Group. The active participation of community leaders in the Coalition has resulted in ensuring that we meet the needs of all members of our community including children, adults, seniors, and Alaska Natives.

The Coalition continues to meet and has expanded its mission to address broad wellness issues that impact the entire community.

Specific Review Standards

Both acute care hospital and long term care services are governed by specific review standards in addition to general review standards. A complete guide to the review standards is available at http://hss.state.ak.us/dph/healthplanning/cert_of_need/forms/default.htm.

3. Please note the following standard for acute care hospital services.

An applicant serving patients from a community with a population of 10,000 or less demonstrates that the transport of patients to or from those areas for medical care or services will be facilitated, directly or through coordinated efforts with other organizations.

Please provide details on the transport of patients to and from Wrangell and, if applicable, coordination with other organizations to transport patients.

WMC maintains several transfer agreements with other hospitals and facilities to facilitate the transfer of critically ill patients as well as those patients needing services not available at WMC but who are not critically ill. WMC's transfer agreements also facilitate the transfer of adult and pediatric patients to WMC from other facilities.

For critically ill patients, WMC maintains transfer agreements with Ketchikan General Hospital, Virginia Mason Medical Center (Seattle) and Harborview Medical Center (Seattle). In addition, WMC has transfer agreements for general patients (those needing services not available at WMC) with Ketchikan General Hospital, Bartlett Regional Hospital and SouthEast Alaska Regional Health Consortium (including Mt. Edgecumbe Hospital and Clinics).

Copies of these transfer agreements are included in Attachment 5. WMC also works with the assisted living facility in the community to facilitate the transfer of residents to WMC or from WMC back to this facility.

4. As regards the long term care component of the application, the pertinent specific review standard is as follows:

In the interest of serving individuals in the most cost-effective, least restrictive setting possible, there must be a combination of at least one assisted living slot or adult day care slot for each existing and proposed new long term nursing care bed. For a community with a population of 10,000 or less, the department may approve beds on a case-by-case basis.

I noted that on page 36 of your application, there is a qualitative discussion of services for the elderly, including: assisted living, independent senior housing, meal services, a senior center, transportation services, home health services, as well as home visits by WMC medical providers.” To comply with the standard set out above, you may find guidance in Karen Lawfer’s review of the CON application submitted by South Peninsula Hospital to add three long term nursing beds for a total of 28 beds.

Karen observed: “South Peninsula Hospital must meet the standard that requires there be no more nursing home beds than there are assisted living beds and adult day care slots combined. There are currently a total of 40 assisted living beds in the Homer area as well as 18 adult day care slots at the Homer Senior Citizens Center. Since the total number of nursing home beds proposed is 28, this standard has been met.”

Please provide a similar numerical tally of assisted living and adult day care slots in Wrangell.

The City of Wrangell currently has one assisted living home³ each with 5 beds. Therefore, Wrangell’s current supply is 5 beds. Wrangell does not have an adult day care program. With 20 long term care beds, Wrangell will exceed the above referenced ratio of one assisted living bed for each long term care bed. However, as the standard also notes, the department has the authority to approve additional long term care capacity in communities with populations of 10,000 or less. We believe that several factors exist in our community to warrant a variation from the standard applied to South Peninsula Hospital⁴. These include:

The existing assisted living facility does not provide a comparable level of service for many of our LTC residents

³ Wrangell does have a 2nd facility that, WMC believes, is in the process of closing.

⁴ South Peninsula Hospital is located in the Kenai Peninsula Borough. The Kenai Peninsula Borough has a population that exceeds 10,000.

While the existing assisted living facility offers a valuable service to residents of the Wrangell community, it is not able to meet the needs of individuals admitted to WMC's LTC unit. The facility does not provide the same level of services that can be found in larger assisted living facilities. For example, the facility is not able to offer nighttime awake staff nor does it have the resources to accept or manage heavier care residents (Alzheimer's/dementia care, wound care, oxygen therapy, catheter care, injections, etc.). For these residents, WMC's LTC unit is the only viable alternative.

The growing senior population demonstrates need for additional LTC capacity

There have been times during the past few years in which some of our local residents have not been able to return to Wrangell or stay in Wrangell because a nursing facility bed was not available. While this has not happened many times, with only 14 beds and an average occupancy of nearly 100%, when it does happen, it has a dramatic affect on the resident and family. The "2006 Alaska Long Term Care and Cost Study" noted that additional nursing bed need is anticipated due to the projected growth in the senior population by 2025. Data prepared by the Alaska Commission on Aging⁵ demonstrates that the Wrangell-Petersburg Borough's senior population grew 25% between 2001 and 2008 and Wrangell census area now ranks #1 in the state in terms of percentage of the population age 65+ (22.4%) or nearly double the statewide rate (11.7%).

Although the 2006 long term care and cost study noted that there might be ways to mitigate the need for additional nursing beds with the expansion of home and community based services (particularly in rural areas), it is challenging for smaller communities to offer a comprehensive array of services. As noted above, based upon the City of Wrangell's experience, it can be practically impossible for small assisted living facilities to have the same scope and breadth of services that can be offered in a larger assisted living facility.

WMC's existing LTC unit has been unable to accommodate all residents needing to be admitted

As noted in the original submittal, occupancy in WMC's LTC unit was virtually 100% throughout 2009. At this high census level, WMC was unable to admit all residents needing services. As a result, some residents were cared for in swing beds. With swing beds occupied by LTC residents, skilled patients in need of rehabilitation services could not be admitted. These patients were forced to seek services outside of the community (in Ketchikan). In FY2009, WMC had an average of 1 person per day in swing beds that could have been in the LTC unit. This number increased by 25% during the first 6 months of FY2010.

⁵ <http://www.alaskaaging.org/assets/SeniorPop2008.pdf>

Nearly 20% of patients admitted to the long term care (LTC) unit from 2004-2008 were admitted for skilled level care or rehabilitation services.

WMC maintains an active discharge planning process that begins at or soon after admission for all of our patients. Many of the individuals discharged from WMC's LTC unit were admitted for short-term skilled level care and then discharged home. WMC has discharged a few residents over the past few years to assisted living facilities or out of area but these were generally individuals who did not have a home to return to or preferred to relocate closer to family, etc. WMC's discharge planning team works closely with residents prior to discharge to apply for and obtain Medicaid waivers to allow them to receive additional support services at home.

For the foreseeable future, a small expanded LTC service at WMC is the most economical and reliable method of increasing long term care capacity in the community. Adding additional LTC capacity at the same time that WMC had already planned to build a replacement hospital makes good sense. Once the replacement hospital is up and running, with the expanded facilities, and with a economically sized LTC unit that serving as the foundation, WMC intends to explore the feasibility of offering other community based LTC services (such as adult day health and assisted living services). WMC recognizes the challenge of operating small financially viable community based services. Adding additional services to the hospital campus provides an opportunity to gain some economies of scale that are simply not available to independent, stand alone operations. WMC is optimistic that the addition of long term care beds at the replacement hospital will be the first steps towards the development of a health care campus in the City of Wrangell.

**Attachment 1
Revised Exhibit 4
Certificate of Need
Financial Schedules**

Schedule I

Schedule I. Facility Income Statement

**Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion**

	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Gross Patient Revenue:											
Inpatient Routine	466,650	266,701	172,262	274,536	393,523	462,275	485,421	510,795	535,862	563,407	592,124
Inpatient Ancillary	658,980	658,116	535,376	214,759	632,583	741,333	778,448	819,136	859,336	894,736	940,337
Outpatient	2,466,256	2,907,490	3,207,465	3,375,158	3,805,101	4,432,398	4,566,236	4,796,696	4,990,956	5,235,390	5,492,153
Long-Term Care	1,960,603	2,573,529	3,041,355	2,972,674	3,338,465	3,462,563	3,567,132	3,674,146	4,002,837	5,011,579	5,448,719
Swing Beds	477,356	230,679	395,470	536,545	577,800	598,989	773,732	812,583	669,566	702,560	737,886
Other	12,192	9,728	20,309	24,500	24,888	24,000	24,000	24,000	24,000	24,000	24,000
Total Patient Revenue	6,042,037	6,646,243	7,372,237	7,398,172	8,772,360	9,721,558	10,194,969	10,637,356	11,082,557	12,431,672	13,235,219
Less Deductions											
Charity Care	44,068	64,610	183,777	60,331	56,330	60,500	67,191	73,429	82,729	93,226	103,616
Contractual	638,956	597,717	694,683	992,713	873,422	1,418,969	1,520,000	1,600,000	1,520,000	1,420,000	1,420,000
Bad Debts-below											
Total Deductions	683,024	662,327	878,460	1,053,044	929,752	1,479,469	1,587,191	1,673,429	1,602,729	1,513,226	1,523,616
Net Operating	5,359,013	5,983,916	6,493,777	6,345,128	7,842,608	8,242,089	8,607,778	8,963,927	9,479,828	10,918,446	11,711,603
All Other Revenues	204,529	365,206	1,902,223	501,846	276,045	300,000	5,000,000	200,000	200,000	200,000	200,000
EXPENSES:											
Salaries	2,304,542	2,561,959	2,817,771	3,024,300	3,216,668	3,446,552	3,549,949	3,656,447	3,772,858	3,930,783	4,068,360
Benefits	765,275	831,648	918,472	1,095,823	1,358,012	1,472,406	1,619,647	1,781,612	1,959,773	1,965,392	2,074,864
Supplies	599,378	596,933	675,417	788,325	771,932	703,404	717,472	738,996	753,776	780,158	807,464
Utilities	99,419	122,433	159,534	212,123	178,561	189,484	198,958	204,927	209,026	204,000	204,000
Property Tax	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	85,000	85,000
Bad Debts	177,236	151,255	186,112	180,218	169,068	306,435	250,000	310,000	350,000	360,000	355,000
Lease	3,422	1,574	2,863	1,637	854	582	600	600	700	1,000	1,000
Other Expenses	925,787	1,121,799	1,123,082	1,086,494	1,080,520	1,100,149	1,122,152	1,155,817	1,178,933	1,220,196	1,262,903
Depreciation	243,960	238,645	273,568	292,358	260,518	246,867	321,867	321,867	321,867	1,817,617	1,817,617
Interest			9,295	9,404	5,309	5,550	1,000	0	0	1,001,978	983,465
Total Expenses	5,161,519	5,668,746	6,208,614	6,733,182	7,083,942	7,513,929	7,824,145	8,212,766	8,589,433	11,366,124	11,659,673
Excess (Shortage) of											
Over Expenditures	402,023	680,376	475,386	113,792	1,034,711	1,028,160	5,783,633	951,161	1,090,395	-247,678	251,930

Schedule II

Schedule II. Facility Balance Sheet

Provide Last Five Years Actual and

Projections For Three Years Beyond Project Completion

CURRENT ASSETS	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Cash & Cash Equivalent	1,398,274	1,986,276	2,349,378	2,681,775	3,456,699	4,282,968	10,452,896	11,571,100	13,021,898	6,401,088	8,284,396
Net Patient Accounts Receivable	1,018,551	1,020,393	1,305,492	1,140,990	1,502,256	1,305,492	1,140,990	1,305,492	1,140,990	1,405,990	1,305,492
Other Accounts Receivable	23,000	34,500	34,500	167,703	70,415						
Inventories	125,083	148,313	144,550	134,727	166,523	146,523	146,523	146,523	146,523	149,453	149,453
Prepaid Expenses	60,736	68,906	45,544	43,191	12,594	43,200	45,544	43,200	45,544	43,200	45,544
Other											
Total Current Assets	2,625,644	3,258,388	3,879,464	4,168,386	5,208,487	5,778,183	11,785,953	13,066,315	14,354,955	7,999,731	9,784,885
Property and Equipment											
Land & Improvements	28,412	28,412	28,412	28,412	28,412	28,412	28,412	28,412	28,412	0	0
Building/Fixed Equipment	5,652,513	5,671,214	5,685,964	5,310,892	5,320,828	5,320,828	5,320,828	5,320,828	5,320,828	22,427,743	22,427,743
Major Movable Equipment	1,879,704	2,373,696	2,469,719	1,872,646	2,068,960	2,768,960	2,868,960	2,868,960	3,000,000	3,000,000	3,000,000
Accumulated Depreciation	6,651,343	6,889,988	7,163,556	6,216,169	6,476,687	6,723,554	7,045,421	7,367,280	7,689,147	1,817,617	3,635,234
Net Property & Equipment	909,286	1,183,334	1,020,539	995,781	941,513	1,394,646	1,172,779	850,920	660,093	23,610,126	21,792,509
Other Assets											
TOTAL ASSETS	3,534,930	4,441,722	4,900,003	5,164,167	6,150,000	7,172,829	12,958,732	13,917,235	15,015,048	31,609,857	31,577,394
LIABILITIES/FUND BALANCE											
Current Liabilities											
Accounts Payable	64,550	98,801	86,376	179,559	151,901	181,901	155,559	181,901	165,559	181,901	151,901
Accrued Expenses											
Accrued Compensation	309,265	365,314	429,837	487,511	519,423	506,813	533,025	520,525	534,785	533,930	567,207
Other Accruals	26,268	43,688	36,234	52,936	55,792	45,600	53,000	46,500	56,000	48,000	60,000
Total Current Liabilities	400,083	507,803	552,447	720,006	727,116	734,314	741,584	748,926	756,344	763,831	779,108
Long Term Liabilities											
Long Term Debt											
Other	33,757	152,453	90,699	73,516	17,529	5,000	0	0	0	16,835,000	16,535,330
Total Long Term Liabilities	33,757	152,453	90,699	73,516	17,529	5,000	0	0	0	16,835,000	16,535,330
Fund Balance	3,101,090	3,781,466	4,256,852	4,370,644	5,405,355	6,433,515	12,217,148	13,168,309	14,258,704	14,011,026	14,262,956
Total Liabilities & Fund Balance	3,534,930	4,441,722	4,899,998	5,164,166	6,150,000	7,172,829	12,958,732	13,917,235	15,015,048	31,609,857	31,577,394

Schedule III

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
FY2009	I/P	Swing	LTC	O/P	FY
Revenues	1,026,106	577,800	3,338,465	3,805,101	
Expenses					
Patient Days	356	917	5,046		
Revenue Per Patient Day	2,882	630	662		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense	456,024	318,295	864,863		
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	3,297.27		474.07	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
FY2008	I/P	Swing	LTC	O/P	FY
Revenues	489,295	536,545	2,972,674	3,375,158	
Expenses					
Patient Days	308	612	4,750		
Revenue Per Patient Day	1,589	877	626		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,351.98		523.34	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
FY2007	I/P	Swing	LTC	O/P	FY
Revenues	707,638	395,470	3,041,355	3,207,465	
Expenses					
Patient Days	333	714	4,777		
Revenue Per Patient Day	2,125	554	637		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,235.53		508.71	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2006	I/P	Swing	LTC	O/P	FY
Revenues	924,817	230,679	2,573,529	2,907,490	
Expenses					
Patient Days	288	414	4,367		
Revenue Per Patient Day	3,211	557	589		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,122.35		494.49	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2005	I/P	Swing	LTC	O/P	FY
Revenues	1,125,630	477,356	1,960,603	2,466,256	
Expenses					
Patient Days	412	411	2,914		
Revenue Per Patient Day	2,732	1,161	673		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,012.19		480.67	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2010	I/P	Swing	LTC	O/P	FY
Revenues	1,203,608	598,989	3,462,563	4,432,398	
Expenses					
Patient Days	363	717	5,110		
Revenue Per Patient Day	3,316	835	678		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	3,396.19		488.29	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2011	I/P	Swing	LTC	O/P	FY
Revenues	1,263,869	773,732	3,567,132	4,566,236	
Expenses					
Patient Days	370	917	5,110		
Revenue Per Patient Day	\$3,416	\$844	\$698		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	\$3,498.07		\$502.94	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2012	I/P	Swing	LTC	O/P	FY
Revenues	1,329,931	812,583	3,674,146	4,796,696	
Expenses					
Patient Days	378	935	5,110		
Revenue Per Patient Day	3,518	869	719		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	3,603.02		518.03	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and					
Projections For Three Years Beyond Project Completion					
FY2013	I/P	Swing	LTC	O/P	FY
Revenues	1,395,198	669,566	4,002,837	4,990,956	
Expenses					
Patient Days	385	748	5,405		
Revenue Per Patient Day	3,624	895	741		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	3,711.11		533.57	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
FY2014	I/P	Swing	LTC	O/P	FY
Revenues	1,458,143	702,560	5,011,579	5,235,390	
Expenses					
Patient Days	393	762	6,570		
Revenue Per Patient Day	3,710	922	763		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,838.26		824.01	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
FY2015	I/P	Swing	LTC	O/P	FY
Revenues	1,532,461	737,886	5,448,719	5,492,153	
Expenses					
Patient Days	412	411	6,935		
Revenue Per Patient Day	3,720	1,795	786		
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue					
Direct Expense					
Indirect Expense					
Net Income Projected					
Rate Computation					
Annual Medicaid Rate	4,953		840	100%	
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

Schedule IV

Schedule IV. Operating Budget												
ACUTE AND SWING BED												
Provide Last Five Years Actual and												
Projections For Three Years Beyond Project Completion												
Description:	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
Number of Beds	8	8	8	8	8	8	8	8	8	8	8	8
Days in a year	365	365	365	365	365	365	365	365	365	365	365	365
Available bed days	2,920	2,920	2,920	2,920	2,920	2,920	2,920	2,920	2,920	2,920	2,920	2,920
Resident bed days	823	702	1,047	920	1,273	1,080	1,287	1,313	1,133	1,155	1,178	
Percent growth												
Occupancy	28.18%	24.04%	35.86%	31.51%	43.60%	36.99%	44.08%	44.97%	38.80%	39.55%	40.34%	
Average length of stay												
Patient Bed Days	823	702	1,047	920	1,273	1,080	1,287	1,313	1,133	1,155	1,178	
Number of Residents												
Daily Room and Board Rate*	4,012.19	4,122.35	4,235.53	4,351.98	3,297.27	3,396.19	3,498.07	3,603.02	3,711.11	4,838.26	4,952.93	
Nursing Revenue	399,148	583,821	738,588	664,699	971,323	848,782	1,041,809	1,094,742	973,003	1,021,653	1,073,257	
Nursing Services												
Payer Mix:												
Medicaid	52	61	170	216	299	254	302	308	266	271	277	
Medicare	480	531	561	499	690	586	698	712	615	626	639	
Other	291	110	316	205	284	241	287	293	252	257	262	
Ancillary Revenue	1,203,838	571,675	364,520	361,141	632,583	552,777	678,488	712,961	633,677	665,361	698,969	
Total Revenue	1,602,986	1,155,496	1,103,108	1,025,840	1,603,906	1,401,559	1,720,297	1,807,702	1,606,680	1,687,014	1,772,226	
Rate Computation												
Annual Medicaid Rate												
Base Year Cost												
Less Ancillary												
Plus Admin. Overhead												
Cost Basis for Rate												
Base Year Patient Days												
Cost per Patient Day												

**Schedule IV. Operating Budget
LONG TERM CARE ONLY**

Provide Last Five Years Actual and

Projections For Three Years Beyond Project Completion

Description:	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
Number of Beds	14	14	14	14	14	14	14	14	14	20	20
Days in a year	365	365	365	365	365	365	365	365	365	365	365
Available bed days	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	7,300	7,300
Resident bed days	2,914	4,367	4,777	4,750	5,046	5,110	5,110	5,110	5,405	6,570	6,935
Percent growth											
Occupancy	57.03%	85.46%	93.48%	92.95%	98.75%	100.00%	100.00%	100.00%	105.77%	90.00%	95.00%
Average length of stay											
Patient Bed Days	2,914	4,367	4,777	4,750	5,046	5,110	5,110	5,110	5,405	6,570	6,935
Number of Residents											
Daily Room and Board Rate*	480.67	494.49	508.71	523.34	474.07	488.29	502.94	518.03	533.57	824.01	840.49
Nursing Revenue											
Nursing Services	1,732,901	2,320,091	2,774,149	2,744,759	3,079,142	3,211,742	3,308,094	3,407,337	3,712,163	4,647,656	5,053,035
Payer Mix:											
Medicaid	2,825	3,856	4,552	4,706	5,046	5,063	5,063	5,063	5,355	6,509	6,871
Medicare	41	30	5	11	0	12	12	12	13	15	16
Other	48	481	220	33	0	36	36	36	38	46	48
Ancillary Revenue	227,702	253,438	267,206	227,915	259,323	270,490	278,605	286,963	312,636	391,422	425,563
Total Revenue	1,960,603	2,573,529	3,041,355	2,972,674	3,338,465	3,482,232	3,586,699	3,694,300	4,024,799	5,039,078	5,478,597
Rate Computation											
Annual Medicaid Rate											
Base Year Cost											
Less Ancillary											
Plus Admin. Overhead											
Cost Basis for Rate											
Base Year Patient Days											
Cost per Patient Day											

Schedule V-A and V-B

Period	Interest Paid	Principal Paid	Remaining Balance
1	84 175.00\$	24 293.14\$	16 810 706.86\$
2	84 053.53\$	24 414.61\$	16 786 292.25\$
3	83 931.46\$	24 536.68\$	16 761 755.57\$
4	83 808.78\$	24 659.36\$	16 737 096.21\$
5	83 685.48\$	24 782.66\$	16 712 313.55\$
6	83 561.57\$	24 906.57\$	16 687 406.98\$
7	83 437.03\$	25 031.11\$	16 662 375.87\$
8	83 311.88\$	25 156.26\$	16 637 219.61\$
9	83 186.10\$	25 282.04\$	16 611 937.57\$
10	83 059.69\$	25 408.45\$	16 586 529.11\$
11	82 932.65\$	25 535.50\$	16 560 993.62\$
12	82 804.97\$	25 663.17\$	16 535 330.44\$
13	82 676.65\$	25 791.49\$	16 509 538.96\$
14	82 547.69\$	25 920.45\$	16 483 618.51\$
15	82 418.09\$	26 050.05\$	16 457 568.46\$
16	82 287.84\$	26 180.30\$	16 431 388.16\$
17	82 156.94\$	26 311.20\$	16 405 076.96\$
18	82 025.38\$	26 442.76\$	16 378 634.21\$
19	81 893.17\$	26 574.97\$	16 352 059.24\$
20	81 760.30\$	26 707.84\$	16 325 351.39\$
21	81 626.76\$	26 841.38\$	16 298 510.01\$
22	81 492.55\$	26 975.59\$	16 271 534.42\$
23	81 357.67\$	27 110.47\$	16 244 423.95\$
24	81 222.12\$	27 246.02\$	16 217 177.93\$
25	81 085.89\$	27 382.25\$	16 189 795.68\$
26	80 948.98\$	27 519.16\$	16 162 276.51\$
27	80 811.38\$	27 656.76\$	16 134 619.75\$
28	80 673.10\$	27 795.04\$	16 106 824.71\$
29	80 534.12\$	27 934.02\$	16 078 890.70\$
30	80 394.45\$	28 073.69\$	16 050 817.01\$
31	80 254.09\$	28 214.06\$	16 022 602.95\$
32	80 113.01\$	28 355.13\$	15 994 247.83\$
33	79 971.24\$	28 496.90\$	15 965 750.92\$
34	79 828.75\$	28 639.39\$	15 937 111.54\$
35	79 685.56\$	28 782.58\$	15 908 328.95\$
36	79 541.64\$	28 926.50\$	15 879 402.46\$
37	79 397.01\$	29 071.13\$	15 850 331.33\$
38	79 251.66\$	29 216.48\$	15 821 114.85\$
39	79 105.57\$	29 362.57\$	15 791 752.28\$
40	78 958.76\$	29 509.38\$	15 762 242.90\$
41	78 811.21\$	29 656.93\$	15 732 585.97\$
42	78 662.93\$	29 805.21\$	15 702 780.76\$
43	78 513.90\$	29 954.24\$	15 672 826.52\$
44	78 364.13\$	30 104.01\$	15 642 722.52\$

Period	Interest Paid	Principal Paid	Remaining Balance
45	78 213.61\$	30 254.53\$	15 612 467.99\$
46	78 062.34\$	30 405.80\$	15 582 062.19\$
47	77 910.31\$	30 557.83\$	15 551 504.36\$
48	77 757.52\$	30 710.62\$	15 520 793.74\$
49	77 603.97\$	30 864.17\$	15 489 929.57\$
50	77 449.65\$	31 018.49\$	15 458 911.07\$
51	77 294.56\$	31 173.59\$	15 427 737.49\$
52	77 138.69\$	31 329.45\$	15 396 408.03\$
53	76 982.04\$	31 486.10\$	15 364 921.93\$
54	76 824.61\$	31 643.53\$	15 333 278.40\$
55	76 666.39\$	31 801.75\$	15 301 476.65\$
56	76 507.38\$	31 960.76\$	15 269 515.89\$
57	76 347.58\$	32 120.56\$	15 237 395.33\$
58	76 186.98\$	32 281.16\$	15 205 114.17\$
59	76 025.57\$	32 442.57\$	15 172 671.60\$
60	75 863.36\$	32 604.78\$	15 140 066.82\$
61	75 700.33\$	32 767.81\$	15 107 299.01\$
62	75 536.50\$	32 931.65\$	15 074 367.36\$
63	75 371.84\$	33 096.30\$	15 041 271.06\$
64	75 206.36\$	33 261.79\$	15 008 009.27\$
65	75 040.05\$	33 428.09\$	14 974 581.18\$
66	74 872.91\$	33 595.24\$	14 940 985.94\$
67	74 704.93\$	33 763.21\$	14 907 222.73\$
68	74 536.11\$	33 932.03\$	14 873 290.70\$
69	74 366.45\$	34 101.69\$	14 839 189.02\$
70	74 195.95\$	34 272.20\$	14 804 916.82\$
71	74 024.58\$	34 443.56\$	14 770 473.26\$
72	73 852.37\$	34 615.77\$	14 735 857.49\$
73	73 679.29\$	34 788.85\$	14 701 068.64\$
74	73 505.34\$	34 962.80\$	14 666 105.84\$
75	73 330.53\$	35 137.61\$	14 630 968.23\$
76	73 154.84\$	35 313.30\$	14 595 654.93\$
77	72 978.27\$	35 489.87\$	14 560 165.06\$
78	72 800.83\$	35 667.32\$	14 524 497.75\$
79	72 622.49\$	35 845.65\$	14 488 652.09\$
80	72 443.26\$	36 024.88\$	14 452 627.21\$
81	72 263.14\$	36 205.00\$	14 416 422.21\$
82	72 082.11\$	36 386.03\$	14 380 036.18\$
83	71 900.18\$	36 567.96\$	14 343 468.22\$
84	71 717.34\$	36 750.80\$	14 306 717.42\$
85	71 533.59\$	36 934.55\$	14 269 782.86\$
86	71 348.91\$	37 119.23\$	14 232 663.64\$
87	71 163.32\$	37 304.82\$	14 195 358.81\$
88	70 976.79\$	37 491.35\$	14 157 867.47\$
89	70 789.34\$	37 678.80\$	14 120 188.66\$
90	70 600.94\$	37 867.20\$	14 082 321.47\$

Period	Interest Paid	Principal Paid	Remaining Balance
91	70 411.61\$	38 056.53\$	14 044 264.93\$
92	70 221.32\$	38 246.82\$	14 006 018.12\$
93	70 030.09\$	38 438.05\$	13 967 580.07\$
94	69 837.90\$	38 630.24\$	13 928 949.83\$
95	69 644.75\$	38 823.39\$	13 890 126.43\$
96	69 450.63\$	39 017.51\$	13 851 108.93\$
97	69 255.54\$	39 212.60\$	13 811 896.33\$
98	69 059.48\$	39 408.66\$	13 772 487.67\$
99	68 862.44\$	39 605.70\$	13 732 881.97\$
100	68 664.41\$	39 803.73\$	13 693 078.24\$
101	68 465.39\$	40 002.75\$	13 653 075.49\$
102	68 265.38\$	40 202.76\$	13 612 872.72\$
103	68 064.36\$	40 403.78\$	13 572 468.95\$
104	67 862.34\$	40 605.80\$	13 531 863.15\$
105	67 659.32\$	40 808.83\$	13 491 054.32\$
106	67 455.27\$	41 012.87\$	13 450 041.45\$
107	67 250.21\$	41 217.93\$	13 408 823.52\$
108	67 044.12\$	41 424.02\$	13 367 399.50\$
109	66 837.00\$	41 631.14\$	13 325 768.35\$
110	66 628.84\$	41 839.30\$	13 283 929.05\$
111	66 419.65\$	42 048.50\$	13 241 880.56\$
112	66 209.40\$	42 258.74\$	13 199 621.82\$
113	65 998.11\$	42 470.03\$	13 157 151.79\$
114	65 785.76\$	42 682.38\$	13 114 469.41\$
115	65 572.35\$	42 895.79\$	13 071 573.61\$
116	65 357.87\$	43 110.27\$	13 028 463.34\$
117	65 142.32\$	43 325.82\$	12 985 137.52\$
118	64 925.69\$	43 542.45\$	12 941 595.06\$
119	64 707.98\$	43 760.17\$	12 897 834.90\$
120	64 489.17\$	43 978.97\$	12 853 855.93\$
121	64 269.28\$	44 198.86\$	12 809 657.07\$
122	64 048.29\$	44 419.86\$	12 765 237.21\$
123	63 826.19\$	44 641.95\$	12 720 595.26\$
124	63 602.98\$	44 865.16\$	12 675 730.09\$
125	63 378.65\$	45 089.49\$	12 630 640.60\$
126	63 153.20\$	45 314.94\$	12 585 325.67\$
127	62 926.63\$	45 541.51\$	12 539 784.15\$
128	62 698.92\$	45 769.22\$	12 494 014.93\$
129	62 470.07\$	45 998.07\$	12 448 016.87\$
130	62 240.08\$	46 228.06\$	12 401 788.81\$
131	62 008.94\$	46 459.20\$	12 355 329.61\$
132	61 776.65\$	46 691.49\$	12 308 638.12\$
133	61 543.19\$	46 924.95\$	12 261 713.17\$
134	61 308.57\$	47 159.58\$	12 214 553.60\$
135	61 072.77\$	47 395.37\$	12 167 158.22\$
136	60 835.79\$	47 632.35\$	12 119 525.87\$

Period	Interest Paid	Principal Paid	Remaining Balance
137	60 597.63\$	47 870.51\$	12 071 655.36\$
138	60 358.28\$	48 109.86\$	12 023 545.50\$
139	60 117.73\$	48 350.41\$	11 975 195.08\$
140	59 875.98\$	48 592.17\$	11 926 602.92\$
141	59 633.01\$	48 835.13\$	11 877 767.79\$
142	59 388.84\$	49 079.30\$	11 828 688.49\$
143	59 143.44\$	49 324.70\$	11 779 363.79\$
144	58 896.82\$	49 571.32\$	11 729 792.47\$
145	58 648.96\$	49 819.18\$	11 679 973.29\$
146	58 399.87\$	50 068.27\$	11 629 905.02\$
147	58 149.53\$	50 318.62\$	11 579 586.40\$
148	57 897.93\$	50 570.21\$	11 529 016.19\$
149	57 645.08\$	50 823.06\$	11 478 193.13\$
150	57 390.97\$	51 077.18\$	11 427 115.96\$
151	57 135.58\$	51 332.56\$	11 375 783.39\$
152	56 878.92\$	51 589.22\$	11 324 194.17\$
153	56 620.97\$	51 847.17\$	11 272 347.00\$
154	56 361.74\$	52 106.41\$	11 220 240.59\$
155	56 101.20\$	52 366.94\$	11 167 873.66\$
156	55 839.37\$	52 628.77\$	11 115 244.88\$
157	55 576.22\$	52 891.92\$	11 062 352.97\$
158	55 311.76\$	53 156.38\$	11 009 196.59\$
159	55 045.98\$	53 422.16\$	10 955 774.43\$
160	54 778.87\$	53 689.27\$	10 902 085.16\$
161	54 510.43\$	53 957.72\$	10 848 127.45\$
162	54 240.64\$	54 227.50\$	10 793 899.95\$
163	53 969.50\$	54 498.64\$	10 739 401.30\$
164	53 697.01\$	54 771.13\$	10 684 630.17\$
165	53 423.15\$	55 044.99\$	10 629 585.18\$
166	53 147.93\$	55 320.22\$	10 574 264.97\$
167	52 871.32\$	55 596.82\$	10 518 668.15\$
168	52 593.34\$	55 874.80\$	10 462 793.35\$
169	52 313.97\$	56 154.17\$	10 406 639.17\$
170	52 033.20\$	56 434.95\$	10 350 204.23\$
171	51 751.02\$	56 717.12\$	10 293 487.11\$
172	51 467.44\$	57 000.71\$	10 236 486.40\$
173	51 182.43\$	57 285.71\$	10 179 200.70\$
174	50 896.00\$	57 572.14\$	10 121 628.56\$
175	50 608.14\$	57 860.00\$	10 063 768.56\$
176	50 318.84\$	58 149.30\$	10 005 619.26\$
177	50 028.10\$	58 440.04\$	9 947 179.22\$
178	49 735.90\$	58 732.24\$	9 888 446.97\$
179	49 442.23\$	59 025.91\$	9 829 421.07\$
180	49 147.11\$	59 321.04\$	9 770 100.03\$
181	48 850.50\$	59 617.64\$	9 710 482.39\$
182	48 552.41\$	59 915.73\$	9 650 566.66\$

Period	Interest Paid	Principal Paid	Remaining Balance
183	48 252.83\$	60 215.31\$	9 590 351.35\$
184	47 951.76\$	60 516.38\$	9 529 834.97\$
185	47 649.17\$	60 818.97\$	9 469 016.00\$
186	47 345.08\$	61 123.06\$	9 407 892.94\$
187	47 039.46\$	61 428.68\$	9 346 464.27\$
188	46 732.32\$	61 735.82\$	9 284 728.45\$
189	46 423.64\$	62 044.50\$	9 222 683.95\$
190	46 113.42\$	62 354.72\$	9 160 329.23\$
191	45 801.65\$	62 666.49\$	9 097 662.73\$
192	45 488.31\$	62 979.83\$	9 034 682.90\$
193	45 173.41\$	63 294.73\$	8 971 388.18\$
194	44 856.94\$	63 611.20\$	8 907 776.98\$
195	44 538.88\$	63 929.26\$	8 843 847.72\$
196	44 219.24\$	64 248.90\$	8 779 598.82\$
197	43 897.99\$	64 570.15\$	8 715 028.67\$
198	43 575.14\$	64 893.00\$	8 650 135.67\$
199	43 250.68\$	65 217.46\$	8 584 918.21\$
200	42 924.59\$	65 543.55\$	8 519 374.66\$
201	42 596.87\$	65 871.27\$	8 453 503.39\$
202	42 267.52\$	66 200.62\$	8 387 302.77\$
203	41 936.51\$	66 531.63\$	8 320 771.14\$
204	41 603.86\$	66 864.29\$	8 253 906.86\$
205	41 269.53\$	67 198.61\$	8 186 708.25\$
206	40 933.54\$	67 534.60\$	8 119 173.65\$
207	40 595.87\$	67 872.27\$	8 051 301.38\$
208	40 256.51\$	68 211.63\$	7 983 089.75\$
209	39 915.45\$	68 552.69\$	7 914 537.05\$
210	39 572.69\$	68 895.46\$	7 845 641.60\$
211	39 228.21\$	69 239.93\$	7 776 401.66\$
212	38 882.01\$	69 586.13\$	7 706 815.53\$
213	38 534.08\$	69 934.06\$	7 636 881.47\$
214	38 184.41\$	70 283.73\$	7 566 597.73\$
215	37 832.99\$	70 635.15\$	7 495 962.58\$
216	37 479.81\$	70 988.33\$	7 424 974.25\$
217	37 124.87\$	71 343.27\$	7 353 630.99\$
218	36 768.15\$	71 699.99\$	7 281 931.00\$
219	36 409.65\$	72 058.49\$	7 209 872.51\$
220	36 049.36\$	72 418.78\$	7 137 453.73\$
221	35 687.27\$	72 780.87\$	7 064 672.86\$
222	35 323.36\$	73 144.78\$	6 991 528.09\$
223	34 957.64\$	73 510.50\$	6 918 017.59\$
224	34 590.09\$	73 878.05\$	6 844 139.53\$
225	34 220.70\$	74 247.44\$	6 769 892.09\$
226	33 849.46\$	74 618.68\$	6 695 273.41\$
227	33 476.37\$	74 991.77\$	6 620 281.63\$
228	33 101.41\$	75 366.73\$	6 544 914.90\$

Period	Interest Paid	Principal Paid	Remaining Balance
229	32 724.57\$	75 743.57\$	6 469 171.34\$
230	32 345.86\$	76 122.28\$	6 393 049.05\$
231	31 965.25\$	76 502.90\$	6 316 546.16\$
232	31 582.73\$	76 885.41\$	6 239 660.75\$
233	31 198.30\$	77 269.84\$	6 162 390.91\$
234	30 811.95\$	77 656.19\$	6 084 734.72\$
235	30 423.67\$	78 044.47\$	6 006 690.25\$
236	30 033.45\$	78 434.69\$	5 928 255.56\$
237	29 641.28\$	78 826.86\$	5 849 428.70\$
238	29 247.14\$	79 221.00\$	5 770 207.70\$
239	28 851.04\$	79 617.10\$	5 690 590.60\$
240	28 452.95\$	80 015.19\$	5 610 575.41\$
241	28 052.88\$	80 415.26\$	5 530 160.15\$
242	27 650.80\$	80 817.34\$	5 449 342.81\$
243	27 246.71\$	81 221.43\$	5 368 121.38\$
244	26 840.61\$	81 627.53\$	5 286 493.85\$
245	26 432.47\$	82 035.67\$	5 204 458.18\$
246	26 022.29\$	82 445.85\$	5 122 012.33\$
247	25 610.06\$	82 858.08\$	5 039 154.25\$
248	25 195.77\$	83 272.37\$	4 955 881.88\$
249	24 779.41\$	83 688.73\$	4 872 193.15\$
250	24 360.97\$	84 107.18\$	4 788 085.97\$
251	23 940.43\$	84 527.71\$	4 703 558.26\$
252	23 517.79\$	84 950.35\$	4 618 607.91\$
253	23 093.04\$	85 375.10\$	4 533 232.81\$
254	22 666.16\$	85 801.98\$	4 447 430.83\$
255	22 237.15\$	86 230.99\$	4 361 199.85\$
256	21 806.00\$	86 662.14\$	4 274 537.70\$
257	21 372.69\$	87 095.45\$	4 187 442.25\$
258	20 937.21\$	87 530.93\$	4 099 911.32\$
259	20 499.56\$	87 968.58\$	4 011 942.74\$
260	20 059.71\$	88 408.43\$	3 923 534.31\$
261	19 617.67\$	88 850.47\$	3 834 683.84\$
262	19 173.42\$	89 294.72\$	3 745 389.12\$
263	18 726.95\$	89 741.20\$	3 655 647.92\$
264	18 278.24\$	90 189.90\$	3 565 458.02\$
265	17 827.29\$	90 640.85\$	3 474 817.17\$
266	17 374.09\$	91 094.06\$	3 383 723.12\$
267	16 918.62\$	91 549.53\$	3 292 173.59\$
268	16 460.87\$	92 007.27\$	3 200 166.32\$
269	16 000.83\$	92 467.31\$	3 107 699.01\$
270	15 538.50\$	92 929.65\$	3 014 769.36\$
271	15 073.85\$	93 394.29\$	2 921 375.07\$
272	14 606.88\$	93 861.27\$	2 827 513.80\$
273	14 137.57\$	94 330.57\$	2 733 183.23\$
274	13 665.92\$	94 802.22\$	2 638 381.01\$

Period	Interest Paid	Principal Paid	Remaining Balance
275	13 191.91\$	95 276.24\$	2 543 104.77\$
276	12 715.52\$	95 752.62\$	2 447 352.15\$
277	12 236.76\$	96 231.38\$	2 351 120.77\$
278	11 755.60\$	96 712.54\$	2 254 408.24\$
279	11 272.04\$	97 196.10\$	2 157 212.14\$
280	10 786.06\$	97 682.08\$	2 059 530.06\$
281	10 297.65\$	98 170.49\$	1 961 359.57\$
282	9 806.80\$	98 661.34\$	1 862 698.22\$
283	9 313.49\$	99 154.65\$	1 763 543.57\$
284	8 817.72\$	99 650.42\$	1 663 893.15\$
285	8 319.47\$	100 148.68\$	1 563 744.47\$
286	7 818.72\$	100 649.42\$	1 463 095.06\$
287	7 315.48\$	101 152.67\$	1 361 942.39\$
288	6 809.71\$	101 658.43\$	1 260 283.96\$
289	6 301.42\$	102 166.72\$	1 158 117.24\$
290	5 790.59\$	102 677.55\$	1 055 439.69\$
291	5 277.20\$	103 190.94\$	952 248.74\$
292	4 761.24\$	103 706.90\$	848 541.85\$
293	4 242.71\$	104 225.43\$	744 316.41\$
294	3 721.58\$	104 746.56\$	639 569.85\$
295	3 197.85\$	105 270.29\$	534 299.56\$
296	2 671.50\$	105 796.64\$	428 502.92\$
297	2 142.51\$	106 325.63\$	322 177.29\$
298	1 610.89\$	106 857.25\$	215 320.04\$
299	1 076.60\$	107 391.54\$	107 928.50\$
300	539.64\$	107 928.50\$	-0.00\$
Totals:	15 705 442.28\$	16 835 000.00\$	

Schedule VI

Schedule VI. Reimbursement Sources

Show reimbursement sources for the previous five years and projections for three years after th

FY2009 Inpatient				
Reimbursement Source	Number of Patients	Gross Patient	Deductions	Net Patient
Medicaid	50	253,427	763	252,664
Medicare	176	442,022	96,299	345,723
Private Insurance	112	274,705	0	274,705
Self Pay	18	55,952	0	55,952
Charity				
Other				
Total	356	1,026,106	97,062	929,044

FY2009 Swing				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	330	150,730	82,853	67,877
Medicare	423	339,143	-70,296	409,439
Private Insurance	13	50,243	0	50,243
Self Pay	151	37,684	0	37,684
Charity				
Other				
Total	917	577,800	12,557	565,243

FY2009 LTC				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	5,046	3,362,915	722,141	2,640,774
Medicare				
Private Insurance				
Self Pay				
Charity				
Other				
Total	5,046	3,362,915	722,141	2,640,774

FY2008 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	216	236,820	-18,769	255,589
Medicare	499	667,702	-303,206	970,908
Private Insurance	205	121,318	0	121,318
Self Pay				
Charity				
Other				
Total	920	1,025,840	-321,974	1,347,814

FY2008 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	4,706	2,833,256	370,418	2,462,838
Medicare	11	8,049	5,879	2,170
Private Insurance	33	131,369	0	131,369
Self Pay				
Charity				
Other				
Total	4,750	2,972,674	376,297	2,596,377

FY2007 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	169	168,409	-3,494	171,903
Medicare	561	708,721	-141,042	849,763
Private Insurance	317	225,978	0	225,978
Self Pay				
Charity				
Other				
Total	1,047	1,103,108	-144,535	1,247,643

FY2007 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	4,552	2,720,671	405,023	2,315,648
Medicare	5	4,013	3,142	871
Private Insurance	220	316,671	0	316,671
Self Pay				
Charity				
Other				
Total	4,777	3,041,355	408,165	2,633,190

FY2006 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	61	86,003	-33,580	119,583
Medicare	531	736,758	-203,648	940,406
Private Insurance	110	332,734	0	332,734
Self Pay				
Charity				
Other				
Total	702	1,155,496	-237,228	1,392,723

FY2006 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	3,856	2,271,545	495,276	1,776,269
Medicare	30	27,390	16,022	11,368
Private Insurance	481	237,850	0	237,850
Self Pay				
Charity				
Other				
Total	4,367	2,573,529	511,298	2,025,487

FY2005 Inpatient acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient
Medicaid	52	107,980	-100,654	208,634
Medicare	480	686,018	-103,128	789,146
Private Insurance	291	808,988	0	808,988
Self Pay				
Charity				
Other				
Total	823	1,602,986	-203,782	1,806,768

FY2005 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	2,825	1,685,917	328,024	1,357,893
Medicare	41	126,541	112,460	14,081
Private Insurance	48	148,145	0	148,145
Self Pay				
Charity				
Other				
Total	2,914	1,960,603	440,484	1,520,119

FY2010 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	254	294,937	-23,375	318,311
Medicare	586	831,559	-377,614	1,209,173
Private Insurance	241	275,064	0	275,064
Self Pay				
Charity				
Other				
Total	1,080	1,401,559	-400,988	1,802,548

FY2010 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	5,063	3,323,113	851,054	2,472,059
Medicare	12	9,186	6,782	2,404
Private Insurance	36	149,932	0	149,932
Self Pay				
Charity				
Other				
Total	5,110	3,482,232	857,836	2,624,396

FY2011 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	302	362,010	-28,690	390,700
Medicare	698	1,020,670	-463,490	1,484,159
Private Insurance	287	337,618	0	337,618
Self Pay				
Charity				
Other				
Total	1,287	1,720,297	-492,180	2,212,477

FY2011 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	5,063	3,422,807	876,586	2,546,221
Medicare	12	9,462	6,985	2,477
Private Insurance	36	154,430	0	154,430
Self Pay				
Charity				
Other				
Total	5,110	3,586,699	883,571	2,703,128

FY2012 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	308	380,403	-30,148	410,551
Medicare	712	1,072,528	-487,039	1,559,566
Private Insurance	293	354,771	0	354,771
Self Pay				
Charity				
Other				
Total	1,313	1,807,702	-517,187	2,324,889

FY2012 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	5,063	3,525,491	902,883	2,622,608
Medicare	12	9,746	7,195	2,551
Private Insurance	36	159,063	0	159,063
Self Pay				
Charity				
Other				
Total	5,110	3,694,300	910,078	2,784,222

FY2013 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	266	338,101	-26,795	364,897
Medicare	615	953,259	-432,878	1,386,137
Private Insurance	252	315,320	0	315,320
Self Pay				
Charity				
Other				
Total	1,133	1,606,680	-459,674	2,066,353

FY2013 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	5,355	3,840,888	983,657	2,857,231
Medicare	13	10,618	7,839	2,779
Private Insurance	38	173,293	0	173,293
Self Pay				
Charity				
Other				
Total	5,405	4,024,799	991,495	3,033,303

FY2014 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	271	355,006	-957,004	1,312,010
Medicare	626	1,000,922	-454,522	1,455,444
Private Insurance	257	331,086	0	331,086
Self Pay				
Charity				
Other				
Total	1,155	1,687,014	-1,411,526	3,098,540

FY2014 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	6,509	4,808,820	-554,758	5,363,578
Medicare	15	13,293	9,814	3,480
Private Insurance	46	216,964	0	216,964
Self Pay				
Charity				
Other				
Total	6,570	5039077.925	-544944.1819	5584021.852

FY2015 Inpatient Acute and Swing Bed				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	277	372,938	-996,914	1,369,852
Medicare	639	1,051,479	-477,481	1,528,960
Private Insurance	262	347,809	0	347,809
Self Pay				
Charity				
Other				
Total	1,178	1,772,226	-1,474,395	3,246,621

FY2015 LONG TERM CARE				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	6,871	5,228,256	-546,579	5,774,835
Medicare	16	14,453	10,670	3,783
Private Insurance	48	235,888	0	235,888
Self Pay				
Charity				
Other				
Total	6,935	5,478,597	-535,909	6,014,506

Schedule VII

[illegible]

50

Attachment 2
Letter from American Health Facilities Development

January 8, 2010

Ms. Lori Aoyama
Health Facilities Planning and Development
120 1st Avenue West, Suite 100
Seattle, WA. 98119

RE: Replacement Facility for Wrangell Medical Center
8 Acute Care Beds, 20 LTC beds, 38,467sf
CON Budget

Dear Lori,

AHFD has been providing program management services exclusively for hospital clients throughout the country for 20 years. We have worked in 45 of the 50 states including Alaska. One of our major tasks for a client is to develop and manage realistic project budgets. We have extensive experience in evaluating construction cost in different regions.

The estimated construction cost of \$19,743,311 for the above stated project is realistic and sufficient to construct a 38,467 sf replacement facility in Wrangell, Alaska.

Please feel free to contact me with any questions.

Sincerely,



J. Exley Hill
President

Copy: Noel Rea, CEO
Wrangell Medical Center

Attachment 3
Revised Capital Expenditure
(Replaces P. 68 of the Application)

a. Site acquisition (Section VIII A.2.f)	\$100,000 ⁶
b. Estimated general construction**	\$19,743,311
c. Fixed equipment, not included in a**	\$0
d. Total construction costs (sum of items a, b, and c)**	\$19,843,311
e. Major movable equipment**	\$737,661
f. Other cost: **	\$
(1) Administration expense	\$850,000
(2) Site survey, soils investigation, and materials testing	\$ 63,695
(3) Architects and engineering fees	\$2,200,000
(4) Other consultation fees (preparation of application included)	\$ 163,271
(5) Legal fees	\$26,664
(6) Land development and landscaping	\$1,392,994
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	\$125,000
(8) Additional inspection fees (clerk of the works)	\$25,147
(9) Insurance (required during construction period)	\$
g. Total project cost (sum of items d, e, f)	\$25,427,743
h. Amount to be financed	\$16,835,000
i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.)	\$8,592,743
j. Anticipated long-term interest rate	6%
k. Anticipated interim (construction) interest rate	6%
l. Anticipated long-term interest amount	\$15,705,444
m. Anticipated interim interest amount	\$1,319,345 ⁷
n. Total items g, l, and m	\$41,133,187
o. Estimated annual debt service requirement	\$108,468
p. Construction cost per sq. ft. ⁸	\$515.85
q. Construction cost per bed	\$708,690
r. Project cost per sq. ft.	\$661.03
s. Project cost per bed (if applicable)	\$908,134

*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case, so indicate). A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

** Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.

⁶ Estimated value of land to be donated by the City of Wrangell.

⁷ Capitalized interest

⁸ Assumes 38,467 SF

Attachment 4
Equipment Quotes

Novation
 Novation Contract Catalog

 Warden Court
 Wrenget Medical Center

VHA NonRX Long Term Care

[Home](#) [My Catalog](#) [Categories](#) [Reports](#) [Export](#) [Settings](#) [Marketplace](#) [Page Help](#)

 Search for: [Contracts](#) [Search](#)

 Search for: [Product ID](#) [Search](#)

Find equivalent products

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N STERIS OR TABLES

 Contract Id: CE40071
 Effective: 11/01/2009
 Expiration: 03/31/2010
 Supplier: [Steris Corporation](#)
[Details](#) [Tiers](#) [Products](#) [Contracts](#) [Documents](#) [Categories](#)

All Products

Product Name: 3085 ELECTRIC-POWERED 120V TABLE, 1/4 COMPATIBLE TABLETOP WITH 2 IN. T.T. PADS AN
 Product Id: ST010202
 Contract UOM: EA
 Base UOM: EA
 Base UOM Quantity: 1.0
 My Product Indicator:

▼ Pricing

Program: Steris OR Tables CE40071 Tiered Pricing

Tier: 001*

Your Price: \$29,923.16

	Price	Effective	Expiration
CURRENT	\$29,923.16	06/09/2009	03/31/2010
PREVIOUS	\$32,175.44	09/01/2007	06/07/2009
FUTURE			

- 1 Member selected tier
- 0 Supplier assigned tier
- 1 Default or last updated tier

► Detailed Pricing

► Packaging

▼ Attributes

UNSPSC: OPERATING ROOM PATIENT PROCEDURE TABLES OR ACCESSORIES OR RELATED PRODUCTS
 Innovative Technology: N
 NOVAPLUS: N
 Standardization Program: N
 Incentive: N
 Available under NOVAPLUS label: N

► Extended Description

Tools: [Manage Forms](#) | [BOL Generation](#) | [Local Documents](#)
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Local Contract

Novation
Novation Contract Catalog

Marleen Carron
Wright Medical Center

VHA NonRX Long Term Care

Home My Catalog Categories Reports Export Settings Marketplace Page Help

Search for:

Contracts

Search

Search for:

FREE

Product ID

Search

Find equivalent products

Print

STERIS OR LIGHTS AND ACCESSORIES

Contract Id: CE40063

Effective: 11/01/2004

Expiration: 03/31/2010

Supplier: Steris Corporation

Details	Tiers	Products	Contracts	Documents	Categories																
AL Products Product Name: HARMONY DUAL 500 WITH FLAT PANEL ARM Product Id: LAD2 Contract UOM: EA Base UOM: EA Base UOM Quantity: 1.0 My Product Indicator:																					
Pricing Program: Steris OR Lights, Power Columns/Booms CE40063 Tiered Pricing Tier: 001 Your Price: \$29,163.96 <table border="1"> <thead> <tr> <th></th> <th>Price</th> <th>Effective</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>CURRENT</td> <td>\$29,163.96</td> <td>09/01/2007</td> <td>03/31/2010</td> </tr> <tr> <td>PREVIOUS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FUTURE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Price	Effective	Expiration	CURRENT	\$29,163.96	09/01/2007	03/31/2010	PREVIOUS				FUTURE			
	Price	Effective	Expiration																		
CURRENT	\$29,163.96	09/01/2007	03/31/2010																		
PREVIOUS																					
FUTURE																					
<input type="checkbox"/> Member selected tier <input type="checkbox"/> Supplier assigned tier <input type="checkbox"/> Default or last updated tier																					
Detailed Pricing																					
Packaging																					
Attributes UNSPSC: OPERATING ROOM LIGHTING OR ACCESSORIES Innovative Technology: N NOVAPLUS: N Standardization Program: N Incentive: N Available under NOVAPLUS label: N																					
Extended Description																					

Tools: Novation Forms | Bulk Catalog | Local Discontinuation

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Get Help: Click for Novation | Technical Support | On-
Demand Training

OR Light

Datascope

Patient Monitoring

A MINDRAY GLOBAL COMPANY

Mindray DS USA, Inc.

800 MacArthur Blvd. Mahwah, NJ 07430-0619

Tel: 201-995-8000 Fax: 800.266.9624

Proposal Summary

Proposal Date: 12/17/09

Proposal Number: MR004070

Proposal Expiration Date: Mar 17, 2010

Sales Rep: Todd Myers

Proposal For: WRANGELL GENERAL HOSPITAL

Contact: Marleen Carroll

Department: Materials Management

Title: Director

Phone: (907) 874-7137

Fax: (907) 874-7195

E-mail: mcarroll@wmcmail.org

Total Price By Department				
Department Name	List Price	GPO Discount	Add'l Discount / Trade-In	Net Price
Operating Room	\$23,361.70	(\$3,577.51)	(\$5,811.81)	\$13,972.38
PACU	\$14,761.00	(\$334.21)	(\$5,525.55)	\$8,901.24
Total:	\$38,122.70	(\$3,911.72)	(\$11,337.36)	\$22,873.62
Total Net Price For Purchase:				\$22,873.62

PACU Pt monitor



ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Rd
Chelmsford, Massachusetts 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0015 Telefax

O: Wrangell Medical Center

310 Bennett Street
Wrangell, AK 99929-9999

to: Marleen Carroll
Purchasing Agent

all: mcarroll@comcmail.org
tel: 907-874-7137

QUOTATION 54549 V:1

DATE: October 21, 2009

TERMS: Net 30 Days

FOB: Shipping Point

Freight: Prepay and Add

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
	30120005201310012	R Series @ ALS with Expansion Pack Defibrillator Includes: \$10,660 <ul style="list-style-type: none"> • Real-CPR-Help® for ALS • See-Thru® -CPR filter and Compression Index • OneStep system with CPR cable • Code Readiness testing system • Defib Mentor familiarization aid • Rectilinear biphasic technology • OneStep 3 lead ECG cable with AHA markings • Advisory Defibrillation (Guidelines 2005-compatible) • Built-in test, compact flash and USB port • WiFi (802.11) compatibility - modem required • Integrated AC Power (120 VAC/60 Hz) • 5.8 Ah lithium ion battery pack ordered separately • 5-year hospital warranty OneStep Pacing Includes: \$2,550 <ul style="list-style-type: none"> • OneStep Pacing Cable (also supports CPR) • One-Step Cable Manager & ECG leads Masimo Pulse Oximetry \$1,725 <ul style="list-style-type: none"> • Signal Extraction Technology • Reusable adult sensor & reusable 4 ft ext. cable NIBP includes: \$3,125 <ul style="list-style-type: none"> • 23-33cm reusable cuff & 3 meter air hose • RMT motion tolerance • For use with adult, pedi and neonatal patients EtCO2 Includes: \$4,975 <ul style="list-style-type: none"> • CAPNOSTAT @ 5 Mainstream CO2 Sensor • For use with adult, pedi, and neonatal patients • Airway adapter not included 	2	\$23,035.00	\$18,658.35	\$37,316.70

This quote is made subject to ZOLL's standard commercial terms and conditions (ZOLL T's + C's) which accompany this quote. Any purchase order (P.O.) issued in response to this quotation will be deemed to incorporate ZOLL T's + C's. Any modification of the ZOLL T's + C's must be set forth or referenced in the customer's P.O. No commercial terms or conditions shall apply to the sale of goods or services governed by this quote and the customer's P.O. unless set forth in or referenced by either document.

Page 1 Subtotal **\$37,316.70**

DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.

PRICES WILL BE F.O.B. SHIPPING POINT.

WARRANTY PERIOD (See above AND Attachment).

PRICES QUOTED ARE FIRM FOR 60 DAYS.

APPLICABLE TAX, FREIGHT AND ORDER PROCESSING FEES ADDITIONAL.

ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTANCE BY ZOLL.

PURCHASE ORDERS TO BE FAXED TO ZOLL CUSTOMER SERVICE AT 978-421-0015.

ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.

PLEASE PROVIDE A COPY OF OR REFERENCE TO YOUR QUOTATION NUMBER WITH PURCHASE

Chris Baldwin
Account Executive
800-242-9150, x9249

Local Contract

Novation
Novation Contract Catalog

Novation Contract
Wrenshall Medical Center

VHA NonRX Long Term Care

Home My Catalog Categories Reports Export Settings Marketplace Page Help

Search for: Contracts

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STERIS STEAM STERILIZATION

Contract Id: CE40141
Effective: 11/01/2004
Expiration: 12/31/2010
Supplier: Steris Corporation

Details	Tiers	Products	Contracts	Documents	Categories																
All Products Product Name: 20 IN. CENT VAC SD 240V CAB Product Id: F52215 Contract UOM: EA Base UOM: EA Base UOM Quantity: 1.0 My Product Indicator:																					
Pricing Program: Steris Steam Sterilization CE40141 Tiered Pricing Tier: 001 Your Price: \$51,065.90 <table border="1"> <thead> <tr> <th></th> <th>Price</th> <th>Effective</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>CURRENT</td> <td>\$51,065.90</td> <td>09/01/2007</td> <td>12/31/2010</td> </tr> <tr> <td>PREVIOUS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FUTURE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p> <input type="checkbox"/> Member selected tier <input type="checkbox"/> Supplier assigned tier <input type="checkbox"/> Default or last updated tier </p>							Price	Effective	Expiration	CURRENT	\$51,065.90	09/01/2007	12/31/2010	PREVIOUS				FUTURE			
	Price	Effective	Expiration																		
CURRENT	\$51,065.90	09/01/2007	12/31/2010																		
PREVIOUS																					
FUTURE																					
Detailed Pricing																					
Packaging																					
Attributes UNSPSC: STEAM AUTOCLAVES OR STERILIZERS Innovative Technology: N NOVAPLUS: N Standardization Program: N Incentive: N Available under NOVAPLUS label: N																					
Extended Description																					

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\$51,065.90 gravity Autoclave
50,267 generator

\$101,332

Local Contract

Novation
Novation Contract Catalog

Marken Center
Wright Medical Center

VHA Non-RX Long Term Care

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Search for:

Contracts

Search

Search for:

VREF

Product ID

Search

Find equivalent products

Edit

STERIS STEAM STERILIZATION

Contract ID: CE40141

Effective: 11/01/2007

Expiration: 12/31/2010

Supplier: STERIS CORPORATION

Details Tiers Products Contracts Documents Categories

All Products

Product Name: STAND-ALONE IND PURE STEAM GENERATOR (DBL)
Product ID: CH004810002
Contract UOM: EA
Base UOM: EA
Base UOM Quantity: 1.0
My Product Indicator:

Pricing

Program: Steris Steam Sterilization CE40141 Tiered Pricing

Tier: 001 *

Your Price: \$50,267.70

	Price	Effective	Expiration
CURRENT	\$50,267.70	09/01/2007	12/31/2010
PREVIOUS			
FUTURE			

* Member selected tier

□ Supplier assigned tier

* Default or last updated tier

Detailed Pricing

Packaging

Attributes

UNSPSC: STEAM AUTOCLAVES OR STERILIZERS
Innovative Technology: N
NOVAPLUS: N
Standardization Program: N
Incentive: N
Available under NOVAPLUS label: N

Extended Description

Tools: Manage Items | Ric Catalog | Local Documents

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Novation
Novation Contract Catalog

Marlene Geroli
Wrangell Medical Center

VHA NonRX Long Term Care

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STERIS LOW TEMPERATURE STERILIZERS

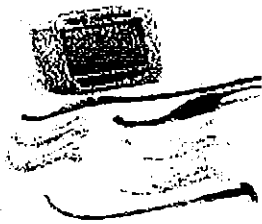
Contract Id: CE40270
Effective: 12/01/2004
Expiration: 12/31/2010
Supplier: Steris Corporation

Details	Tiers	Products	Contracts	Documents	Categories
ALL Products					
Product Name:		V-PRO1 SINGLE DOOR CABINET 208-230V (ENGLISH)			
Product Id:		VP10002101			
Contract UOM:		EA			
Base UOM:		EA			
Base UOM Quantity:		1.0			
My Product Indicator:					
Pricing					
Program:					
Tier: 001					
Your Price: \$108,720.00					
	Price	Effective	Expiration		
CURRENT	\$108,720.00	03/01/2008	12/31/2010		
PREVIOUS					
FUTURE					
<input type="radio"/> Member selected tier <input checked="" type="radio"/> Supplier assigned tier <input type="radio"/> Default or last updated tier					
Detailed Pricing					
Packaging					
Attributes					
UNSPSC:		STEAM AUTOCLAVES OR STERILIZERS			
Innovative Technology:		N			
NOVAPLUS:		N			
Standardization Program:		N			
Incentive:		Y			
Available under NOVAPLUS label:		N			
Extended Description					

Tools: [Master Forms](#) / [Add Calendar](#) / [Local Documents](#)

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Wrangell Medical Center - Wrangell, AK

0270-0656	GlideScope Cobalt AVL System - Cobalt AVL (Digital) Video Baton, Cobalt Cradle, Color/Digital Video Screen, AC Power Cord, Mobile Rolling Stand w/ Quick Release, 1 box #4 and 1 box of #3 Disposable STAT Blades (10/Box). Includes Premium First Year Total Customer Care Warranty (see details below) Training Pack and In-Service Training.	1	\$ 12,920.00
0270-0662	GlideScope® Cobalt AVL 1-2 Video Baton with Cobalt Cradle: GVL® 1 Stat. Box, Qty. 10, Cobalt, GVL® 2 Stat. Box, Qty. 10, Cobalt, GlideScope® Systems User's Manual.	1	\$ 5,850.00
0270-0428	GVL® -1 STAT Box/10	1	\$ 190.00
0270-0429	GVL® -2 STAT Box/10	1	\$ 190.00
0270-0626	GVL® -3 STAT Box/10	1	\$ 142.88
0270-0628	GVL® -4 STAT Box/10	1	\$ 142.88
0810-0201	GlideScope Universal Accessory Basket	1	\$ 300.00
0003-0630	GlideScope Cobalt AVL System - Premium Four Year TCC Warranty Extension (5 Years Total Warranty/Insurance* w/ New GlideScope Purchase)	1	\$ 7,152.00
0003-0632	GVL - Cobalt AVL 1-2 - Premium Four Year TCC Warranty Extension (5Years Total Warranty/Insurance* w/ New Blade Purchase)	1	\$ 3,408.00
0803-0009	Stylet Guide (Pre-Shaped), GVL-ST1, Qty 6	1	\$ 150.00
0001-0001	Shipping and Handling (estimated \$135.00)		TBD
Total Purchase Price**			\$ 30,445.76
Contract Expiration Date:			12/31/2009

** State Tax not included in quoted price

** Payment Terms - Net 30

** Delivery estimated at 4 weeks

Premium First Year Warranty

Verathon™ warrants the GlideScope® System against defects in material and workmanship. This warranty applies for one (1) year from the date of shipment from Verathon™. This warranty is given only to the original purchaser of the GlideScope Instrument.

If a customer's instrument requires service or repair, Verathon™ will provide a loaner unit within one (1) business day from the date of customer service notification. The customer agrees to send the defective unit to Verathon™ upon receipt of the loaner unit and agrees to return the loaner unit within two (2) business days of receipt of the repaired unit.

This warranty provides coverage for damage from accidental drops or mishandling, no questions asked (does not cover deliberate mishandling).

This warranty does not apply if the product has been damaged due to or as the result of service or modification by anyone other than an authorized Verathon™ service center. This warranty does not apply if there is evidence of the equipment being exposed to temperatures in excess of 60 C.

The product shall be used in accordance with the instructions contained in its operator's manual. Consumable items shall be used in conformance to Verathon™ product specifications. Consumable items are not covered under this warranty.

Datascope

Patient Monitoring

A MINDRAY GLOBAL COMPANY

To: Anna Curtis
WRANGELL MEDICAL CENTER
310 BENNETT STREET
WRANGELL, AK 99929

Sales Representative: Todd Myers
Quote Number: DPM002-304
Proposal Date: 10/8/09

E-mail: Lmyers@datascopemonitors.us

Affiliation: NOV

LN	Description	Part Number	List Price	Net Price	Qty	Total Net
17	PASSPORT2 - ARRHYTHMIA SOFTWARE NON-INVASIVE BP - DATASCOPE CONNECTORS & MASIMO SPO2 - W/RECORDER, LITHIUM BATTERY CAPABILITY - Standard features include 6 waveforms, 3 or 6 lead ECG, lead selectable respiration, NIBP, Color Display and temperature.	0998-00-0900L5014A	\$12,300.00	\$8,487.00	3	\$25,461.00
18	PASSPORT2 ACCESSORY KIT	0020-00-0441-01	\$0.00	\$0.00	3	\$0.00
19	OPS MANUAL, PASSPORT2	0070-00-0649-01	\$20.00	\$0.00	1	\$0.00
20	PASSPORT2 ANOMOLIES LISTING	0072-00-0009-0003	\$0.00	\$0.00	1	\$0.00
21	TRANSPORT ROLLING STAND WITH MOUNTING BRACKET (L BRACKET)	TRANSLBRKT	\$560.00	\$448.00	3	\$1,344.00
22	CABLE, ECG, 5 LEAD, 10'	0012-00-1255-01	\$185.00	\$132.00	3	\$396.00
23	LEAD WIRES, SNAP, 3 LEAD, 24"	0012-00-1261-08	\$80.00	\$48.00	3	\$144.00
24	LITHIUM ION BATTERY	0146-00-0089	\$181.90	\$132.00	6	\$792.00
25	LNCS ADULT/PEDIATRIC, REUSABLE/DISPOSABLE MASIMO SENSOR KIT. (Contains: 1-LNCS Adtx Single Patient Adhesive Sensor, Adult, 1-LNCS Pdtx Single Patient Adhesive Sensor, Pediatric, 1-LNCS DC-I Reusable Sensor, Adult, 1-LNC-10, 10 ft. patient cable.)	0020-00-0154	\$480.00	\$368.00	3	\$1,104.00
26	Reusable NIBP Cuff, Small Adult, 18cm - 28cm, quick connect (Accutorr plus, Duo, Trio, Passport2, Spectrum and Spectrum OR)	0683-15-0002-01	\$30.00	\$24.00	3	\$72.00
27	Reusable NIBP Cuff, Large Adult, 33cm - 47cm, quick connect (Accutorr plus, Duo, Trio, Passport2, Spectrum and Spectrum OR)	0683-15-0004-01	\$30.00	\$24.00	3	\$72.00
28	NPANTI	NPANTI	\$0.00	(\$13,755.56)	1	(\$13,755.56)
29	NPTI	NPTI	\$0.00	(\$8,953.64)	1	(\$8,953.64)

Medical/Surg - Acute Care Department Total: \$47,267.00

Total List Price all equipment for Medical/Surg - Acute Care Department

\$89,850.40

Siemens Medical Solutions USA, Inc.
Ultrasound Division

Marleen Carroll
Wrangell Medical Center
310 Bennett St.
Wrangell, AK, 99929

Quote # 09152008LH2

September 15, 2008

Siemens is pleased to provide you with the following Upgrade Proposal:

Siemens Medical Solutions, Ultrasound Division, is pleased to submit the following proposal for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the front and on any attachment hereto.

For Serial Number(s): 68650

Contract Status: Novation

Please initial here authorizing correct functional location (can be found on front of system) _____

Upgrades are non-cancelable and are not transferable to another serial number.

Item Description	Qty	Price	Total Price
Cardiac Imaging and Quantification Pkg	1	\$20,000	\$20,000
4V1c Transducer	1	\$17,500	\$17,500
Aux CW ← ? Transducer (ups)	1	\$3,000	\$ 3,000
ECG Leads	1	\$350	\$ 350
Stress Echo Adapter Cable	1	\$250	\$ 250
Total Product Price			\$36,070
Discount			(\$14,070)
Freight			\$0
Total Purchase Price			\$22,000
Plus applicable tax			

Accepted by: _____

Customer Signature

Date

Accepted by: _____

Siemens Representative
1230 Shorebird Way
Mountain View, CA 94039
Fax (800) 932-5667

Date

For further information please contact Laura Hermann at (800) 228-4128 x2, email laura.hermann@siemens.com or via fax (800) 932-5667.

To place order please fax Purchase Order and all pages of signed quote to (800) 932-5667.

This Quotation is in US dollars and is valid for 45 days

Freight Charges and taxes, if any are payable upon receipt of invoice

Estimated Delivery within 90 days of receipt of order. Subject to Availability

Fiz module — board 1 of 7

FUNCTIONAL

- 7-WIRE TRLR WIRING HARNESS
- 40 GAL. AFT AXLE FUEL TANK
- MANUAL LOCKING HUBS
- MANUAL TELESCOP TT MIRRORS
- MANUAL WINDOW/DOOR LOCKS
- MONO BEAM COIL SPRING
- FRONT SUSPENSION
- STABILIZER BAR, FRONT/REAR
- SAFETY/SECURITY
- 4-WHEEL ANTILOCK BRAKE SYS
- DRIVER/PASSENGER AIR BAGS
- WARRANTY
- 3YR/36,000 BUMPER / BUMPER
- 5YR/60,000 POWERTRAIN
- 5YR/60,000 ROADSIDE ASSIST

OPTIONAL EQUIPMENT

PREFERRED EQUIPMENT PKG. 640A

5.4L EFI V-8 ENGINE 350.00

5 SPEED AUTOMATIC TRANS 1,490.00

4.10 RATIO LIMITED SLIP AXLE 350.00

13000# GVWR PACKAGE

ENGINE BLOCK HEATER

SPARE TIRE AND WHEEL

TRAILER TOWING PACKAGE

JACK

40 GAL AFT OF AXLE FUEL TANK

CLOTH BENCH SEAT WITH ARMREST

TOTAL OPTIONS 2,255.00

TOTAL VEHICLE & OPTIONS 34,825.00

DESTINATION & DELIVERY 975.00

EPA Fuel Economy Estimates

FUEL ECONOMY RATINGS NOT REQUIRED ON THIS VEHICLE

See the FREE Fuel Economy Guide at dealers or www.fueleconomy.gov



ONE	DEALER NO.	METHOD OF TRANS.
RD1C		RAIL
TVXO		ITEM #:
		74-9305 O/T 2

1FDWW3H57AE A22460

1FDPW3H57AE A22460

TOTAL MSRP

\$35,800.00

See attached flow quote

7071.78

42,071

SKINNER SALES & SERVICE OF JUNEAU

619 VALLIARD STREET
JUNEAU, AK 99801
907 486-9386
WWW.SKINNERFORD.NWT

32901CT

ATTN: BOB FAX 874-7175

Printed: 10/29/09 @ 09:10

CITY OF WRANGELL
200 BRUGER STREET
PO BOX 531
WRANGELL, AK 99929

DATE | INVOICE NO. | CUST. NO.

10/29/2009 32901 742231

SOLD BY | PAY TYPE | P.O. NO.

200 CHARGE

QUOTE-QUOTE
1 RETAIL

9078742381

WCCMP TYPE: G

NO RETURNS ON ELECTRICAL PARTS OR SPECIAL ORDER PARTS
NO RETURNS AFTER 30 DAYS
IN APPLICATIONS & BOM REWORKING FEE WILL BE APPLIED

NO RETURNS ON CUSTOM UNIT KEYS
ALL QUOTES VALID FOR 30 DAYS
MONDAY - FRIDAY 8:00 AM - 5:00 PM

QTY.	PART NUMBER/DESCRIPTION	BIN	LIST	NET	AMOUNT
1	B,82POLYV	BOSS 82 POLY FLOOR	6731.78	6731.78	6731.78
3	B,MSC01570	SHOE FOR 6-C	60.21	30.00	90.00
1	B,MSC01565	DEFLECTOR 13	202.50	250.00	250.00

SUB TOTAL 7071.78

TAX .00

TOTAL QUOTE-DO NOT PAY 7071.78

QUOTE - QUOTE - QUOTE - QUOTE

Note: THIS BLOW PACKAGE IS P.O.B. WRANGELL. SKINNER WILL
PAY THE FREIGHT.

Thank You

Our warranties on the products sold hereby are those made by the manufacturer. The Seller hereby
expressly disclaims all warranties, either expressed or implied, including any implied warranty of
merchantability or fitness for a particular purpose, and neither Seller nor anyone else has any other
person is aware of or any liability in connection with any of said products.

Received by: Bob Skynast
305 6391

Page 1

CUSTOMER COPY



Proposal Summary

Quantity	Description	Part #
1	Model MOGS-100 Oxygen Generating System	MOGS-100
35	H/K Size (244cu.ft.) Oxygen Cylinders	2540001.00K
1	High Pressure Steel Braided Transfill Hose - 25ft.	224066C.300
1	Surge Protector for System	1860100.240
1	Step Up Transformer - 208V to 230V	1860002.750C
40	93% Oxygen Cylinder Labels	2420003.004
1	Onsite Startup & Training Including Travel Expenses	Training
1	Freight Charges - Delivery to Wrangell, AK	Freight
TOTAL SYSTEM PRICE		\$ 99,964.50*

*Includes all items as described above in proposal summary.

Proposed

Accepted

Company: _____

By: _____

Title: _____

Signature: _____

Date: _____

Company: Wrangell Medical Center

By: Bob Shymanski

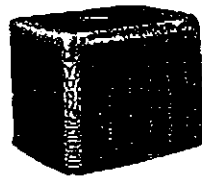
Title: Director of IT

Signature: [Signature]

Date: 7/22/09

XL20i (outdoor unit only)	2-Stage 20 SEER High Efficiency Air Conditioner, 10 Year All Parts and Labor Factory Warranty <i>Note: Must be matched with variable speed indoor unit</i>	Approx cost: \$5,800.00-\$7,100.00
XL15i (outdoor unit only)	15 SEER High Efficiency Air Conditioner, 10 Year All Parts and Labor Factory Warranty	Approx cost: \$3,900.00-\$5,200.00
XR13 (outdoor unit only)	13 SEER High Efficiency Air Conditioner, 10 Year All Parts and Labor Factory Warranty	Approx cost: \$2,500.00-\$3,500.00

York Air Conditioners



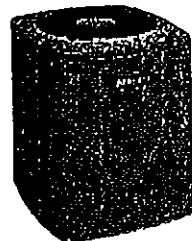
York® air conditioners are a welcome addition outside and inside your home.

When it's time to get comfortable, it's a good time to install a new high-efficiency York air conditioning system. Whether replacing your worn-out or outmoded system, or adding comfort to your new home, you can count on York for years of quiet, trouble-free service and economical operation. It's our advanced design and innovation that sets us apart.

Unit	Description	Cost
Affinity BT (outdoor unit only)	18 SEER High Efficiency Air Conditioner, R-410A Refrigerant, Two-stage Compressor, QuietDrive System	Approx cost: \$5,300.00-\$6,700.00
Affinity 5T (outdoor unit only)	15 SEER High Efficiency Air Conditioner, R-410A Refrigerant, Two-Stage Compressor, QuietDrive System	Approx cost: \$3,500.00-\$5,000.00
Affinity 3T (outdoor unit only)	13 SEER High Efficiency Air Conditioner, R-22 or R-410A Refrigerant, Ultra quiet	Approx cost: \$3,200.00-\$4,600.00

*Average
6000 ea
uninstalled*

AirEaze Air Conditioners



Quality Features for Quality Performance

Outstanding craftsmanship and dependable performance have always made an AirEaze cooling system an investment you and your family can feel comfortable with. Now, with its leadership in high-efficiency cooling technology, AirEaze gives you more to feel good about: significant energy savings that result in lower cooling bills.

Unit	Description	Cost
Enhanced	14 SEER High Efficiency Air Conditioner R-410A,	Approx cost:

Attachment 5
Transfer Agreements

TRANSFER AGREEMENT
For Adult and Pediatric Patients

This Agreement is between:

SouthEast Alaska Regional Health Consortium
222 Tongass Drive
Sitka, AK 99835

And

Wrangell Medical Center
PO Box 1081
Wrangell, AK 99929

SouthEast Alaska Regional Health Consortium, herein referred to as "SEARHC" (including Mt. Edgecumbe Hospital and Clinics operated by SEARHC), and Wrangell Medical Center enter into an Agreement to facilitate continuity of care and timely transfer of patients between facilities.

The terms of the Agreement are as follows:

1. When a patient's need for transfer from one facility to another facility has been determined by the patient's physician, the receiving facility agrees to:
 - A. Provide the transferring facility with information about its resources sufficient to determine whether the care needed by the patient is available.
 - B. Identify a receiving physician who shall accept the patient at the receiving facility.
 - C. Admit the patient as promptly as possible providing customary admission requirements are met in accordance with the receiving facility's admission policies.
 - D. Promptly make available diagnostic and medical services.
2. Patients will be accepted without regard to race, color, creed, physical or mental handicap, or national origin unless otherwise allowed by federal or state laws or regulations, which include but is not limited to, inability to meet the patient's care needs.
3. The transferring physician will have the responsibility for arranging the transfer of the patient in accordance with the transferring facility's policies and procedures and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during transfer.
4. The transfer will conform to all applicable state and federal laws, regulations, and obligations. In cases of Emergency Department transfers, the transferring and receiving facility will abide by the Emergency Medical Treatment and Labor Act (EMTALA) regulations (42CFR489.24).
5. Prior to transfer of the patient, the following conditions will be met by the transferring facility:
 - A. **Risks Minimized:** The transferring facility has provided the medical treatment within its capacity which minimizes the risks to the patient's health. The need for transfer has been

discussed and reviewed with the patient (and his/her authorized representative, if applicable) and they have been informed of the benefits/risks associated with the transfer.

- B. **Receiving Physician/Facility:** The transferring facility has contacted an Emergency Department physician at the receiving facility and obtained his/her consent for receipt of the transfer and confirms that the receiving facility has agreed to accept the patient and will assume medical care of the patient upon arrival at the receiving facility.
- C. **Appropriate Transportation Arrangements:** The transferring physician shall determine that appropriate method for transport of the patient, including determining the level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his/her locality would use to affect a transfer, including necessary and appropriate medical life support measures.
- D. **Notice to Patients:** The patient or authorized representative must be notified prior to the transfer and of the reasons for the transfer. The patient's acknowledgement of such notification should be reflected in an appropriate written form. Notification in advance of the transfer is not required where the patient is unaccompanied by an authorized representative, and the transferring physician has made a reasonable effort to locate and inform an authorized representative about the patient's condition and need for transfer, or notification to the patient is not possible due to the patient's mental and/or physical condition.

- 6. The transferring facility agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. If applicable, information related to the care of the patient should be faxed to the receiving physician. Otherwise, copies of this information will be sent with the patient and should include: a summary of the physician's exam, a preliminary diagnosis, nursing notes and flow sheets, laboratory and/or radiology reports, EKG/EEG reports, other pertinent diagnostic information, and if applicable, other information requested by the receiving physician. Information not available at the time of transfer will be sent to the receiving facility as soon as possible.
- 7. The transferring facility will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.
- 8. If applicable, the transferring facility will send a copy of any Transfer Form with the patient.
- 9. A receiving hospital that has reason to believe it has received a patient in violation of EMTALA (42CFR489.24) shall report the violation to the Centers for Medicare and Medicaid Services (CMS) in accordance with 42CFR489.20(m). This includes refusal to accept a patient for reasons other than allowed by EMTALA.
- 10. Charges for services performed by either facility shall be collected by the party rendering such services, directly from the patient, third party payer, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.
- 11. Nothing in this agreement shall be construed as limiting the rights of either facility to contract with any other facility on a limited or general basis.
- 12. Each party agrees to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (42USC1320d) and any current regulations promulgated there under including without limitation

the federal privacy regulations (45CFR160 and 45CFR164), the federal security standards (45CFR142), and the federal standards for electronic transactions (45CFR160 and 45CFR162) (all collectively known as HIPAA). Each party agrees to not use or further disclose any Protected Health Information or Individually Identifiable Health Information (as defined at 45CFR164.501) other than as permitted by HIPAA and the terms of this Agreement.

13. Each facility will be responsible for their own acts and/or omissions in the performance of their duties hereunder, and the acts and/or omissions of their respective employees and agents.
14. Complaints related to violations of the Agreement shall be forwarded to:

SEARHC Compliance Officer
3245 Hospital Drive
Juneau, AK 99801
(907) 463-4000
15. Any amendment or modification to this Agreement must be mutually agreed upon in writing.
16. This Agreement replaces and supersedes any previous Agreement or verbal or written communication between the parties.
17. This Agreement shall be in effect for three (3) years from the date this Agreement is signed. This Agreement may be terminated by either facility upon thirty (30) days written notice.

SouthEast Alaska Regional Health Consortium

Signature: Frank L. Sutton

Date: 08/27/09

Name (printed): Frank L. Sutton

Title: Vice President, Hospital Services

Wrangell Medical Center

Signature: Noel O. Rea

Date: 9-3-09

Name (printed): Noel O. Rea

Title: CEO

INTERFACILITY TRANSFER AGREEMENT FOR CRITICAL CARE OF PATIENTS

This agreement is between:

Wrangell Medical Center
P.O. Box 1081
310 Bennett Street
Wrangell, AK 99929

and

Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan, AK 99901

Ketchikan General Hospital, herein referred to as "KGH" and Wrangell Medical Center, herein referred to as the "Transferring Institution", enter into an agreement to facilitate continuity of care and timely transfer of critical care patients who require medical facilities, treatment modalities, and/or expertise not available at the Transferring Institution, and as required by the EMTALA regulations regarding transfer of patients.

The terms of the agreement are as follows:

1. The Emergency Department Physician or Attending Physician at the Transferring Institution will contact the Emergency Department Physician at KGH to determine the appropriateness of the patient transfer. If the need for transfer is substantiated, KGH agrees to accept the patient for transfer as promptly as possible, as long as it has available space and qualified personnel for the treatment of the patient, and requirements in accordance with Federal and State laws/regulations are met.
2. The Transferring Institution will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer. All transfers will be done according to Federal and State laws and regulations.
3. ***Transfer requirements applicable to all patients:***
The transfer conforms with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND KETCHIKAN GENERAL HOSPITAL
PAGE 2 OF 4**

physician has deemed that the transfer is for a medical reason which requires transfer. Prior to transfer of the patient, the following conditions must be met by the Transferring Institution:

A. *Risks Minimized*

The transferring hospital has provided the medical treatment within its capacity which minimize the risks to the patient's health. The need for transfer has been discussed and reviewed with the patient and his/her authorized representative and he/she has been informed of the benefits/risks associated with the transfer.

B. *Receiving Physician/Facility*

The transferring physician has notified a physician at KGH and has obtained his/her consent for receipt of the transfer and confirms that the receiving facility has agreed to accept the patient and will assume medical care of the patient upon arrival to KGH.

C. *Appropriate Transportation Arrangements*

The transferring and receiving physicians shall discuss and achieve consensus on the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his/her locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. *Notice to Patients*

The patient, or authorized representative of the patient must be notified prior to the transfer and of the reasons therefore indicated. The patient's acknowledgment of such notification should be reflected in an appropriate written form.

Notification in advance of the transfer is not required where the patient is unaccompanied, the transferring hospital has made a reasonable effort to locate an

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND KETCHIKAN GENERAL HOSPITAL
PAGE 3 OF 4**

authorized representative of the patient and notification of the patient is not possible due to the patient's mental or physical condition.

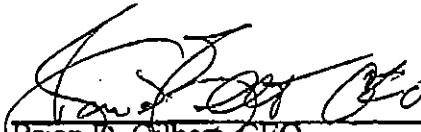
4. The transferring Institution agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician findings, nursing notes and flow sheets, 1a and radiology reports, copy of EKG and x-rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.
5. The Transferring Institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.
6. Charges for services performed by either the Transferring Institution or KGH shall be collected by the party rendering such services, directly from the patient, third party payor, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.
7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
8. As appropriate, KGH agrees to refer patients back to the Transferring Institution's providers and rehabilitation facilities.
9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one year periods. However, it may be terminated by either facility upon 30-day written notice.
10. Nothing in this agreement shall be construed in a manner inconsistent with federal or state laws and regulations.

Ketchikan General Hospital and the Transferring Institution enter into this

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND KETCHIKAN GENERAL HOSPITAL
PAGE 4 OF 4**


agreement and all of its conditions as stated above.

Signed: _____



Brian D. Gilbert, CEO
Wrangell Medical Center

Date: 8-11-00



Name: Laurie Mortensen
Title: Assistant Admin. Patient Care
Institution: Ketchikan General Hospital

Date: 8-18-00

TRANSFER AGREEMENT

Adult and Pediatric Patients

This agreement is between:

Wrangell Medical Center
First Avenue and Bennett Street
Wrangell, AK 99929

and

Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan, AK 99901

Wrangell Medical Center herein referred to as **WMC**, and Ketchikan General Hospital, herein referred to as **KGH**, enter into an agreement to facilitate continuity of care and timely transfer of adult or pediatric patients who require medical facilities, treatment modalities, and / or expertise not available at KGH.

The terms of the agreement are as follows:

1. When a patient's need for transfer from **KGH** to another facility has been determined by the patient's physician, **WMC** agrees to provide **KGH** with information about its resources sufficient to determine whether the care needed by the patient is available; to perform any required pre-admission screening; to admit the patient as promptly as possible, provided customary admission requirements are met in accordance with **WMC** admission policies; and to promptly make available diagnostic and medical services. Patients shall be admitted without regard to race, color, creed, physical or mental handicap, or national origin unless otherwise prohibited by Federal or State laws or regulations which include but is not limited to inability to meet the patient's care needs.

2. **KGH** will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer.

3. The transfer will conform with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring physician has deemed the transfer is for a medical reason which requires transfer. Prior to transfer of the patient, the following conditions will be met by **KGH**:

A. Risks Minimized

KGH has provided the medical treatment within its capacity which minimizes the risks to the patient's health. The need for transfer has been discussed and reviewed with the patient and his / her authorized representative and they have been informed of the benefits / risks associated with the transfer.

B. Receiving Physician / Facility

KGH has notified a physician at **WMC** and obtained his / her consent for receipt of the transfer and confirms that **WMC** has agreed to accept the patient and will assume medical care of the patient upon arrival to **WMC**.

C. Appropriate Transportation Arrangements

The transferring and receiving physicians shall discuss the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his / her locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. Notice to Patients

The patient, or authorized representative of the patient, must be notified prior to the transfer and of the reasons therefore indicated. The patient's acknowledgment of such notification should be reflected in an appropriate written form. Notification in advance of the transfer is not required where the patient is unaccompanied by an authorized representative. KGH has made a reasonable effort to locate an authorized representative of the patient and notification of the patient is not possible due to the patient's mental or physical condition.

4. KGH agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician's findings, nursing notes and flow sheets, laboratory and radiology reports, copy of EKG and x-rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.

5. KGH will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.

6. Charges for services performed by either KGH or WMC shall be collected by the party rendering such services, directly from the patient, third party payer, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.

7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.

8. As appropriate, WMC agrees to refer patients back to the KGH's providers and rehabilitative facilities.

9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one-year periods. However, it may be terminated by either facility upon 30 days written notice.

10. Nothing in this agreement shall be construed in a manner inconsistent with Federal or State laws and regulations.

Signature [Signature]

Date 3/23/00

Name (print) LORRIE MORTENSEN, RN

Title Asst. Admin., Patient Care

Ketchikan General Hospital

Signature [Signature]

Date 3/27/00

Name (print) BRIAN D GILBERT

Title CEO

Wrangell Medical Center

**TRANSFER AGREEMENT
FOR ADULT AND PEDIATRIC PATIENTS**

This agreement is between:

Wrangell Medical Center
Box 1081
Wrangell, Alaska 99929

and

Bartlett Regional Hospital
3260 Hospital Drive
Juneau, Alaska 99801

Wrangell Medical Center, herein referred to as "WMC", and Bartlett Regional Hospital, herein referred to as the "BRH", enter into an agreement to facilitate continuity of care and timely transfer of adult or pediatric patients who require medical facilities, treatment modalities, and/or expertise not available the BRH.

The terms of the agreement are as follows:

1. When a patient's need for transfer from BRH to another facility has been determined by the patient's physician, WMC agrees to provide BRH with information about its resources sufficient to determine whether the care needed by the patient is available; to perform any required pre-admission screening; to admit the patient as promptly as possible, provided customary admission requirements are met in accordance with WMC admission policies; and to promptly make available diagnostic and medical services. Patients shall be admitted without regard to race, color, creed, physical or mental handicap, or national origin unless otherwise prohibited by federal or state law or regulation which includes but is not limited to WMC's inability to meet the patient's care needs.
2. BRH will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer.
3. The transfer will conform with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring physician has deemed the transfer is for a medical reason

which requires transfer. Prior to transfer of the patient, the following conditions will be met by BRH:

A. Risks Minimized:

BRH has provided the medical treatment within its capacity which minimizes the risks to the patient's health. The need for transfer has been discussed and reviewed with the patient and his/her authorized representative and they have been informed of the benefits/risks associated with the transfer.

B. Receiving Physician/Facility

BRH has notified a physician at WMC and obtained his/her consent for receipt of the transfer and confirms that WMC has agreed to accept the patient and will assume medical care of the patient upon arrival to WMC.

C. Appropriate Transportation Arrangements

The transferring and receiving physicians shall discuss and achieve consensus on the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his/her locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. Notice to Patients

The patient, or authorized representative of the patient, must be notified prior to the transfer and of the reasons therefore indicated. The patient's acknowledgment of such notification should be reflected in an appropriate written form.

Notification in advance of the transfer is not required where the patient is unaccompanied, BRH has made a reasonable effort to locate an authorized representative of the patient and notification of the patient is not possible due to the patient's mental or physical condition.

4. BRH agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician's findings, nursing notes and flow sheets, laboratory and radiology reports, copy of EKG and X-Rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.
5. BRH will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.
6. Charges for services performed by either BRH or WMC shall be collected by the party rendering such services, directly from the patient, third party payor, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.

7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
8. As appropriate, WMC agrees to refer patients back to the BRH's providers and rehabilitative facilities.
9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one-year periods. However, it may be terminated by either facility upon 30 days written notice.
10. Nothing in this agreement shall be construed in a manner inconsistent with federal or state laws and regulations.

Signed:

Robert F. Valliant

Date:

9-11-00

Name:

ROBERT F. VALLIANT

Title:

CEO

Bartlett Regional Hospital

Signed:

Brian D. Gilbert

Date:

20 Sept - 00

Name:

BRIAN D. GILBERT

Title:

CEO

Wrangell Medical Center

INTERFACILITY TRANSFER AGREEMENT FOR CRITICAL CARE OF PATIENTS

This agreement is between:

Wrangell Medical Center
P.O. Box 1081
310 Bennett Street
Wrangell, AK 99929

and

Virginia Mason Medical Center
P.O. Box 900
1100 Ninth Avenue
Seattle, WA 98111

Virginia Mason Medical Center, herein referred to as "VMMC" and Wrangell Medical Center, herein referred to as the "Transferring Institution", enter into an agreement to facilitate continuity of care and timely transfer of critical care patients who require medical facilities, treatment modalities, and/or expertise not available at the Transferring Institution, and as required by the EMTALA regulations regarding transfer of patients.

The terms of the agreement are as follows:

1. The Emergency Department Physician or Attending Physician at the Transferring Institution will contact the Emergency Department Physician at VMMC to determine the appropriateness of the patient transfer. If the need for transfer is substantiated, VMMC agrees to accept the patient for transfer as promptly as possible, as long as it has available space and qualified personnel for the treatment of the patient, and requirements in accordance with Federal and State laws/regulations are met.
2. The Transferring Institution will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer. All transfers will be done according to Federal and State laws and regulations.
3. *Transfer requirements applicable to all patients:*
The transfer conforms with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND VIRGINIA MASON MEDICAL CENTER
PAGE 2 OF 4**

services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring physician has deemed that the transfer is for a medical reason which requires transfer. Prior to transfer of the patient, the following conditions must be met by the Transferring Institution:

A. *Risks Minimized*

The transferring hospital has provided the medical treatment within its capacity which minimize the risks to the patient's health. The need for transfer has been discussed and reviewed with the patient and his/her authorized representative and he/she has been informed of the benefits/risks associated with the transfer.

B. *Receiving Physician/Facility*

The transferring physician has notified a physician at VMMC and has obtained his/her consent for receipt of the transfer and confirms that the receiving facility has agreed to accept the patient and will assume medical care of the patient upon arrival to VMMC.

C. *Appropriate Transportation Arrangements*

The transferring and receiving physicians shall discuss and achieve consensus on the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his/her locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. *Notice to Patients*

The patient, or authorized representative of the patient must be notified prior to the transfer and of the reasons therefore indicated. The patient's acknowledgment of such notification should be reflected in an appropriate written form.

Notification in advance of the transfer is not required

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND VIRGINIA MASON MEDICAL CENTER
PAGE 3 OF 4**

E. Physician Certification
The transferring hospital will obtain written certification of a physician or qualified medical personnel in consultation with the physician based upon knowledge at the time of transfer, that the medical benefits reasonably expected from the transfer outweigh the risks of effecting transfer.




where the patient is unaccompanied, the transferring hospital has made a reasonable effort to locate an authorized representative of the patient and notification of the patient is not possible due to the patient's mental or physical condition.

4. The transferring Institution agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician findings, nursing notes and flow sheets, lab and radiology reports, copy of EKG and x-rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.
5. The Transferring Institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.
6. Charges for services performed by either the Transferring Institution or VMHC shall be collected by the party rendering such services, directly from the patient, third party payor, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.
7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
8. As appropriate, VMHC agrees to refer patients back to the Transferring Institution's providers and rehabilitation facilities.
9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one year periods. However, it may be terminated by either facility upon 30-day written notice.
10. Nothing in this agreement shall be construed in a manner inconsistent with federal or state laws and regulations.

**INTERFACILITY TRANSFER AGREEMENT
FOR CRITICAL CARE OF PATIENTS
BETWEEN WRANGELL MEDICAL CENTER
AND VIRGINIA MASON MEDICAL CENTER
PAGE 4 OF 4**

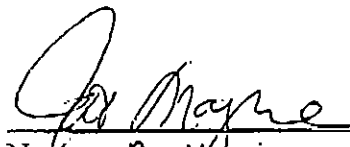
Virginia Mason Medical Center and the Transferring Institution enter into this agreement and all of its conditions as stated above.

Signed:



Brian D. Gilbert, CEO
Wrangell Medical Center

Date: 8-11-00



Name: Pat McGuire
Title: Vice President & Chief Nursing Executive
Institution: Virginia Mason Medical Center

Date: 11-29-00

Interfacility Transfer Agreement for Critical Care Adult Medical/Surgical Patients

This agreement is between:

Harborview Medical Center
325 Ninth Avenue
Seattle, Washington 98104

and

WRANGELL HOSPITAL
WRANGELL AK

Harborview Medical Center, herein referred to as "HMC", and WRANGELL HOSPITAL herein referred to as the "Transferring Institution", enter into an agreement to facilitate continuity of care and timely transfer of critical care adult medical/surgical patients who require medical facilities, treatment modalities, and/or expertise not available at the Transferring Institution, and as required by Washington Administrative Code regarding transfer of patients.

The terms of the agreement are as follows:

1. The Emergency Department Physician or Attending Physician at the Transferring Institution will contact the Emergency Trauma Center Physician at HMC to determine the appropriateness of the patient transfer. If the need for transfer is substantiated, HMC agrees to accept the patient for transfer as promptly as possible, as long as it has available space and qualified personnel for the treatment of the patient, and requirements in accordance with Federal and State laws/regulations are met.
2. The Transferring Institution will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer. All transfers will be done according to Federal and State laws and regulations.

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3. Transfer requirements applicable to all patients:

The transfer conforms with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring physician has deemed that the transfer is for a medical reason which requires transfer. Prior to transfer of the patient, the following conditions must be met by the Transferring Institution:

A. Risks Minimized

The transferring hospital has provided the medical treatment within its capacity which minimize the risks to the patient's health. The need for transfer has been discussed and reviewed with the patient and his/her authorized representative and they have been informed of the benefits/risks associated with the transfer.

B. Receiving Physician/Facility

The transferring physician has notified a physician at HMC and has obtained his consent for receipt of the transfer and confirms that the receiving facility has agreed to accept the patient and will assume medical care of the patient upon arrival to HMC.

C. Appropriate Transportation Arrangements

The transferring and receiving physicians shall discuss and achieve consensus on the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. Notice to Patients

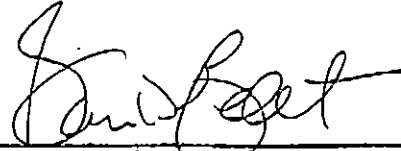
The patient, or authorized representative of the patient must be notified prior to the transfer and of the reasons therefore indicated. The patient's acknowledgment of such notification should be reflected in an appropriate written form.

Notification in advance of the transfer is not required where the patient is unaccompanied, the transferring hospital has made a reasonable effort to locate an authorized representative of the patient and notification of the patient is not possible due to the patient's mental or physical condition.

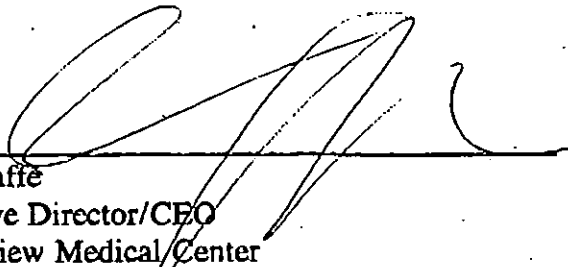
4. The Transferring Institution agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician findings, nursing notes and flow sheets, lab and radiology reports, copy of EKG and x-rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.
5. The Transferring Institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.
6. Charges for services performed by either the Transferring Institution or HMC shall be collected by the party rendering such services, directly from the patient, third party payor, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.
7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
8. As appropriate, HMC agrees to refer patients back to the Transferring Institution's providers and rehabilitation facilities.
9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one year periods. However, it may be terminated by either facility upon 30 day written notice.
10. Nothing in this agreement shall be construed in a manner inconsistent with federal or state laws and regulations.

Harborview Medical Center and the Transferring Institution enter into this agreement and all of its conditions as stated above.

Signed:

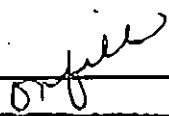

Name: Brian Gilbert
Title: Admin
Institution: WRANGELL HOSPITAL

1-20-96
Date


David Jaffe
Executive Director/CEO
Harborview Medical Center

3.6.96
Date

Approved as to form:


Name: _____
Title: Assistant Attorney General

Date

Effective date of agreement: 1/96