

SOUTHERN INYO HEALTHCARE DISTRICT

Notice of a Finance Committee Meeting

Date: Tuesday, July 2, 2019

Time: 4:00 p.m.

Location: Southern Inyo Hospital Conference Room
501 East Locust St
Lone Pine, CA 93545

Richard Fedchenko will be participating via phone.
1093 Shahr Ave.
Lone Pine, CA 93545

I. CALL TO ORDER

- A. Pledge of Allegiance
- B. Roll Call
- C. Approval of Agenda

II. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

III. BUSINESS ITEMS

- A. Biomedical Service Contracts (Facility Director)
- B. MModal (Medical Records)
- C. Financial Statement for April 2019 (Financial Consultant)
- D. Cash Flow with Projections and Budgets (Financial Consultant)

IV. DIRECTOR COMMENTS ON ITEMS NOT ON THE AGENDA

V. CLOSED SESSION

- 1. Existing Litigation: Chp. 9 Bankruptcy

VI. ADJOURNMENT

Board of Directors:

Jaqueline Hickman
President

Mark Lacey
Vice President

Carma Roper
Secretary

Charles Carson
Treasurer

Richard Fedchenko
Director

NOTICE TO THE PUBLIC

PUBLIC COMMENT PERIOD FOR REGULAR MEETINGS

Members of the public may comment on any item on the agenda before the Board takes action on it. The public may also comment on items of interest to the public that is within the subject matter jurisdiction of the Board; provided, however, the Board may not take action on any item not appearing on the agenda unless the action is otherwise authorized by law. Any person addressing the Board will be limited to a maximum of three (3) minutes so that all interested parties have an opportunity to speak.

COPIES OF PUBLIC RECORDS

All writings, materials, and information provided to the Board for their consideration relating to any open session agenda item of the meeting are available for public inspection and copying during regular business hours at the Administration Office of the District at 501 E. Locust Street, Lone Pine, California.

COMPLIANCE WITH ADA

This agenda shall be made available upon request in alternative formats to persons with a disability, as required by the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132) and the Ralph M. Brown Act (Cal. Gov't Cod. § 54954.2). Persons requesting a disability related modification or accommodation in order to participate in the meeting should contact the Administrative Office during regular business hours by phone at (760) 876-5501, or in person at the District's Administrative Office at 501 E. Locust St., Lone Pine, California.

Board of Directors:

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President

Mark Lacey
Vice President

Carma Roper
Secretary

Charles Carson
Treasurer

Richard Fedchenko
Director

STAFF MEMORANDUM

TO: Board of Directors
FROM: Jeff Sheffield
SUBJECT: Biomedical Service Contracts
MEETING DATE: July 2nd 2019

Purpose: I have provided 2 quotes for state mandated biomedical equipment service. This services will help ensure the safety of all patient's, by the use of medical equipment at the hospital and clinic.

Impacts:

Fiscal: Renovo Solutions Contract \$15,132.90 / Multimedical Systems Contract \$14,925.01

Regulatory: YES

Environmental:

Legal Review: Reviewed by counsel Yes, contract extension. Issues: None.

Recommended Action: I would like to stay with Renovo Solutions, as they have been servicing SIHD biomedical needs and have a good understanding of the facility and equipment locations.

Biomedical Equipment Service Agreement

Regional Field Service Operations

RENOVO SOLUTIONS

4 Executive Circle, Suite 185

Irvine, CA 92614

Phone: 888-736-6861

Fax: (866) 822-8766



RENOVO

SOLUTIONS LLC

Customer:	Southern Inyo Healthcare District				
Address:	501 E. Locust Street				
City, State, Zip	Lone Pine, CA 93545				
Effective Date:	February 1, 2019	End Date:	January 31, 2022	Agreement #	SIHD-CA-002
Contact:	Jeffrey Sheffield, Director of Facilities		Phone: 760-876-5501		

RENOVO SOLUTIONS LLC is pleased to submit the following Agreement for Service and Maintenance described herein at the stated prices and terms. Subject to your acceptance of the terms and conditions on the face and general terms and conditions hereof.

Description of Services	Price
Biomedical Service labor and travel on included equipment (attachment A) – one (1) day per month.	\$15,132.90 per year paid in advance.
Equipment added to this agreement, or service performed outside of scope must be mutually agreed upon and will be billed as service is performed.	

Includes:

Scheduled preventive maintenance inspections and unscheduled maintenance/repairs during one day per month visit.

Excludes:

All parts, including consumable supplies.
 Unscheduled emergency maintenance/repairs that are requested after contract hours.

Total Annual Service Charges: \$15, 132.90

Payment Terms: Annual Payment due in full upon receipt of invoice.

RENOVO SOLUTIONS	Customer's Acceptance
Signature: _____	Signature : _____
Name: <u>Rachel Yarnevic, VP Operations</u>	Name: _____
Date: <u>2/8/2019</u>	Date: _____
	P.O. #: _____

Customer's acceptance acknowledges receipt and agreement to Terms in all pages of this Agreement.

Biomedical Equipment Service Agreement

1. Independent Contractor: **RENOVO** and its employees shall be an independent contractor and not an agent, employee, representative, joint venture, or partner of Customer.
2. Term: This Agreement shall become effective on the Effective Date shown above and, unless sooner terminated as hereinafter provided, shall remain in full force and effect for term specified on contract proposal.
3. Maintenance Service: The term "Maintenance Service" as used herein means Planned Maintenance and Unscheduled Maintenance as hereinafter defined, performed by **RENOVO** upon the equipment identified in proposed "Description of Services".
4. Preventive Maintenance: The term "Preventive Maintenance" as used herein means the periodic preventive maintenance checks and quality control inspections the customer deems reasonably appropriate and necessary to keep equipment operating and as performed by **RENOVO** hereunder with respect to Equipment during **RENOVO's** normal working hours on all non-holiday weekdays, Monday through Friday, 8:00am – 5:00pm.
5. Unscheduled Maintenance: The term "Unscheduled Maintenance" as used herein means any reparative maintenance, other than Preventive Maintenance, performed by **RENOVO** upon equipment. This includes, but is not limited to, the following types of maintenance:
 - a. Work requested by Customer for rearranging or relocating equipment;
 - b. Implementing manufacturer's approved modifications;
 - c. Adding or removing accessories, attachments, or devices; and
 - d. Specific requests by customer for remedial maintenance in addition to Planned Maintenance requirements.
6. Exclusions from Preventive Maintenance:
 - a. Maintenance of accessories, operating supplies or other devices that are not equipment items;
 - b. Painting or refinishing Equipment;
 - c. Electrical, mechanical or other work external to Equipment;
 - d. Specification changes;
 - e. Any services in respect to software or firmware programming;
 - f. Service which is impractical for **RENOVO** to render because of alterations, modifications, repairs, or services performed upon Equipment by other than qualified approved service personnel or non-availability of suitable parts; and
 - g. Reconditioning required when repair and part replacement cannot keep Equipment in operating condition.
7. Parts: The term "Parts" used herein means for maintenance service, manufacturer's furnished components, or components of equal quality, subassemblies and other replacement parts, as deemed necessary, will be used. Replacement of unserviceable Parts shall be at **RENOVO's** current replacement Parts prices.
8. Charges to Customer:
 - a. Charges for Preventive Maintenance: The applicable charges for Preventive Maintenance are included in the "Description of Services".
 - b. Charges for Unscheduled Maintenance: The applicable charges for Unscheduled Maintenance during **RENOVO's** normal working hours are included in the "Description of Services".
 - c. Charges for Travel: The applicable charges for Travel during normal working hours are included in the "Description of Services".
 - d. Taxes: All maintenance Charges are exclusive of applicable federal, state or local taxes. Customer shall pay, or reimburse **RENOVO** for any such taxes and **RENOVO** may add such taxes to the invoices submitted to Customer by **RENOVO** as provided in Section 11 hereof.
9. Payment for Services: **RENOVO** will invoice for the "Description of Services" charges provided pursuant to this Agreement on a Quarterly basis, beginning with the Effective Date of this Agreement. Such payment will be due in net thirty (30) days. A finance charge of one and one half percent (1 ½ %) per month, which is an annual rate of eighteen percent (18%), will be added to all accounts past due after 30 days of receipt of invoice.
10. Force Majeure: **RENOVO** shall not be liable to customer for any delay or failure by **RENOVO** to perform its obligations under this agreement or otherwise if such delay or failure arises from any cause or causes beyond the reasonable control of **RENOVO**, including but not limited to labor disputes, strikes, other labor or industrial disturbances, acts of God, floods, lightning, shortages of materials, casualty, war, acts of public enemy, riots, insurrections, embargoes, blockages, actions, restrictions, regulations or orders of any government, agency or subdivision thereof, or temporary unavailability of qualified personnel at **RENOVO's** office due to service calls received before Customers call.
11. Termination for Breach of Agreement: Upon a ninety (90) days written notice, either party may terminate this Agreement at any time for a material breach of the Agreement by the other party by delivering such notice to that effect stating the grounds for termination. In the event of such early termination, the parties shall be entitled to pro rata payment or refund of monies due or previously paid, as the case may be, without penalty to either party.
12. HIPAA: **RENOVO** agrees to comply with all state, federal and accreditation privacy and security laws and standards applicable to Protected Health Information (hereinafter referred to as "PHI") including, but not limited to, those regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This agreement became effective April 14, 2003.

General: This Agreement shall be governed by the Laws of the State of California and constitutes the entire agreement between the parties hereto with respect to Maintenance of Equipment, and shall supersede all previous or contemporaneous negotiations, commitments and writings with respect to matters set forth herein. It may only be modified by a writing signed by authorized representatives of both parties. The terms and provisions of this agreement shall prevail over any conflicting, additional or other terms appearing on any purchase order submitted by customer at any time. Neither this Agreement nor any rights hereunder may be assigned or otherwise transferred by either party.

EQUIPMENT SERVICE AGREEMENT

This EQUIPMENT SERVICE AGREEMENT ("**Agreement**"), dated to be effective as of **June 1, 2019** (the "**Effective Date**") is between MULTIMEDICAL SYSTEMS, LLC, a Delaware limited liability company (hereinafter referred to as "**MMS**"), and **Southern Inyo Hospital** (hereinafter referred to as "**The Client**") pertaining to services MMS shall provide to The Client in accordance with the following terms and provisions:

1. COVERED EQUIPMENT. The Client owns, operates and/or leases certain items of medical devices, as set forth on an inventory list attached hereto as the last exhibit/schedule to this Agreement and incorporated by reference herein as Exhibit "A" (the "**Covered Equipment**" or "**Covered Equipment List**").

2. SERVICES PROVIDED. MMS shall provide to The Client during the term of this Agreement certain services as outlined and explained in the Scope of Work attached hereto as Schedule 2.1 and incorporated herein by reference (the "**Services**"). The Services relate to the potential maintenance, inspection, testing and/or repair, as indicated on Schedule 2.1, of the Covered Equipment. The exact services to be provided by MMS for each item of Covered Equipment is designated by the assigned Service Code listed on the Covered Equipment List (Exhibit "A"). Each "Service Code" is listed and explained in the table attached hereto as Schedule 2.2 and incorporated herein by reference. Generally, MMS shall provide the Services during the "Standard Coverage Period", as defined below.

3. STANDARD COVERAGE PERIOD. The **Standard Coverage Period** during which MMS is to provide the Services is between 8:00 A.M. to 5:00 P.M., Monday through Friday (excluding holidays observed by MMS as listed below). All unscheduled repair service performed outside the Standard Coverage Period, or on holidays and weekends shall be billed out at the Overtime or Holiday rates, as the case may be, listed on Table 1 of Schedule 2.1. MMS maintains a service technician on call 24 hours a day, 7 days a week to manage emergency or unscheduled service requests. The holidays recognized by MMS are observed on the dates designated by the United States Government, and are as follows: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, and Christmas Day. Typically, holidays that fall on a Saturday will be recognized by MMS on Friday prior to the holiday, and holidays that fall on a Sunday will be recognized on Monday following the holiday. MMS reserves the right to amend this list at any time.

4. PAYMENT TERMS. The Client agrees to pay MMS for providing the Services at the rate of compensation set forth on Schedule 1, and where applicable under Tables 1 and 2 of Schedule 2.1. Contract payments are payable within thirty (30) days of receipt of the invoice. Billable charges for hourly services or travel are payable within thirty (30) days of receipt of the invoice. Charges for services performed, or parts used that are not covered by the terms of this Agreement, shall be invoiced to The Client on or before the twelfth of the month following the completion of services, and are due and payable within thirty days of receipt of the invoice. Accounts over thirty days will bear interest at the lesser of one and one-half percent (1.5%) per month or the maximum rate permitted by applicable law. Should an account fall sixty (60) days in the arrears, MMS shall have the right, in addition to whatever other rights it may have under this Agreement or at law and in equity, to suspend its provision of all or any portion of the Services for which it has not been paid per agreed terms.

5. LIMITATIONS. This Agreement is contingent upon the proper use of all equipment and the observance of all operational instructions according to manufacturer recommendations. MMS shall be responsible for the repair or replacement, at its sole discretion, of any equipment rendered unserviceable to The Client solely as the result of negligent or wrongful acts by MMS. Replacement parts are not included unless otherwise specified by the Service Code in the Covered Equipment List.

5.1 Disclaimer of Consequential Damages. EXCEPT FOR BREACHES UNDER SECTION 11.3, PERTAINING TO NON-SOLICITATION, UNDER NO CIRCUMSTANCES WHATSOEVER SHALL EITHER PARTY (OR ANY OF ITS RELATED PARTIES) BE LIABLE TO THE OTHER PARTY (OR ANY OF ITS RELATED PARTIES) IN CONTRACT, TORT, NEGLIGENCE, BREACH OF STATUTORY DUTY OR OTHERWISE FOR ANY INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL OR PUNITIVE DAMAGES OR ANY LOST PROFITS, LOSS OF USE, DAMAGE TO GOODWILL OR LOSS OF BUSINESS IN CONNECTION WITH THIS AGREEMENT, EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND EACH PARTY HEREBY WAIVES, ON BEHALF OF ITSELF AND ITS RELATED PARTIES, ANY AND ALL CLAIMS FOR SUCH DAMAGES, INCLUDING ANY CLAIM FOR LOST PROFITS, LOSS OF USE, DAMAGE TO GOODWILL OR LOSS OF BUSINESS WHETHER ARISING IN CONTRACT, TORT OR OTHERWISE.

5.2 Liability Cap. TO THE EXTENT PERMITTED BY APPLICABLE LAW, IN NO EVENT SHALL MMS'S LIABILITY FOR DAMAGES HEREUNDER ARISING FROM, RELATING TO OR CONNECTED WITH THE SERVICES OR THE TERMS OF THIS AGREEMENT EXCEED THE AMOUNTS ACTUALLY PAID TO MMS BY THE CLIENT OVER THE PRECEDING 12-MONTH PERIOD.

5.3 Changing Rates. The prevailing contract rates for labor and parts may increase annually due to an increase in the cost to provide services and parts. It may also increase on the basis of a change in the consumer price index, which is updated annually at

www.bls.gov/cpi. An addendum to this Agreement shall be made when there is an increase in labor or parts that affects rates to be charged under this Agreement.

6. DOCUMENTATION AND EQUIPMENT MANAGEMENT PROGRAM. Periodically throughout the Term of the Agreement MMS will provide complete documentation in compliance with the requirements of all regulatory agencies.

7. INSURANCE. Throughout the term of this Agreement, MMS shall maintain the following insurance: coverage for general and professional liability and worker's compensation. Mid-Continent Casualty, General Aggregate - \$3,000,000; Products – Completed Operations Aggregate Limit - \$3,000,000; Personal and Advertising Injury - \$1,000,000; Each Occurrence - \$1,000,000; Commercial Excess Policy – Each Occurrence - \$4,000,000, Policy Aggregate Limit - \$4,000,000. The excess policy adds \$4,000,000 to the main policy for a total of \$5,000,000.

8. HIPAA. MMS acknowledges and agrees that it is subject to and bound by the provisions of the Health Insurance Portability and Accountability Act of 1996 (hereinafter "HIPAA") in performing its obligations under this Agreement. Pursuant to 45 C.F.R. 164.314(a)(2)(i), MMS agrees that it: (i) Shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that MMS creates, receives, maintains, or transmits on behalf of The Client; (ii) Shall ensure that any and all third parties that MMS provides protected health information agrees to implement reasonable and appropriate safeguards to protect said information; (iii) Shall immediately report to The Client any security incident involving any electronic protected health information that MMS creates, receives, maintains, or transmits on behalf of The Client; (iv) Shall NOT enter into any subcontracts or disclose, transmit, or release any electronic protected health information that MMS creates, receives, maintains, or transmits on behalf of The Client without first obtaining the written authorization from The Client; and (v) Shall promptly notify The Client of the administrative, physical, and technical safeguards that shall be implemented to protect the protected health information identified above. MMS recognizes that The Client has protected health information and other proprietary information (collectively, "Information"), which are valuable, special, and unique assets of The Client. MMS shall not divulge, disclose, or communicate in any manner any Information to any third party without prior written consent. MMS shall protect the Information and treat it as strictly confidential. MMS shall abide by the requirements of 42 CFR, Part 164.506, Standards for Privacy of Individually Identifiable Health Information.

9. TERM, TERMINATION & RENEWAL. The Term of this Agreement shall be for **36 months**, commencing on **June 1, 2019** and terminating on **May 31, 2022** (the "Term"), unless earlier terminated as set forth in this Agreement. This Agreement may be terminated as follows: (i) MMS and The Client may mutually agree to terminate this Agreement in writing; or (ii) The Agreement may be terminated by either party, with or without cause by delivering a written notice of termination to the other party at least sixty (60) days prior to "terminating on" date. Upon termination of this Agreement, neither party shall have any further obligation hereunder except for obligations accruing prior to the date of termination. An annual review of inventory will be performed, and Schedule 1 will be updated based upon increase/decrease of inventory.

10. INDEPENDENT CONTRACTOR STATUS. In performing the services as contemplated hereunder, MMS and The Client agree that MMS is acting as an independent contractor and not as the agent or employee of The Client. Likewise, this Agreement does not create any employment, agency, franchise, joint venture, partnership or other similar legal relationship between MMS or The Client.

11. MISCELLANEOUS PROVISIONS.

11.1 Notice. Notices or communications herein required or permitted shall be given to the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice.

MMS
MultiMedical Systems, LLC
5591 N. Golden State Blvd., Ste. 101
Fresno, CA 93722
Attn: Tina Clark

The Client
Southern Inyo Hospital
501 E Locust St
Lone Pine, CA 93535
Attn: _____

11.2 Miscellaneous. This Agreement shall be binding upon each party and its successors and assigns and upon the heirs, representatives; provided however this Agreement is neither assignable nor transferable, in whole or in part, except by a writing signed by all Parties. No waiver of any provision of this Agreement by any Party shall be enforceable against that Party unless it is in writing and signed by all Parties. This Agreement may be executed in one or more counterparts. In the event that either is required to engage the assistance of an attorney to enforce the terms of this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs if it prevails. The Parties' respective rights and remedies in this Agreement are cumulative and not exclusive of any other right or remedy that might be available at law or in equity, except as otherwise explicitly stated. This Agreement contains the entire agreement between the parties and supersedes all other prior discussions, contracts or agreements made or signed by the Parties with respect to the matters described herein. Any representation, promise, or condition not incorporated into this Agreement shall not be binding upon any party. This Agreement shall be governed by and construed in accordance with the laws of the State of California.

Venue for any state action arising out of this Agreement shall be in Fresno County, California, and venue for any Federal action arising out of this Agreement shall be in the United States Federal Court for the Eastern District of California. This Agreement shall be construed according to its fair meaning and not strictly for or against either party. If any part of this Agreement shall be unenforceable, the remainder of the Agreement shall continue to be valid. This Agreement may be modified or amended only by mutual written agreement signed by all parties. Nothing in this Agreement, express or implied, is intended to or shall confer upon any person other than the parties and their respective successors and permitted assigns any legal or equitable right, benefit, or remedy of any nature under or by reason of this Agreement. MMS may hire or engage one or more subcontractors to perform any or all of its obligations under this Agreement.

11.3 No solicitation. At all times during the term hereof and following the termination of this Agreement, neither party shall, directly or indirectly, interfere with, disrupt or attempt to disrupt the relationship, contractual or otherwise, between the other party and any of its suppliers, employees, independent contractors, consultants or agents.

11.4 Confidential Information. The parties acknowledge that the other party is the owner of valuable trade secrets and other confidential information, as well as other like information that is licensed from third parties. The parties shall treat the other party's confidential information as strictly confidential and shall not use such information for its own purposes or for third parties, or divulge or permit to be divulged to, or examined or copied by others, any information or data obtained, or to which they are otherwise exposed, in connection with this Agreement.

IN WITNESS WHEREOF, the parties hereto have each caused this Agreement to be duly executed and delivered by their respective officers as of the day and year set forth below under the signatures of their respective officers.

“The Client”

Southern Inyo Hospital

a _____

By: _____ **Title:** _____ **Date:** _____

“MMS”

MultiMedical Systems

a Delaware Limited Liability Company

By: _____ **Title:** _____ **Date:** _____

**SCHEDULE 1
Annual Contract Cost
Southern Inyo Hospital
June 1, 2019**

Total Annual Cost: \$ 14,925.01

Payment Frequency: Annually

SCHEDULE 2.1
EQUIPMENT SERVICES - SCOPE OF WORK DEFINITIONS AND SERVICE RATES

A. PERIODIC MAINTENANCE INSPECTIONS (PMI)

During the Term of this Agreement, MMS will schedule and provide planned periodic maintenance and inspections to only those items of Covered Equipment bearing the following Service Code: **PMIO**. This maintenance shall be scheduled, normally during the Standard Coverage Period and all applicable equipment will be made available to MMS personnel at the scheduled time. Planned maintenance generally includes checking mechanical and electrical safety, functional testing and adjusting for optimum mechanical performance as defined by manufacturer's recommendations and regulatory requirements. Periodic maintenance will be schedule and performed for each device in accordance with the maintenance frequency schedule column listed on the Exhibit "A" Covered Equipment List. Minor repairs can be completed during the planned maintenance as time permits at the prevailing contract rates, see Table 1 below. Any other repairs needed will be noted and scheduled for correction. Upon completion of each inspection, MMS will provide appropriate documentation of the periodic maintenance performed. The periodic maintenance inspections by MMS determine the safety and operational integrity of tested equipment at the time of the inspection. Mechanical abuse, power fluctuations and environmental factors, among other causes, may result in equipment problems in the interim. Hence, these inspections in no way eliminate the necessity for the manufacturer's recommended user operational testing and inspections prior to use. All service rendered will comply with regulatory directives such as DHS, NFPA, Title 22, CLIA, FDA, ISO 9000, ISO 13485, and Joint Commission.

B. ADMINISTRATIVE SERVICE CODE

Inventory Codes. For convenience and reference purposes, The Client may request that MMS include items of equipment on the Covered Equipment List even though such items are not subject to the terms of this Agreement and over which MMS has no duties or obligations. In particular, any item or device with the following Service Codes are simply included on the Covered Equipment List for reference purposes only and MMS has no responsibility, duty or obligation with respect to such items: **INTO, RETR.**

C. REPAIR SERVICE

Subject to the Service Code designation assigned to the Covered Equipment, MMS will provide repair service for the Covered Equipment when requested by The Client and will make every effort to respond to service calls at a mutually agreed upon time. When an emergency call is placed for equipment covered by this Agreement (and is non-functional at the time of the call), MMS will make every effort to respond within three hours of the time service is requested. All billable charges for labor and travel are set forth according to Tables 1 and 2 below. MMS reserves the right to correct all work orders that do not adhere to or correspond to Tables 1 & 2 below. Consulting time is billed for meetings, equipment evaluation, special projects, in-servicing, or special training not otherwise specifically included in this contract. (The "*" denotes Specialty Services.)

TABLE 1—HOURLY RATES & MINIMUM BILLING

Hourly Rates and Minimum Billing	Hourly Rate	Hours	Minimum Billing Charges	Overtime	Hours	OT Minimum Billing	Double Time: Sundays, Holiday & between 9:00pm & 7:00am
<i>Biomedical & Dental General</i>							
Unscheduled	\$110.00	1.0	\$110.00	\$165.00	4.0	\$660.00	\$220.00
<i>Specialty</i>							
*Audiometers, Biomedical Systems (e.g. Monitoring Systems), Power Tables, Surgical Lights & Lab	\$140.00	1.0	\$140.00	\$210.00	4.0	\$840.00	\$280.00
* Dental Radiology, Sterilizers & Ventilators	\$140.00	1.5	\$210.00	\$210.00	4.0	\$840.00	\$280.00
* Anesthesia, Consulting, Imaging, Surgical Lasers & Dialysis	\$200.00	2.0	\$400.00	\$300.00	4.0	\$1,200.00	\$400.00

The minimum repair labor is based on the above table for the first service event and a minimum of 1/2 hour for each additional service event during the same service trip. Prevailing labor rates will be billed on all services provided, including travel charges, unless otherwise stated on a service contract agreement. Minimum billing for all after hours service is 4 hours at the overtime rate, plus a travel charge from the location of the on-call technician, or the nearest available technician. Incoming equipment cost will be based on the above table for the first incoming and a minimum of 1/2 hour for each additional incoming during the same trip.

TABLE 2—TRAVEL CHARGES

All travel charges are round trip and based on the following hourly rates					
Zone	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Zone Miles	(In Town)	(0-25)	(26-60)	(61-100)	>101
Contract Zone Travel Charges					
Biomedical & Dental General	\$90.00	\$140.00	\$210.00	\$315.00	\$140.00 per hour
*Audiometer, Dental Radiology, Power Table, Surgical Light, Laboratory, Sterilizer, Instrument Cleaners & Ventilator	\$115.00	\$170.00	\$260.00	\$390.00	\$170.00 per hour
*Anesthesia, Consulting, Dialysis, Ophthalmic, Surgical Laser & Imaging	\$160.00	\$240.00	\$360.00	\$540.00	\$240.00 per hour
Home Zone Travel Charges					
Biomedical & Dental General	\$140.00	\$210.00	\$315.00	\$470.00	\$210.00 per hour
*Audiometer, Dental Radiology, Power Table, Surgical Light, Laboratory, Sterilizer, Instrument Cleaners & Ventilator	\$170.00	\$260.00	\$390.00	\$580.00	\$260.00 per hour
*Anesthesia, Consulting, Dialysis, Ophthalmic, Surgical Laser & Imaging	\$240.00	\$360.00	\$540.00	\$815.00	\$360.00 per hour

The travel fee that the client is charged for biomedical service is from the nearest available technician, whichever is closest. The travel fee for any specialty "*" service is from the nearest available specialty trained technician.

D. ADDITIONAL SERVICES

The following are included in this Agreement:

1. Coordinating and maintaining all scheduled and unscheduled service on the Covered Equipment (depending on the Service Code designated).
2. Upon The Client's request, detailed documentation is provided electronically to the client generally within 5 days.
3. Upon The Client's request, MMS shall furnish to The Client on-line access to all service records, schedules, and inventories.
4. MMS will make efforts to provide custom on-line reports as may be requested by The Client and The Client will be billed at \$115.00 per hour with a minimum billing of \$230.00. A proposal will be given with an agreed upon format. MMS reserves all copyrights to all custom and non-custom reports.
5. Initial in-service training for on-line reports is included without charge. All other requested in-service trainings after the initial training is completed will be billed at \$115.00 per hour with a minimum billing of \$230.00 plus travel charges.

E. EXCLUSIONS

The following are not included in this Agreement and any reference to prevailing contract or consulting rates are to those rates set-forth in Tables 1 and 2 of Schedule 2.1:

1. Rental or loaner equipment.
2. Expendable items such as, recorder paper, batteries, reagents, styli, patient electrodes, catheters, glassware of any kind, magnetic tape, data processing media, fiber optics, or lead aprons.
3. Accessories such as detachable power cables, power adapters, ECG patient leads & cables, transducers, pulse oximeter probes, surgical pneumatic tools, plug-in controllers or any other external device that plugs into the device covered.
4. The cost to correct any pre-existing problem (hard or intermittent failure) found during the initial inspection (on a device added to this contract without a prior MMS inspection) that does not meet manufactures' specifications, is not covered. With The Client's approval, MMS or MMS' contractors will, at the MMS' contracted rates, repair and bring such equipment within the manufacturers' specifications.
5. Incoming of equipment, clinical set up of equipment, and in-services are not included. These will be billed at the prevailing contract rates.
6. Excessive search time (a total of more than ½ hour accumulative time) for any device due for periodic maintenance is not included. Any additional search time will be billed at MMS' contracted rates.
7. Any major changes to the equipment database (such as a global change of control numbers), any special project, or special research above and beyond normal reporting or normal service functions. Such projects shall be billed at the prevailing MMS consulting rates.

**SCHEDULE 2.2
SERVICE CODE****SERVICE CODE DEFINITIONS**

<u>Service Codes</u>	
INTO	<u>I</u>nventory <u>T</u>racking <u>O</u>nly - Contract management by the client.
PMIO	<u>P</u>eriodic <u>M</u>aintenance <u>I</u>nspection (PMI) <u>O</u>nly – Repairs billed at time and materials rates.
RETR	<u>RE</u>Ti<u>Red</u> - The Device has been removed from service and retired.



Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
057958-2123	Aspirator	Allied Healthcare Products	6037	20100604012	PMIO	06/01/2019	06/01/2020	12 Months
57965-2123	Aspirator	DeVilbiss	7305 D	PD337587	PMIO	06/01/2019	06/01/2020	12 Months
057940-2123	Aspirator	Gomco	790	B-23227	PMIO	06/01/2019	06/01/2020	12 Months
057941-2123	Aspirator	Gomco	790	B-29564	PMIO	06/01/2019	06/01/2020	12 Months
TEMP041-2123	Bed, Electric	Dewert	EM 236	ABC384971	PMIO	06/01/2019	06/01/2020	12 Months
TEMP043-2123	Bed, Electric	Dewert	EM 236	H660889	PMIO	06/01/2019	06/01/2020	12 Months
TEMP044-2123	Bed, Electric	Dewert	EM 236	620257	PMIO	06/01/2019	06/01/2020	12 Months
TEMP045-2123	Bed, Electric	Dewert	EM 236	850-43621	PMIO	06/01/2019	06/01/2020	12 Months
TEMP031-2123	Bed, Electric	Hill Rom	Unknown	ABC384128	PMIO	06/01/2019	06/01/2020	12 Months
TEMP034-2123	Bed, Electric	Hill Rom	835	5037-20A01-A	PMIO	06/01/2019	06/01/2020	12 Months
TEMP039-2123	Bed, Electric	Hill Rom	Unknown	ABC259529	PMIO	06/01/2019	06/01/2020	12 Months
TEMP042-2123	Bed, Electric	Hill Rom	Unknown	abc269260	PMIO	06/01/2019	06/01/2020	12 Months
TEMP032-2123	Bed, Electric	Dewert	EM 236	53814	PMIO	06/01/2019	06/01/2020	12 Months
TEMP033-2123	Bed, Electric	Dewert	EM 236	57525	PMIO	06/01/2019	06/01/2020	12 Months
TEMP035-2123	Bed, Electric	Dewert	EM 236	542058	PMIO	06/01/2019	06/01/2020	12 Months
TEMP037-2123	Bed, Electric	Dewert	EM 236	H2914400232	PMIO	06/01/2019	06/01/2020	12 Months
TEMP038-2123	Bed, Electric	Dewert	EM 236	H0708450106	PMIO	06/01/2019	06/01/2020	12 Months
TEMP040-2123	Bed, Electric	Dewert	EM 236	H05727507	PMIO	06/01/2019	06/01/2020	12 Months
TEMP036-2123	Bed, Electric	Dewert	EM 236	H708450113	PMIO	06/01/2019	06/01/2020	12 Months
73610-2123	Bed, Electric	Noa Medical	10140000	069011	PMIO	06/01/2019	06/01/2020	12 Months
073617-2123	Bed, Electric	Noa Medical	10140006BLK	107196	PMIO	06/01/2019	06/01/2020	12 Months
060687-2123	Bed, Electric	Noa Medical	10140006BLK	060687	PMIO	06/01/2019	06/01/2020	12 Months
73618-2123	Bed, Electric	Noa Medical	10140006BLK	069010	PMIO	06/01/2019	06/01/2020	12 Months
057834-2123	Bed, Electric	Noa Medical	10140000	066934	PMIO	06/01/2019	06/01/2020	12 Months
057835-2123	Bed, Electric	Noa Medical	10140006BLK	076289	PMIO	06/01/2019	06/01/2020	12 Months
057836-2123	Bed, Electric	Noa Medical	10140006BLK	070116	PMIO	06/01/2019	06/01/2020	12 Months
58009-2123	Nebulizer, Compressor	Philips	Inspiration 626	1588874	PMIO	06/01/2019	06/01/2020	12 Months
57946-2123	Nebulizer, Compressor	Respironics, Inc.	Inspiration 626	1588875	PMIO	06/01/2019	06/01/2020	12 Months
57957-2123	Pump, Food	Kendall Company	Kangaroo Control	P0313087	PMIO	06/01/2019	06/01/2020	12 Months
TEMP046-2123	Scale, Patient Electric	Health-o-Meter	Health o Meter	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP052-2123	Warmer, Patient	Gaymar Industries Inc.	TP 500	TP700C121307	PMIO	06/01/2019	12/01/2019	6 Months

Acute care has 31 active Devices. 31 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
8982-2123	Bed, Electric	Joerns Healthcare Inc.	B 690	6982	PMIO	06/01/2019	06/01/2020	12 Months
57947-2123	Bed, Electric	Joerns Healthcare Inc.	B 690	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
57948-2123	Bed, Electric	Joerns Healthcare Inc.	B 690	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
57950-2123	Bed, Electric	Joerns Healthcare Inc.	B 690	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
033277-2123	Bed, Electric	Noa Medical	10140000	038277	PMIO	06/01/2019	06/01/2020	12 Months
040503-2123	Bed, Electric	Noa Medical	10140000	040503	PMIO	06/01/2019	06/01/2020	12 Months
060099-2123	Bed, Electric	Noa Medical	10140000	060099	PMIO	06/01/2019	06/01/2020	12 Months
207866-2123	Bed, Electric	Noa Medical	10140006BLK	0207866	PMIO	06/01/2019	06/01/2020	12 Months
69228-2123	Bed, Electric	Noa Medical	Elite Riser	59229	PMIO	06/01/2019	06/01/2020	12 Months
69921-2123	Bed, Electric	Noa Medical	Elite Riser	69921	PMIO	06/01/2019	06/01/2020	12 Months
114075-2123	Bed, Electric	Noa Medical	Elite Riser	114075	PMIO	06/01/2019	06/01/2020	12 Months
072605-2123	Bed, Electric	Noa Medical	10140006BLK	072605	PMIO	06/01/2019	06/01/2020	12 Months
089133-2123	Bed, Electric	Noa Medical	10140006BLK	089133	PMIO	06/01/2019	06/01/2020	12 Months
203656-2123	Bed, Electric	Noa Medical	10140006BLK	0203658	PMIO	06/01/2019	06/01/2020	12 Months
070969-2123	Bed, Electric	Noa Medical	10140000	070969	PMIO	06/01/2019	06/01/2020	12 Months
107107-2123	Bed, Electric	Noa Medical	10140006BLK	107107	PMIO	06/01/2019	06/01/2020	12 Months
128787-2123	Bed, Electric	Noa Medical	10140006BLK	128787	PMIO	06/01/2019	06/01/2020	12 Months
038019-2123	Bed, Electric	Noa Medical	10140000	038019	PMIO	06/01/2019	06/01/2020	12 Months
039858-2123	Bed, Electric	Noa Medical	10140000	039858	PMIO	06/01/2019	06/01/2020	12 Months
072214-2123	Bed, Electric	Noa Medical	10140006BLK	072214	PMIO	06/01/2019	06/01/2020	12 Months
072604-2123	Bed, Electric	Noa Medical	10140006BLK	072604	PMIO	06/01/2019	06/01/2020	12 Months
062773-2123	Bed, Electric	Noa Medical	10140000	062773	PMIO	06/01/2019	06/01/2020	12 Months
054883-2123	Bed, Electric	Noa Medical	10140000	064883	PMIO	06/01/2019	06/01/2020	12 Months
066699-2123	Bed, Electric	Noa Medical	10140000	066699	PMIO	06/01/2019	06/01/2020	12 Months
066934-2123	Bed, Electric	Noa Medical	10140000	066934	PMIO	06/01/2019	06/01/2020	12 Months
18D95-2123	Bed, Electric	Hill Rom	820	820-18D96	PMIO	06/01/2019	06/01/2020	12 Months
30E24-2123	Bed, Electric	Hill Rom	820	820-30E24	PMIO	06/01/2019	06/01/2020	12 Months
31E83-2123	Bed, Electric	Hill Rom	820	820-31E83	PMIO	06/01/2019	06/01/2020	12 Months
81D97-2123	Bed, Electric	Hill Rom	820	820-81D97	PMIO	06/01/2019	06/01/2020	12 Months
39K14-2123	Bed, Electric	Hill Rom	837	837-39K14-A	PMIO	06/01/2019	06/01/2020	12 Months
66885-2123	Bed, Electric	Unknown	Bed, Electric	66885	PMIO	06/01/2019	06/01/2020	12 Months

Biomed has 31 active Devices. 31 are Scheduled, 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
57913-2123	Autoclave, Table Top	Tuttnauer	1730 MKV	1010581	PMIO	06/01/2019	06/01/2020	12 Months

Central Supply has 1 active Devices. 1 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Frequ.
73504-2123	Defibrillator, AED	Zoll Medical Corp	AED Plus	X03F018394	PMIO	06/01/2019	06/01/2020	12 Months
58010-2123	Hydrocollator	Chattanooga	E-1	4529	PMIO	06/01/2019	06/01/2020	12 Months
TEMP086-2123	Monitor, SpO2	PSS World Medical	Lumcon 834	CR-4A158978	PMIO	06/01/2019	06/01/2020	12 Months
TEMP085-2123	Thermometer, Digital	Mabis	18 535 000	14CD1902099	PMIO	06/01/2019	06/01/2020	12 Months
TEMP088-2123	Thermometer, Digital	Fisher Scientific	FB 50267	130237812	PMIO	06/01/2019	06/01/2020	12 Months
58011-2123	Ultrasound Unit, PT	*** DNU Mettler Electronics Corp.	ME 706	Unknown	PMIO	06/01/2019	06/01/2020	12 Months

Clinic has 6 active Devices. 6 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Frequ.
57964-2123	EKG	Welch Allyn	CP 100	10011678	PMIO	06/01/2019	06/01/2020	12 Months
057828-2123	Monitor, Multiparameter	Welch Allyn	53NTP	JA014568	PMIO	06/01/2019	12/01/2019	6 Months
057767-2123	Monitor, SpO2	BCI International	3301	AB66070547	PMIO	06/01/2019	06/01/2020	12 Months
TEMP024-2123	Monitor, SpO2	Nomin Medical Inc	4100	501556315	PMIO	06/01/2019	06/01/2020	12 Months
TEMP025-2123	Monitor, Temperature	B Braun Medical Inc	Thermoscan	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
057771-2123	Ophthalmoscope	Welch Allyn	74710	None	PMIO	06/01/2019	06/01/2020	12 Months
057772-2123	Ophthalmoscope	Welch Allyn	74710	None	PMIO	06/01/2019	06/01/2020	12 Months
TEMP027-2123	Pump, Infusion	BD	Signature Edition 7230	12326496	PMIO	06/01/2019	06/01/2020	12 Months
057756-2123	Refrigerator, Hospital	Kenmore	564.8911720	10813691	PMIO	06/01/2019	06/01/2020	12 Months
57995-2123	Scale, Patient Electric	Rice Lake Weighing Systems	H 140 10 5	100911S201222	PMIO	06/01/2019	06/01/2020	12 Months
TEMP026-2123	Stretcher, Hydraulic	Stryker	1037	1101031396	PMIO	06/01/2019	06/01/2020	12 Months
TEMP028-2123	Stretcher, Hydraulic	Stryker	1037	1101031398	PMIO	06/01/2019	06/01/2020	12 Months
057775-2123	Thermometer, Digital	Fitac	FastTemp	G0616756	PMIO	06/01/2019	06/01/2020	12 Months
057764-2123	Ventilator, Portable	Para Care	P2D	150W5	PMIO	06/01/2019	12/01/2019	6 Months

ER has 14 active Devices. 14 are Scheduled, 0 are Not scheduled

Department Lab

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
057791-2123	Agglutination Viewer	Clay Adams	5384	0550	ELSO	06/01/2019	06/01/2020	12 Months
73548-2123	Analyzer, Abbott IMX	Abbott	I Stat DRC 300	DRC-63890	ELSO	06/01/2019	06/01/2020	12 Months
73549-2123	Analyzer, Abbott IMX	Abbott	I Stat	352797	ELSO	06/01/2019	06/01/2020	12 Months
057805-2123	Analyzer, Chemistry	Johnson & Johnson	Vitros 250	68370668	PMIO	06/01/2019	06/01/2020	12 Months
TEMP009-2123	Analyzer, Chemistry	Ortho Clinical Diagnostics	Vitros 350	27004143	PMIO	06/01/2019	06/01/2020	12 Months
057807-2123	Analyzer, Chemistry	Tosoh	ALA-360	11978103	PMIO	06/01/2019	06/01/2020	12 Months
TEMP007-2123	Analyzer, Coag	Biosite Diagnostics	Triage Meter Pro	65382	ELSO	06/01/2019	06/01/2020	12 Months
TEMP008-2123	Analyzer, Coag	Biosite Diagnostics	Triage Meter Pro	68805	ELSO	06/01/2019	06/01/2020	12 Months
73536-2123	Analyzer, Hematology	Siemens Medical Systems	Advia 560	S020111	ELSO	06/01/2019	06/01/2020	12 Months
73532-2123	Analyzer, Hematology	Siemens Medical Systems	CA 500 Series	F3053	ELSO	06/01/2019	06/01/2020	12 Months
73544-2123	Analyzer, Immunoassay	Alere Inc.	Triage MeterPro	00068805VW	ELSO	06/01/2019	06/01/2020	12 Months
73545-2123	Analyzer, Immunoassay	Alere Inc.	Triage MeterPro	00065382	ELSO	06/01/2019	06/01/2020	12 Months
73542-2123	Analyzer, Urine	Siemens Medical Systems	Clinitek Atlas	IA43023ED	ELSO	06/01/2019	06/01/2020	12 Months
TEMP10-2123	Analyzer, Urine	Siemens Medical Systems	Clinitek Status	17350111219191	ELSO	06/01/2019	06/01/2020	12 Months
057804-2123	Analyzer, Urine	Siemens Medical Systems	Clinitek Status	Unknown	ELSO	06/01/2019	06/01/2020	12 Months
57790-2123	Bath, Dry	Barnstead International, Inc.	HI 2025	Unknown	ELSO	06/01/2019	06/01/2020	12 Months
73534-2123	Cell Counter, Differential	Modulus Data Systems	IO 308	343166	ELSO	06/01/2019	06/01/2020	12 Months
TEMP016-2123	Cell Counter, Differential	Modulus Data Systems	Diffcount	343166	ELSO	06/01/2019	06/01/2020	12 Months
57961-2123	Centrifuge	Unico	C 856	L1110221	PMIO	06/01/2019	12/01/2019	6 Months
73541-2123	Centrifuge	Unico	PowerSpin LX	L1110221	PMIO	06/01/2019	12/01/2019	6 Months
057811-2123	Centrifuge	Hamilton Bell	Vanguard V6500	133401	PMIO	06/01/2019	12/01/2019	6 Months
057792-2123	Centrifuge	Clay Adams	Sero-fuge 2002	4230081	PMIO	06/01/2019	12/01/2019	6 Months
057812-2123	Centrifuge	Damen, IEC	Micro Hematocrit	08804	PMIO	06/01/2019	12/01/2019	6 Months
57990-2123	Centrifuge	Ortho Clinical Diagnostics	MTS 5150 60	04-12-S100	PMIO	06/01/2019	12/01/2019	6 Months
73533-2123	Centrifuge	Ortho Diagnostic Systems	Ortho Workstation	51000948	PMIO	06/01/2019	12/01/2019	6 Months
057809-2123	Centrifuge	Fisher Scientific	AccuSpin 400	40555819	PMIO	06/01/2019	12/01/2019	6 Months
57962-2123	Freezer, All	Cardinal Health	LF 2330 A 22	32330C4A0ZZD100A	PMIO	06/01/2019	12/01/2019	6 Months
TEMP012-2123	Freezer, All	Cardinal Health	LF 2330 A 22	Unknown	PMIO	06/01/2019	12/01/2019	6 Months
73540-2123	Freezer, Laboratory	Cardinal Health	LF 2330 A 20	0117854501110318	PMIO	06/01/2019	12/01/2019	6 Months
73537-2123	Hemoglobinometer	Siemens Medical Systems	DCA Vantage	S042594	PMIO	06/01/2019	06/01/2020	12 Months
TEMP003-2123	Hemoglobinometer	Siemens Medical Systems	DCA Vantage	6489205	PMIO	06/01/2019	06/01/2020	12 Months
73552-2123	Hood, Fume	Labconco	47703 N	26343	PMIO	06/01/2019	06/01/2020	12 Months
57989-2123	Incubator, Lab	Micro Typing Systems, Inc	MTS 9680	225-0008450	PMIO	06/01/2019	06/01/2020	12 Months
057813-2123	Incubator, Lab	Precision Scientific	31480	2A-H-I	PMIO	06/01/2019	06/01/2020	12 Months
73550-2123	Microscope, Lab	American Optical Microscope	Spencer	119358	PMIO	06/01/2019	06/01/2020	12 Months
57798-2123	Microscope, Lab	Carl Zeiss	Axiolab E	3108025765	PMIO	06/01/2019	06/01/2020	12 Months
057806-2123	Mixer, Lab	Scientific Products	K-550-G	G-20679	PMIO	06/01/2019	06/01/2020	12 Months
73547-2123	Printer, Computer	Abbott	I Stat PR 300	1204158	ELSO	06/01/2019	06/01/2020	12 Months
057795-2123	Refrigerator, Blood Bank	Fisher Scientific	F404BA18	332001137	PMIO	06/01/2019	12/01/2019	6 Months
057816-2123	Refrigerator, Lab	Fisher Scientific	I3-986245G	204N0046	PMIO	06/01/2019	12/01/2019	6 Months
73538-2123	Refrigerator, Lab	Helmer Labs	HB 105	2015724	PMIO	06/01/2019	12/01/2019	6 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
TEMP001-2123	Refrigerator/Freezer	Kenmore	253 7182211	254	PMIO	06/01/2019	06/01/2020	12 Months
TEMP018-2123	Refrigerator/Freezer	Kenmore	253 68882014	BA13027740	PMIO	06/01/2019	06/01/2020	12 Months
057799-2123	Rotator	Thermolyne	M71015	11060676292	ELSO	06/01/2019	06/01/2020	12 Months
057810-2123	Scale, Laboratory	*** DNU Denver	APX-153	A13083022	PMIO	06/01/2019	06/01/2020	12 Months
TEMP006-2123	Scale, Patient Mechanical	Unknown	RX 1	35351	PMIO	06/01/2019	06/01/2020	12 Months
057817-2123	Thermometer, Lab	Fisher Scientific	06-664-11	90709442	PMIO	06/01/2019	06/01/2020	12 Months
057802-2123	Timer, Lab	Fisher Scientific	2025051	230140205	PMIO	06/01/2019	06/01/2020	12 Months
057803-2123	Timer, Lab	Fisher Scientific	2025051	230140536	PMIO	06/01/2019	06/01/2020	12 Months
73553-2123	Timer, Lab	Fisher Scientific	06 662 51	230140281	PMIO	06/01/2019	06/01/2020	12 Months
057815-2123	Timer, Lab	Fisher Scientific	2025051	230140568	PMIO	06/01/2019	06/01/2020	12 Months
057819-2123	Timer, Lab	Fisher Scientific	2025051	51119484	PMIO	06/01/2019	06/01/2020	12 Months
057820-2123	Timer, Lab	Fisher Scientific	2025051	51119975	PMIO	06/01/2019	06/01/2020	12 Months
73535-2123	Timer, Lab	Fisher Scientific	06 662 51	51119767	PMIO	06/01/2019	06/01/2020	12 Months
73546-2123	Timer, Lab	Fisher Scientific	06 662 51	51119800	PMIO	06/01/2019	06/01/2020	12 Months

Lab has 55 active Devices. 55 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Frequ.
Department: Nursing Services								
TEMP054-2123	Bed, Electric	Hill Rom	8500	C019-AL8369	PMIO	06/01/2019	06/01/2020	12 Months
057788-2123	Bed, Electric	Joerns Healthcare Inc.	660	A9055	PMIO	06/01/2019	06/01/2020	12 Months
TEMP029-2123	Light Source, Fiberoptic	Unknown	Unknown	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
057780-2123	Monitor, Multiparameter	Welch Allyn	6200 Series	62117306	PMIO	06/01/2019	12/01/2019	6 Months
057781-2123	Monitor, SpO2	BCI International	3401	280370916	PMIO	06/01/2019	06/01/2020	12 Months
TEMP030-2123	Ophthalmoscope/Otoscope	Welch Allyn	74710	1988	PMIO	06/01/2019	06/01/2020	12 Months
057783-2123	Scale, Infant Electric	Detecto Scales	Doctors	None	PMIO	06/01/2019	06/01/2020	12 Months
057784-2123	Slit Lamp	Topcon Instruments Corp.	SL-2-ED	226032	ELSO	06/01/2019	06/01/2020	12 Months
TEMP095-2123	Stretcher, Hydraulic	Midmark Corp.	555	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
057782-2123	Thermometer, Tympanic	Welch Allyn	6014	CR2032	PMIO	06/01/2019	06/01/2020	12 Months

Nursing Services has 10 active Devices. 10 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Frequ.
Department: Physical Therapy								
TEMP083-2123	Cabinet, Warming	Steris	Unknown	212418	PMIO	06/01/2019	12/01/2019	6 Months
057867-2123	Hydrocollator	Chattanooga	M-2	50049	PMIO	06/01/2019	06/01/2020	12 Months
57956-2123	Sequential Compression Unit	Chattanooga	4333 PresSsion	46871/10	PMIO	06/01/2019	06/01/2020	12 Months
57969-2123	Sequential Compression Unit	Chattanooga	4333 PresSsion	45508/05	PMIO	06/01/2019	06/01/2020	12 Months
057887-2123	Ultrasound Unit, PT	*** DNU Mettler Electronics Corp.	716	56C1602	PMIO	06/01/2019	06/01/2020	12 Months
057886-2123	Ultrasound Unit, PT	*** DNU Mettler Electronics Corp.	730	16U9856	PMIO	06/01/2019	06/01/2020	12 Months
057868-2123	Warmer, Solution	Whitehall Mfg, Inc.	EBW-2	642	ELSO	06/01/2019	06/01/2020	12 Months
057865-2123	Whirlpool	Thermo Electric	DS-3225	0704100	PMIO	06/01/2019	06/01/2020	12 Months
057866-2123	Whirlpool	Logan	II	E856	PMIO	06/01/2019	06/01/2020	12 Months

Physical Therapy has 9 active Devices. 9 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freqn.
Department: Radiology								
057854-2123	Lamp, Hot, X-ray	Dazor	Floating	513	ELSO	06/01/2019	06/01/2020	12 Months
57992-2123	Processor, Film	Fuji	CR IR 392	26120452	ELSO	06/01/2019	06/01/2020	12 Months
TEMP022-2123	Table, Exam	GE Medical Systems	2259988	90526HL5	PMIO	06/01/2019	06/01/2020	12 Months

Radiology has 3 active Devices. 3 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
057859-2123	Ct Scanner	General Electric	LightSpect 2281173-2	308834CN4	INTO			Not Scheduled

Department: Radiology - CT has 1 active Devices. 0 are Scheduled. 1 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Freq.
Department: Skills Nursing								
TEMP055-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP056-2123	Bed, Electric	Dewert	EM 236	J12914400048	PMIO	06/01/2019	06/01/2020	12 Months
TEMP063-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP064-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP065-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP066-2123	Bed, Electric	Dewert	EM 236	ABC325306	PMIO	06/01/2019	06/01/2020	12 Months
TEMP068-2123	Bed, Electric	Dewert	EM 236	ABC460718	PMIO	06/01/2019	06/01/2020	12 Months
TEMP069-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP057-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP058-2123	Bed, Electric	Dewert	EM 236	ABC389466	PMIO	06/01/2019	06/01/2020	12 Months
TEMP059-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP060-2123	Bed, Electric	Dewert	EM 236	ABC259536	PMIO	06/01/2019	06/01/2020	12 Months
TEMP061-2123	Bed, Electric	Dewert	EM 236	H660889	PMIO	06/01/2019	06/01/2020	12 Months
TEMP062-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP070-2123	Bed, Electric	Dewert	EM 236	H7304040160	PMIO	06/01/2019	06/01/2020	12 Months
TEMP072-2123	Bed, Electric	Dewert	EM 236	Unknown	PMIO	06/01/2019	06/01/2020	12 Months
TEMP073-2123	Bed, Electric	Dewert	EM 236	H8768590191	PMIO	06/01/2019	06/01/2020	12 Months
TEMP074-2123	Bed, Electric	Dewert	EM 236	ABC353205	PMIO	06/01/2019	06/01/2020	12 Months
TEMP077-2123	Bed, Electric	Dewert	EM 236	ABC457071	PMIO	06/01/2019	06/01/2020	12 Months
TEMP067-2123	Bed, Electric	Hill Rom	820	81096	PMIO	06/01/2019	06/01/2020	12 Months
TEMP076-2123	Bed, Electric	Hill Rom	Century	I052-26A69-A	PMIO	06/01/2019	06/01/2020	12 Months
TEMP079-2123	Charger, Battery	Invacare Corp.	EN 08 11	J1CH-006	ELSO	06/01/2019	06/01/2020	12 Months
TEMP081-2123	Charger, Battery	Invacare Corp.	EN 08 11	J1CH-008	ELSO	06/01/2019	06/01/2020	12 Months
TEMP071-2123	Lift, Patient	Invacare Corp.	RPS 350 I	08C52096641	PMIO	06/01/2019	06/01/2020	12 Months
TEMP078-2123	Lift, Patient	Invacare Corp.	RPA 450 I	X3099C03	PMIO	06/01/2019	06/01/2020	12 Months
TEMP075-2123	Lift, Patient	Hoyer	Hoyer Presence	I304A088	PMIO	06/01/2019	06/01/2020	12 Months
57985-2123	Monitor, Vital Signs	Criticare Systems	506 N 3	312729698	PMIO	06/01/2019	06/01/2020	12 Months
057840-2123	Nebulizer, Ultrasonic	DeVilbiss	5610D	684376	PMIO	06/01/2019	06/01/2020	12 Months
057832-2123	Refrigerator, Hospital	Magic Chef	Unknown	Unknown	PMIO	06/01/2019	12/01/2019	6 Months
58000-2123	Scale, Patient Electric	DirectSupply	750 DS	E20713-0176	PMIO	06/01/2019	06/01/2020	12 Months
057776-2123	Thermometer, Digital	Filac	FastTemp	G0615740	PMIO	06/01/2019	06/01/2020	12 Months
TEMP053	Thermometer, Digital	Filac	FastTemp	G0915430	PMIO	06/01/2019	06/01/2020	12 Months

Skills Nursing has 32 active Devices. 32 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	Last PM D	Next PM D	PM Frequ.
Page 13 of 13								
Department: Ultrasound								
TEMP084-2123	Doppler	Summit Doppler	Vista ABI	VA006046	PMIO	06/01/2019	06/01/2020	12 Months
73539-2123	Monitor, Temperature	Helmert Labs	DTPM100-1B	D30498	PMIO	06/01/2019	06/01/2020	12 Months
057847-2123	Warmer, Solution	Whitchell Mfg Inc.	EBW-2	10091	ELSO	06/01/2019	06/01/2020	12 Months

Ultrasound has 3 active Devices. 3 are Scheduled. 0 are Not scheduled

Southern Inyo Hospital has 196 active Devices. 195 are Scheduled. 1 are Not scheduled



5000 Meridian Boulevard
 Ste 200
 Franklin, TN 37067
 Phone: 866-542-7253
 Fax: 866-822-3563
 insidesales@mmodal.com

QUOTE

Quote #	0000041326
Document Date	4/19/2019
Document Total	\$2,308.00
Date Time Printed	04/19/2019 02:13 PM

Bill To:

SOUTHERN INYO HOSPITAL PO BOX 1009 LONE PINE, CA 93545 Phone: 760-876-2260 ext: CATH

Ship To:

SOUTHERN INYO HOSPITAL PO BOX 1009 LONE PINE, CA 93545
--

Contact Info: ACCOUNTS PAYABLE

Contract Terms: GMA/SMA

Validity period 5/1/2019 until 4/30/2020

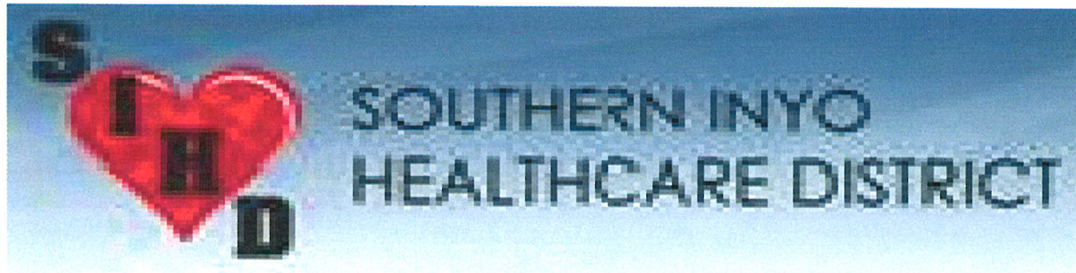
PO No.	Customer Id	Shipping Method	Payment Terms	Incoterms
	81-SOUTINYHOSPI	UPS GND	NET 30	FOB Origin
Quantity	Part No.	DESCRIPTION	Unit Price	Extended Price
1	426-1039	DTX DOCQVOICE SERVER Serial Number: MED1111F00123	237.05	237.05
1	426-3078	DIALOGICS 4 PORT D41JCTLSEW (P)	280.95	280.95
1	426-1206	DOCQVOICE LITE 2MT SOFTWARE PA	1,790.00	1,790.00

Billing Period Year

Subtotal	\$2,308.00
Misc	\$0.00
Tax	\$0.00
Shipping/Handling	\$0.00
Further Discount	\$0.00
Period Total	\$2,308.00
Grand Total	\$2,308.00

Customer's Signature

Quote is valid for 60 days from the document date.



Unaudited Financial Statements

for

Ten Months Ended April 30, 2019

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

**Chester Beedle
Chief Financial Officer**

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LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

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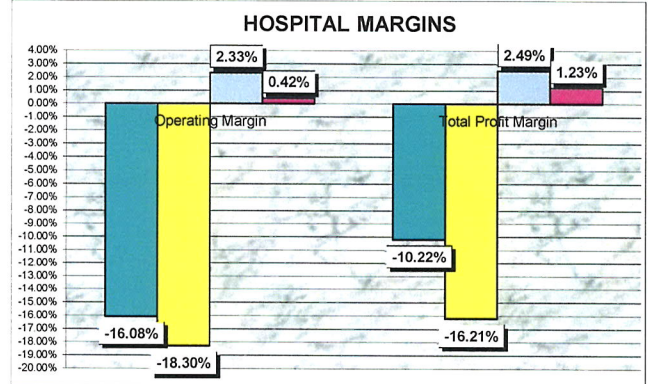
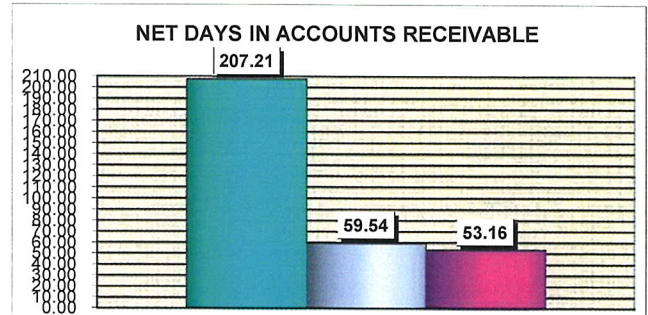
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SOUTHERN INYO HEALTHCARE DISTRICT

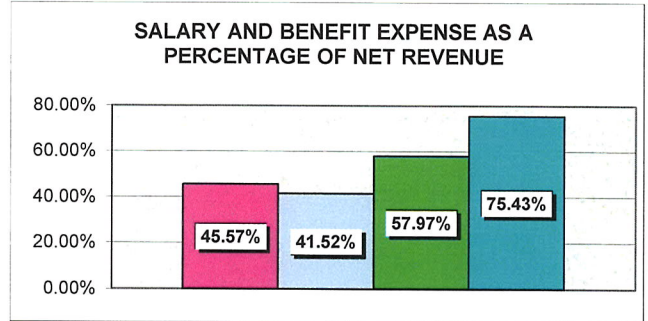
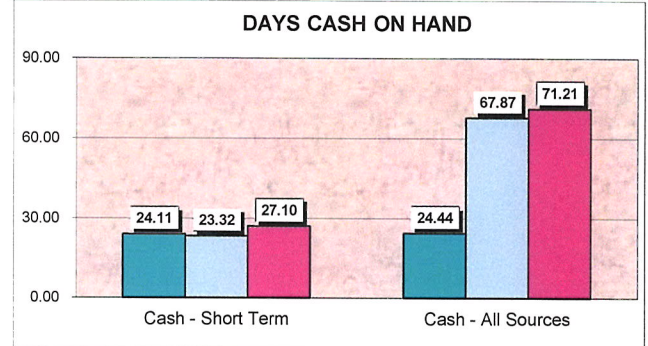
EXECUTIVE FINANCIAL SUMMARY

Ten Months Ended April 30, 2019

BALANCE SHEET		
	4/30/2019	6/30/2018
ASSETS		
Current Assets	\$5,738,719	\$2,540,681
Assets Whose Use is Limited	9,467	8,613
Property, Plant and Equipment (Net)	1,175,648	1,189,917
Other Assets	0	0
Total Unrestricted Assets	6,923,833	3,739,211
Restricted Assets	0	0
Total Assets	\$6,923,833	\$3,739,211
LIABILITIES AND NET ASSETS		
Current Liabilities	\$5,732,669	\$8,354,180
Long-Term Debt	14,209	0
Other Long-Term Liabilities	600,622	0
Total Liabilities	6,347,500	8,354,180
Net Assets	571,974	(4,614,969)
Total Liabilities and Net Assets	\$6,919,474	\$3,739,211



STATEMENT OF REVENUE AND EXPENSES - YTD		
	ACTUAL	BUDGET
Revenue:		
Gross Patient Revenues	\$9,187,685	\$7,192,000
Deductions From Revenue	(2,843,235)	(1,982,115)
Net Patient Revenues	6,344,450	5,209,885
Other Operating Revenue	262,470	282,181
Total Operating Revenues	6,606,920	5,492,066
Expenses:		
Salaries, Benefits & Contract Labor	4,983,507	4,811,905
Purchased Services & Physician Fees	1,034,590	623,729
Supply Expenses	320,043	291,155
Other Operating Expenses	1,272,952	648,314
Bad Debt Expense	0	0
Depreciation & Interest Expense	58,304	121,797
Total Expenses	7,669,395	6,496,900
NET OPERATING SURPLUS	(1,062,475)	(1,004,834)
Non-Operating Revenue/(Expenses)	387,471	114,379
TOTAL NET SURPLUS	(\$675,004)	(\$890,455)



KEY STATISTICS AND RATIOS - YTD		
	ACTUAL	BUDGET
Total Acute Patient Days	131	56
Average Acute Length of Stay	2.7	2.0
Total Emergency Room Visits	1,225	1,407
Outpatient Visits	3,267	2,295
Total Surgeries	0	0
Total Worked FTE's	102.61	97.20
Total Paid FTE's	104.68	108.09
Productivity Index	0.9473	1.0000
EBITDA - YTD	-200.00%	-18.79%
Current Ratio	1.00	
Days Expense in Accounts Payable	245.70	

■	SOUTHERN INYO HEALTHCARE DISTRICT	
■	Budget	04/30/19
■	California	Hospitals
■	CAH Hospitals	Rural
■	Prior Fiscal Year End	06/30/18

FINANCIAL STRENGTH INDEX - (3.66)			
Excellent -	Greater than 3.0	Good -	3.0 to 0.0
Fair -	0.0 to (2.0)	Poor -	Less than (2.0)

Balance Sheet - Assets

SOUTHERN INYO HEALTHCARE DISTRICT

PAGE 3

LONE PINE, CALIFORNIA

Ten Months Ended April 30, 2019

	Current Month 4/30/2019	Prior Month 3/31/2019	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2018
Current Assets					
Cash and Cash Equivalents	\$603,599	\$639,159	(\$35,560)	-5.56%	\$346,635
Gross Patient Accounts Receivable	8,813,422	8,841,426	(28,004)	-0.32%	6,944,937
Less: Bad Debt and Allowance Reserves	(3,789,771)	(3,801,813)	12,042	0.32%	(5,744,764)
Net Patient Accounts Receivable	5,023,650	5,039,613	(15,963)	-0.32%	1,200,173
Interest Receivable	0	0	0	0.00%	0
Other Receivables	84	0	84	0.00%	688,912
Inventories	103,886	98,339	5,547	5.64%	64,198
Prepaid Expenses	7,500	7,500	0	0.00%	88,409
Due From Third Party Payers	0	0	0	0.00%	152,354
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	5,738,719	5,784,611	(45,892)	-0.79%	2,540,681
Assets Whose Use is Limited					
Cash	8,281	8,288	(6)	-0.08%	8,613
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds	0	0	0	0.00%	0
Funded Depreciation	0	0	0	0.00%	0
Board Designated Funds	0	0	0	0.00%	0
Other Limited Use Assets	1,185	6,450	(5,265)	-81.62%	0
Total Limited Use Assets	9,467	14,738	(5,271)	-35.77%	8,613
Property, Plant, and Equipment					
Land and Land Improvements	693,510	693,510	0	0.00%	693,510
Building and Building Improvements	2,587,666	2,587,666	0	0.00%	2,587,666
Equipment	3,041,639	3,041,639	0	0.00%	2,966,485
Construction In Progress	114,120	0	114,120	0.00%	0
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	6,436,936	6,322,815	114,120	1.80%	6,247,661
Less: Accumulated Depreciation	(5,261,288)	(5,260,730)	(558)	-0.01%	(5,057,744)
Net Property, Plant, and Equipment	1,175,648	1,062,085	113,562	10.69%	1,189,917
Other Assets					
Unamortized Loan Costs	0	0	0	0.00%	0
Assets Held for Future Use	0	0	0	0.00%	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0.00%	0
Other	0	0	0	0.00%	0
Total Other Assets	0	0	0	0.00%	0
TOTAL UNRESTRICTED ASSETS	6,923,833	6,861,434	62,400	0.91%	3,739,211
Restricted Assets	0	0	0	0.00%	0
TOTAL ASSETS	\$6,923,833	\$6,861,434	\$62,400	0.91%	\$3,739,211

Balance Sheet - Liabilities and Net Assets
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2018
	Current Month 4/30/2019	Prior Month 3/31/2019	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$4,514,569	\$4,569,547	\$54,978	1.20%	\$8,163,834
Notes and Loans Payable	25,870	775,093	749,223	96.66%	0
Accrued Payroll	104,291	104,291	0	0.00%	190,346
Accrued Payroll Taxes	45,983	45,983	0	0.00%	0
Accrued Benefits	34,105	190,697	156,592	82.12%	0
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	2,997	43,168	40,171	93.06%	0
Patient Refunds Payable	2,287	2,287	0	0.02%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	421,531	154,029	(267,502)	-173.67%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	0.00%	0
Current Portion of LTD (Leases)	3,607	3,640	33	0.91%	0
Other Current Liabilities	577,430	202,292	(375,138)	-185.44%	0
Total Current Liabilities	5,732,669	6,091,027	358,357	5.88%	8,354,180
Long Term Debt					
Bonds/Mortgages Payable	0	0	0	0.00%	0
Leases/Notes Payable	17,816	20,900	3,084	14.76%	0
Less: Current Portion Of Long Term Debt	3,607	3,640	33	0.91%	0
Total Long Term Debt (Net of Current)	14,209	17,260	3,051	17.68%	0
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	600,622	576,265	(24,357)	-4.23%	0
Total Other Long Term Liabilities	600,622	576,265	(24,357)	-4.23%	0
TOTAL LIABILITIES	6,347,500	6,684,552	337,052	5.04%	8,354,180
Net Assets:					
Unrestricted Fund Balance	1,246,978	1,067,337	(179,641)	-16.83%	(4,311,834)
Inter-Departmental Transfer (DSH)	0	0	0	0.00%	0
Restricted Fund Balance	0	0	0	0.00%	0
Net Revenue/(Expenses)	(675,004)	(890,455)	(215,452)	24.20%	(303,135)
TOTAL NET ASSETS	571,974	176,882	(395,092)	-223.37%	(4,614,969)
TOTAL LIABILITIES AND NET ASSETS	\$6,919,474	\$6,861,433	(\$58,041)	-0.85%	\$3,739,211

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

	CURRENT MONTH				Prior Year 04/30/18
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$36,939	\$19,800	\$17,139	86.56%	\$18,505
Clinic Revenue	70,205	22,462	47,743	212.55%	20,993
Outpatient Revenue	611,829	239,460	372,369	155.50%	223,794
Long Term Care Revenue	363,234	223,352	139,882	62.63%	208,740
Other	0	714	(714)	-100.00%	667
Total Gross Patient Revenue	<u>1,082,207</u>	<u>505,788</u>	<u>576,419</u>	<u>113.96%</u>	<u>472,699</u>
Deductions From Revenue					
Discounts and Allowances	(303,018)	(128,774)	(174,244)	-135.31%	(120,300)
Bad Debt Expense (Governmental Providers Only)	(32,466)	(10,116)	(22,350)	-220.95%	(14,181)
	0	0	0	0.00%	0
Charity Care	(7,500)	(506)	(6,994)	-1382.83%	(4,727)
Total Deductions From Revenue	<u>(342,984)</u>	<u>(139,395)</u>	<u>(203,589)</u>	<u>-146.05%</u>	<u>(139,208)</u>
Net Patient Revenue	<u>739,223</u>	<u>366,393</u>	<u>372,830</u>	<u>101.76%</u>	<u>333,492</u>
Deduction % of Gross Revenue	-31.7%	-27.6%			-29.4%
Other Operating Revenue	6,487	31,982	(25,494)	-79.72%	30,900
Total Operating Revenue	<u>745,710</u>	<u>398,374</u>	<u>347,336</u>	<u>87.19%</u>	<u>364,392</u>
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	517,285	526,596	(9,311)	132.2%	506,342
Fringe Benefits	129,321	131,649	(2,328)	33.0%	126,586
Contract Labor	30,875	11,568	19,307	2.9%	11,123
Physicians Fees	143,591	45,036	98,555	11.3%	43,304
Purchased Services	6,382	714	5,668	0.2%	687
Supply Expense	23,737	26,318	(2,581)	6.6%	25,551
Utilities	16,626	8,445	8,182	2.1%	8,043
Repairs and Maintenance	3,064	4,160	(1,097)	1.0%	4,000
Insurance Expense	17,316	9,380	7,936	2.4%	8,933
All Other Operating Expenses	57,293	22,014	35,279	5.5%	21,270
Bad Debt Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Leases and Rentals	4,600	4,210	390	1.1%	4,210
Depreciation and Amortization	279	13,533	(13,254)	3.4%	13,533
Interest Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Total Operating Expenses	<u>950,370</u>	<u>803,623</u>	<u>146,747</u>	<u>201.7%</u>	<u>773,582</u>
Net Operating Surplus/(Loss)	(204,660)	(405,249)	200,589	-49.50%	(409,190)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	55,070	23,536	31,534	133.98%	23,863
Interest Expense (Governmental Providers Only)	(21,624)	(41,982)	(20,357)	48.49%	(5,007)
Other Non-Operating Revenue/(Expenses)	9,048	5,426	3,622	66.74%	14,226
Total Non Operating Revenue/(Expense)	<u>42,494</u>	<u>(13,020)</u>	<u>55,513</u>	<u>-426.39%</u>	<u>33,082</u>
Total Net Surplus/(Loss)	(\$162,166)	(\$418,268)	\$256,102	-61.23%	(\$376,108)
Operating Margin	-27.44%	-101.73%			-112.29%
Total Profit Margin	-21.75%	-104.99%			-103.22%
EBITDA	-30.31%	-108.87%			-109.95%
Cash Flow Margin	-18.81%	-91.06%			-98.13%

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

	YEAR-TO-DATE				
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/18
Gross Patient Revenue					
Inpatient Revenue	\$667,320	\$276,094	\$391,226	141.70%	\$394,879
Clinic Revenue	516,240	317,673	198,567	62.51%	301,121
Outpatient Revenue	4,449,100	3,396,524	1,052,576	30.99%	3,207,641
Long Term Care Revenue	3,548,945	3,176,058	372,887	11.74%	2,997,010
Other	6,081	25,652	(19,572)	-76.30%	20,929
Total Gross Patient Revenue	<u>9,187,685</u>	<u>7,192,000</u>	<u>1,995,685</u>	<u>27.75%</u>	<u>6,921,580</u>
Deductions From Revenue					
Discounts and Allowances	(2,550,865)	(1,831,083)	(719,782)	-39.31%	(1,761,920)
Bad Debt Expense (Governmental Providers Only)	(247,370)	(143,840)	(103,530)	-71.98%	(179,807)
Charity Care	(45,000)	(7,192)	(37,808)	-525.70%	(59,936)
Total Deductions From Revenue	<u>(2,843,235)</u>	<u>(1,982,115)</u>	<u>(861,120)</u>	<u>-43.44%</u>	<u>(2,001,663)</u>
Deductions as % of Gross Revenue	-30.9%	-27.6%			-28.9%
Net Patient Revenue	<u>6,344,450</u>	<u>5,209,885</u>	<u>1,134,565</u>	<u>21.78%</u>	<u>4,919,917</u>
Other Operating Revenue	262,470	282,181	(19,711)	-6.99%	240,992
Total Operating Revenue	<u>6,606,920</u>	<u>5,492,066</u>	<u>1,114,854</u>	<u>20.30%</u>	<u>5,160,909</u>
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	3,629,431	3,666,705	37,274	66.8%	3,525,678
Fringe Benefits	907,358	916,676	9,318	16.7%	881,419
Contract Labor	446,718	228,524	(218,194)	4.2%	219,735
Physicians Fees	915,724	604,233	(311,491)	11.0%	580,994
Purchased Services	118,866	19,496	(99,370)	0.4%	18,746
Supply Expense	320,043	291,155	(28,888)	5.3%	282,674
Utilities	144,646	94,998	(49,647)	1.7%	90,475
Repairs and Maintenance	60,343	61,364	1,021	1.1%	59,004
Insurance Expense	152,648	113,903	(38,745)	2.1%	108,479
All Other Operating Expenses	828,277	314,835	(513,442)	5.7%	304,189
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Leases and Rentals	87,038	63,213	(23,824)	1.2%	63,213
Depreciation and Amortization	58,304	121,797	63,494	2.2%	121,797
Interest Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Total Operating Expenses	<u>7,669,395</u>	<u>6,496,900</u>	<u>(1,172,495)</u>	<u>118.3%</u>	<u>6,256,403</u>
Net Operating Surplus/(Loss)	(1,062,475)	(1,004,834)	(57,641)	5.74%	(1,095,494)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	500,657	211,365	289,292	136.87%	214,765
Interest Expense (Governmental Providers Only)	(194,618)	(148,765)	(45,853)	30.82%	(45,813)
Other Non-Operating Revenue/(Expenses)	81,432	51,779	29,653	57.27%	85,228
Total Non Operating Revenue/(Expense)	<u>387,471</u>	<u>114,379</u>	<u>273,092</u>	<u>238.76%</u>	<u>254,180</u>
Total Net Surplus/(Loss)	(\$675,004)	(\$890,455)	\$215,452	-24.20%	(\$841,314)
Operating Margin	-16.08%	-18.30%			-21.23%
Total Profit Margin	-10.22%	-16.21%			-16.30%
EBITDA	-18.14%	-18.79%			-19.75%
Cash Flow Margin	-6.39%	-11.29%			-13.05%

Statement of Revenue and Expense - 13 Month Trend

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

	Actual 6/30/2018	Actual 7/31/2018	Actual 8/31/2018	Actual 9/30/2018	Actual 10/31/2018
Gross Patient Revenue					
Inpatient Revenue	\$155,738	\$144,006	\$126,525	\$56,063	\$58,832
Clinic Revenue	59,053	38,668	41,384	69,875	107,871
Outpatient Revenue	547,017	489,492	502,826	473,329	401,154
Long Term Care Revenue	408,805	331,035	418,027	361,149	458,729
Other	0	6,081	0	0	0
Total Gross Patient Revenue	1,170,613	1,009,282	1,088,762	960,416	1,026,586
Deductions From Revenue					
Discounts and Allowances	(327,772)	(260,912)	(304,854)	(268,916)	(287,444)
Bad Debt Expense (Governmental Providers Only)	(39,185)	(2,019)	(32,663)	(28,812)	(30,798)
Prior Year Settlements	0	0	0	0	0
Charity Care	(14,427)	24,851	(10,088)	(9,604)	(7,500)
Total Deductions From Revenue	(381,384)	(238,080)	(347,605)	(307,333)	(325,742)
Net Patient Revenue	789,229	771,202	741,157	653,083	700,844
Other Operating Revenue	0	192,504	25,000	850	0
Total Operating Revenue	789,229	963,706	766,157	653,933	700,844
Operating Expenses					
Salaries and Wages	247,247	362,000	326,589	382,500	395,250
Fringe Benefits	55,573	90,500	81,647	95,625	98,813
Contract Labor	31,728	33,097	2,253	24,767	45,502
Physicians Fees	116,425	103,963	107,799	78,567	110,089
Purchased Services	19,703	18,169	24,891	17,734	19,290
Supply Expense	16,131	8,329	14,092	57,110	63,047
Utilities	20,856	4,305	14,183	22,639	15,226
Repairs and Maintenance	5,636	7,262	1,132	3,745	17,610
Insurance Expense	12,507	18,257	18,167	9,097	17,316
All Other Operating Expenses	185,242	311,507	161,149	60,245	20,990
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0
Leases and Rentals	4,650	8,333	17,175	9,922	19,837
Depreciation and Amortization	53,401	27,673	27,673	781	781
Interest Expense (Non-Governmental Providers)	0	0	0	0	0
Total Operating Expenses	769,099	993,395	796,750	762,732	823,751
Net Operating Surplus/(Loss)	20,131	(29,689)	(30,593)	(108,799)	(122,907)
Non-Operating Revenue:					
Contributions	\$0	0	0	0	0
Investment Income	0	0	0	0	0
Income Derived from Property Taxes	56,327	56,327	56,327	56,327	56,327
Interest Expense (Governmental Providers Only)	(5,382)	(5,382)	(5,382)	(5,382)	(5,382)
Other Non-Operating Revenue/(Expenses)	0	9,049	9,048	9,048	9,048
Total Non Operating Revenue/(Expense)	\$50,945	\$59,994	\$59,993	\$59,993	\$59,993
Total Net Surplus/(Loss)	\$71,076	\$30,305	\$29,400	(\$48,806)	(\$62,914)
Operating Margin	2.55%	-3.08%	-3.99%	-16.64%	-17.54%
Total Profit Margin	9.01%	3.14%	3.84%	-7.46%	-8.98%
EBITDA	8.63%	-0.77%	-1.08%	-17.34%	-18.19%
Cash Flow Margin	16.45%	6.57%	8.15%	-6.52%	-8.10%

Actual 11/30/2018	Actual 12/31/2018	Actual 1/31/2019	Actual 2/28/2019	Actual 3/31/2019	Actual 4/30/2019	Actual 5/31/2019	Actual 6/30/2019
\$59,417	\$81,121	\$37,974	\$60,551	\$42,830	\$36,939	\$1,098,894	\$924,063
\$50,528	50,867	50,599	41,075	65,373	70,205	1,200,065	1,222,595
486,424	473,457	585,705	539,612	497,101	611,829	4,357,690	4,096,937
\$335,371	510,328	424,064	381,661	328,580	363,234	1,920,982	1,909,800
0	0	0	0	0	0	147,454	121,680
931,740	1,115,773	1,098,342	1,022,899	933,884	1,082,207	8,725,084	8,275,075
(\$260,887)	(312,417)	(307,535)	(286,412)	(261,488)	(303,018)	(6,097,683)	(5,880,457)
(\$27,952)	(33,473)	(32,950)	(30,687)	(28,017)	(32,466)	(172,119)	(124,021)
\$0	0	0	0	0	0	0	0
(\$7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(1,601)	0
(296,339)	(353,390)	(347,985)	(324,599)	(297,005)	(342,984)	(6,271,404)	(6,004,478)
635,401	762,383	750,357	698,300	636,879	739,223	2,453,680	2,270,597
\$18,167	6,487	6,487	6,487	6,487	6,487	24,742	34,285
653,568	768,870	756,844	704,787	643,366	745,710	2,478,422	2,304,882
\$379,286	442,857	451,714	422,010	467,225	517,285	1,086,188	993,620
\$94,821	110,714	112,929	105,503	116,806	129,321	258,162	299,007
\$153,788	83,541	45,222	30,484	28,066	30,875	83,186	104,719
\$70,690	119,712	165,877	73,748	85,280	143,591	332,687	291,164
\$6,510	6,461	3,548	3,896	18,366	6,382	103,922	127,814
\$39,060	29,518	35,977	39,400	33,510	23,737	305,948	252,909
\$21,417	22,852	21,810	11,002	11,212	16,626	53,725	51,659
\$6,048	4,051	7,742	2,418	10,335	3,064	5,944	9,990
\$32,754	19,923	17,317	19,816	0	17,316	33,109	47,753
\$16,397	11,245	65,113	77,664	103,966	57,293	163,082	171,809
\$0	0	0	0	0	0	0	0
\$9,269	4,167	10,987	2,750	4,600	4,600	16,663	17,785
\$279	279	279	279	279	279	42,731	42,731
\$0	0	0	0	0	0	0	0
830,318	855,320	938,515	788,970	879,645	950,369	2,485,347	2,410,959
(176,750)	(86,450)	(181,671)	(84,183)	(236,279)	(204,659)	(6,925)	(106,077)
0	\$0	\$0	0	\$0	0	0	\$0
\$0	0	0	0	0	0	363	17,726
\$55,070	55,070	55,070	55,070	55,070	55,070	23,863	9,331
(\$5,382)	(5,382)	(5,382)	(21,624)	(21,624)	(21,624)	(49,961)	(45,935)
\$9,048	9,048	9,048	9,048	9,048	9,048	10,303	1,224
58,736	58,736	58,736	42,494	42,494	42,494	(15,432)	(17,654)
(\$118,015)	(\$27,714)	(\$122,935)	(\$41,689)	(\$193,785)	(\$162,165)	(\$22,357)	(\$123,731)
-27.04%	-11.24%	-24.00%	-11.94%	-36.73%	-27.44%	-0.28%	-4.60%
-18.06%	-3.60%	-16.24%	-5.92%	-30.12%	-21.75%	-0.90%	-5.37%
-27.82%	-11.91%	-24.68%	-14.97%	-40.04%	-30.31%	-0.57%	-4.74%
-17.19%	-2.87%	-15.50%	-2.81%	-26.72%	-18.81%	2.84%	-1.52%

Patient Statistics

SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

Current Month				Year-To-Date				
Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18	STATISTICS	Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18
Discharges								
2	3	(1)	2	Acute	48	28	20	14
0	0	0	0	Swing Beds	8	4	4	2
0	0	0	0	Psychiatric/Rehab	0	0	0	0
0	0	0	0	Respite	0	0	0	0
2	3	(1)	2	Total Adult Discharges	56	32	24	16
0	0	0	0	Newborn	0	0	0	0
2	3	(1)	2	Total Discharges	56	32	24	16
Patient Days:								
5	8	(3)	6	Acute	131	56	75	46
0	0	0	0	Swing Beds	12	0	12	0
0	0	0	0	Psychiatric/Rehab	0	0	0	0
0	0	0	0	Respite	0	0	0	0
5	8	(3)	6	Total Adult Patient Days	143	56	87	46
0	0	0	0	Newborn	0	0	0	0
5	8	(3)	6	Total Patient Days	143	56	87	46
Average Length of Stay (ALOS)								
2.5	2.7	0.2	3.0	Acute	2.7	2.0	(0.7)	3.3
N/A	N/A	N/A	N/A	Swing Bed	1.5	0.0	(1.5)	0.0
N/A	N/A	N/A	N/A	Psychiatric/Rehab	N/A	N/A	N/A	N/A
2.5	2.7	0.2	3.0	Total Adult ALOS	2.6	1.8	(0.8)	2.9
N/A	N/A	N/A	N/A	Newborn ALOS	N/A	N/A	N/A	N/A
Average Daily Census (ADC)								
0.2	0.3	(0.1)	0.2	Acute	0.4	0.2	0.2	0.2
0.0	0.0	0.0	0.0	Swing Beds	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	All Other Adult	0.0	0.0	0.0	0.0
0.2	0.3	(0.1)	0.2	Total Adult ADC	0.5	0.2	0.3	0.2
0.0	0.0	0.0	0.0	Newborn	0.0	0.0	0.0	0.0
Long Term Care:								
739	744	(5)	775	SNF/ECF Resident Days	6,916	6,795	121	6,975
4	2	2	2	SNF/ECF Resident Discharges	30	30	0	24
0	0	0	0	CBRF/Assisted Living Days	0	0	0	0
24.6	24.8	(0.2)	25.8	Average Daily Census	22.8	22.4	0.4	22.9
Emergency Room Statistics								
2	1	1	0	ER Visits - Admitted	9	6	3	0
114	145	(31)	140	ER Visits - Discharged	1,102	1,311	(209)	1,340
15	10	5	8	ER - Urgent Care Visits	114	90	24	72
131	156	(25)	148	Total ER Visits	1,225	1,407	(182)	1,412
1.53%	0.64%		0.00%	% of ER Visits Admitted	0.73%	0.43%		0.00%
100.00%	33.33%		0.00%	ER Admissions as a % of Total	17.65%	21.43%		0.00%
Outpatient Statistics:								
553	355	198	350	Total Outpatients Visits	3,267	2,295	972	2,044
0	0	0	0	Observation Bed Days	10	0	10	0
302	375	(73)	371	Clinic Visits - Primary Care	1,989	2,930	(941)	2,904
40	0	40	0	Clinic Visits - Specialty Clinics	71	0	71	0
0	0	0	0	IP Surgeries	0	0	0	0
0	0	0	0	OP Surgeries	0	0	0	0
0	0	0	0	Outpatient Scopes	0	0	0	0
0	0	0	0	Retail Pharmacy Scripts	0	0	0	0
0	0	0	0		0	0	0	0
Productivity Statistics:								
100.79	97.20	(3.59)	97.84	FTE's - Worked	102.61	97.20	(5.41)	92.41
105.58	98.60	(6.98)	104.68	FTE's - Paid	104.68	108.09	3.41	103.27
0.9160	1.2300	0.31	1.2300	Case Mix Index - Medicare	0.9456	0.8675	(0.08)	0.8675
0.8990	1.1340	0.24	1.1340	Case Mix Index - All payers	0.8091	0.8802	0.07	0.8802

Key Financial Ratios

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

Ten Months Ended April 30, 2019

	Year to Date 4/30/2019	Prior Year to Date 7/31/2017	Prior Fiscal Year End 6/30/2018	Peer California Hospitals (See Note 1)	National Rural CAH Hospitals (See Note 2)
Profitability:					
Operating Margin	-16.08%	3.42%	2.66%	2.33%	0.42%
Total Profit Margin	-10.22%	3.75%	2.37%	2.49%	1.23%
Cash Flow Margin	-9.33%	5.13%	3.91%	8.40%	5.91%
Contractual Allowance %	28.25%	48.00%	48.00%	50.62%	39.92%
Inpatient Gross Revenue as a % of Total	47.07%	36.41%	36.74%	38.85%	28.48%
Outpatient Gross Revenue as % of Total	52.93%	63.59%	63.26%	64.83%	74.43%
Average Daily Census Acute Care	0.17	0.00	0.00	5.57	3.22
Average Daily Census Swing Bed	0.00	0.00	0.00	0.37	1.52
Liquidity:					
Days of Cash on Hand, Short Term	24.11	3.64	3.20	23.32	27.10
Days Cash, All Sources	24.44	4.70	3.50	67.87	71.21
Net Days in Accounts Receivable	207.21	85.78	97.15	59.54	53.16
Average Payment Period	179.20	163.13	231.47	56.65	53.00
Current Ratio	1.00	0.69	0.66	2.31	1.12
Medicare Cost to charge ratio	59.08%	52.20%	53.20%	38.00%	47.00%
Capital Structure:					
Average Age of Plant (Annualized)	13.88	13.76	13.87	11.13	11.45
Capital Costs as a % of Total Expenses	3.22%	3.63%	3.58%	7.51%	5.30%
Long Term Debt to Equity	2.5%	-190.6%	-202.7%	53.99%	60.32%
Long Term Debt to Capitalization	2.4%	210.4%	197.3%	20.13%	29.00%
Debt Service Coverage Ratio	(2.14)	1.54	0.92	2.27	3.16
Medicare IN Patient Payer mix	39.69%	37.84%	40.22%	57.90%	73.01%
Medicare Out Patient Payer mix	34.55%	29.68%	33.46%	38.89%	37.90%
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	16.16	9.91	9.42	10.34	5.86
Total Net Revenue per FTE	\$75,780	\$37,092	\$27,279	\$117,848	\$77,243
Salary Expense per Paid FTE	\$45,278	\$54,697	\$50,287	\$59,647	\$50,845
Salary and Benefits as a % of Net Revenue	75.43%	58.21%	57.97%	41.52%	45.57%
Employee Benefits %	25.00%	24.57%	24.02%	41.29%	25.20%
Supply Expense Per Adj. Discharge - CMI Adj	\$513.03	\$499.95	\$791.51	\$2,476.27	\$1,050.00
FTE's Per Occupied Bed	9.63	4.33	4.97	5.31	5.80
YTD - Actual YTD - Actual YTD - Actual YTD - Budget					
	4/30/2019	7/31/2017	6/30/2018	4/30/2019	
Other Ratios:					
Gross Days in Accounts Receivable	250.82	671.65	679.07	60.00	
Net Revenue per Adjusted Discharge	\$8,569	\$9,042	\$9,886	\$6,589	
Operating Expenses per Adj. Discharge	\$9,947	\$14,668	\$16,703	\$7,794	

Note 1 - CHA Financial Indicators Report 2016 (U. of North Carolina)

Note 2 - Per CAH Financial Indicators Report 2016 (U. of North Carolina)

Southern Inyo Healthcare District
Operational Cash Flow Actual w/Projections
Budget FY 2020

	<i>Proj</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Proj</i>	<i>FY</i>
	<i>Jul-19</i>	<i>Aug-18</i>	<i>Sep-18</i>	<i>Oct-18</i>	<i>Nov-18</i>	<i>Dec-18</i>	<i>Jan-19</i>	<i>Feb-19</i>	<i>Mar-19</i>	<i>Apr-19</i>	<i>May-19</i>	<i>Jun-19</i>	<i>TOTAL</i>
Ave. Daily Census													
Acute Care	0.7	0.3	1.4	1.1	1.1	0.7	0.4	0.4	0.3	0.2	0.6	0.70	0.67
Swing	2.5	2.1	0.4	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	2.50	0.69
SNF	22	26	24	23.3	23.3	26.5	26.3	26.3	23.3	24.6	28.0	27.00	25.05
Beginning Balance	403,831	92,132	165,741	125,781	-14,976	-145,154	-145,710	-8,827	-296,752	-256,456	-292,711	-228,011	403,831
Cash Receipts													
Medicare	55,305	511,028	161,975	201,526	270,827	380,334	182,702	244,917	346,454	91,878	142,227	151,320	2,740,492
Medi-Cal	178,834	120,275	186,815	207,235	145,299	166,803	122,648	141,402	209,365	188,737	142,852	112,243	1,922,507
Insurance	116,252	78,020	263,633	122,590	70,506	40,380	44,151	62,342	72,049	67,077	47,861	94,121	1,078,982
Bad Debt Recovery	9,035	9,511	9,835	9,061	89,536	62,089	75,203	38,069	38,069	21,077	77,567	14,231	453,282
Credit Card Payments	3,947	10,789	19,884	18,889	14,913	6,597	3,617	8,654	54,587	15,026	0	5,121	162,025
Private Pay	18,061	15,216	31,555	16,610	30,842	61,122	55,740	31,427	60,796	25,172	29,426	36,240	412,206
Rebates & Refunds/Taxes/IGT	0	0	0	0	0	0	773,756	0	0	335,531	1,166,958	75,000	2,351,245
Miscellaneous Cash	375,887	56,395	850	10,355	73,237	7,466	42,351	51,851	56,114	24,873	60,811	31,258	791,448
Unapplied/Growth	83,201	888	0	0	0	0	0	3,456	0	0	0	55,581	143,125
Total Cash Received	840,522	802,122	674,547	586,265	695,159	724,791	1,300,168	582,116	837,433	769,371	1,667,702	575,115	10,055,310
Salaries	409,286	426,589	416,136	479,393	461,000	519,984	434,187	426,627	431,538	410,000	426,400	441,000	5,282,141
Professional Fees	96,891	88,265	93,939	102,789	125,512	147,369	128,349	121,657	73,832	72,053	102,031	99,981	1,252,669
Supplies	39,676	46,065	49,428	34,143	46,762	43,859	53,897	111,859	38,426	18,696	16,146	54,200	553,156
Other/Purch Serv/Contract Labor	232,133	167,595	130,476	110,696	192,063	14,135	159,899	209,899	253,341	303,467	652,595	36,516	2,462,814
Inyo County Treas Repay/Medsphere	374,235	0	0	0	0	0	386,953	0	0	1,410	142,776	82,000	987,374
IGT Matching	0	0	24,527	0	0	0	0	0	0	0	0	0	24,527
TOTAL EXPENSE	1,152,220	728,514	714,507	727,022	825,337	725,347	1,163,285	870,042	797,137	805,626	1,353,002	713,697	10,562,681
Return of Medicare/Cal Overpmt.	0	0	0	0	0	0	0	0	0	0	0	0	0
Investment Account (LAIIF)*	0	0	0	0	0	0	0	0	0	0	250,000	0	250,000
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	1,152,220	728,514	714,507	727,022	825,337	725,347	1,163,285	870,042	797,137	805,626	1,603,002	713,697	10,812,681
				0	0	0	0	0	0	0	0	0	0
Cash Over/(Under)	92,132	165,741	125,781	(14,976)	(145,154)	(145,710)	(8,827)	(296,752)	(256,456)	(292,711)	(228,011)	(366,593)	(366,593)
Operating Reserve	0	0	0	0	0	0	0	0	0	0	0	0	0
Property Tax Fund	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613	7,613
Med Ovpmt./IGT/Grants	0	0	0	0	0	0	0	0	0	0	0	0	0
Reserve Add or Transfer	0	0	0	0	0	0	0	0	0	0	0	0	-
Net Cash Balance	<u>99,745</u>	<u>173,354</u>	<u>133,394</u>	<u>(7,363)</u>	<u>(137,541)</u>	<u>(138,097)</u>	<u>(1,214)</u>	<u>(289,139)</u>	<u>(248,843)</u>	<u>(285,098)</u>	<u>(220,397)</u>	<u>(358,980)</u>	<u>(358,980)</u>

SOUTHERN INYO HEALTHCARE DISTRICT
INCOME STATEMENT
BUDGET FY 2020

APPROVED FINANCE
 BOARD

ALL PATIENT DAYS	13,681	12,437	7,963
ED VISITS	1,291	1,173	992
OUTPT & CLINIC VISITS	6,949	6,317	6,627
ADJUSTED PT DAYS	29,369	26,699	16,591
	2020	2019(MAR)	2019
Patient Revenue/Expense	BUDGET	ANNUALIZED	BUDGET
In Patient Revenue	915,919	832,653	339,036
Long Term Care Revenue	4,723,202	4,293,820	3,906,623
Out Patient Revenue	967,166	903,893	992,493
ED Revenue	4,810,900	4,373,545	3,184,420
Clinic Revenue	661,272	601,156	423,721
Total Patient Revenue	12,078,458	11,005,068	8,846,293
Deductions From Revenue			
Contractual	-3,467,491	(3,052,504)	(2,252,267)
Bad Debts	-332,233	(292,472)	(176,925)
Charity	-56,797	(50,000)	(8,847)
Total Deductions From Revenue	-3,856,522	-3,394,976	-2,438,039
% Of Total Deductions to Revenue	-31.93%	-30.85%	-27.56%
Net Patient Revenue	8,221,936	7,610,092	6,408,254
Other Operating Revenue	353,257	341,311	193,574
Net Revenue	8,575,192	7,951,403	6,601,828
Operating Expenses			
1 Salaries & Wages	4,384,926	4,216,275	4,220,675
3 Benefits	1,439,571	1,054,068	1,055,168
4 Contracted Labor	580,531	558,203	287,653
5 Professional Fees	1,151,549	1,107,259	739,285
6 Purchase Service	139,360	134,000	24,941
7 Supplies	393,505	382,044	349,428
10 Utilities	186,808	177,912	114,221
11 Repairs and Maintenance	69,343	66,676	75,688
12 Insurance / Taxes	211,672	203,531	138,049
13 Other Expenses	996,720	965,748	387,344
15 Rents / Leases	114,314	109,917	78,081
16 Depreciation	80,461	77,367	144,352
Short Term Interest	0	0	-
Total Expense	9,748,760	9,052,999	7,614,887
Net Income / Loss From Operations	(1,173,568)	(1,101,596)	(1,013,058)
18 Interest Income/Donations	0	0	0
9160 Taxes	617,881	594,116	252,531
Deferred Income From GO Bond Taxes	0	0	0
17 Interest	-230,659	(230,659)	-146,109
9290/9550 Donations/Foundation	0	0	0
Other	100,372	96,512	62,285
Total Non Operating	487,594	459,969	168,707
Net Profit / Loss	(685,973)	(641,627)	(844,352)
Other Expense Detail			
Legal Fees	84,460	82,000	34,287
Consulting	302,165	293,364	131,000
Other Professional Fees	173,040	168,000	113,787
Minor Equipment	11,605	11,267	13,057

SOUTHERN INYO HEALTHCARE DISTRICT

**INCOME STATEMENT
BUDGET FY 2020**

APPROVED FINANCE
BOARD

ALL PATIENT DAYS	13,681	12,437	7,963
ED VISITS	1,291	1,173	992
OUTPT & CLINIC VISITS	6,949	6,317	6,627
ADJUSTED PT DAYS	29,369	26,699	16,591
	2020	2019(MAR)	2019
Patient Revenue/Expense	BUDGET	ANNUALIZED	BUDGET
Freight	3,297	3,201	-28
Licenses & Taxes	100,906	97,967	22,028
Dues/Subscriptions	12,039	11,688	9,039
Outside Training	17,853	17,333	8,499
Travel	15,729	15,271	9,953
Recruiting	19,227	18,667	3,903
Other Direct Expenses	5,886	5,715	491
IT Licenses & Software	219,846	211,500	2,804
Advertising /Marketing	1,880	1,825	495
Software Purchase	9,593	9,313	32,779
Security	2,699	2,620	1,415
Postage	16,498	16,017	3,837
Total Other Expenses	996,721	965,748	387,344