IR-8D INPATIENT STATISTICAL REPORT
ALL PENDING AND KNOWN CATEGORIES
FINANCIAL CLASS SUMMARY
HOSP: KING/DREW MEDICAL CENTER
STATMASTER: APR06
MAY 2005 THROUGH MAY 2005

RUN DATE: 06/15/06

FC	DESC	ADMITS	DISCHS	DOS	CHARGES
AE	MOLINA-CAP-ADULTED	1	1	1	$9,202.00
01	MEDICARE	118	101	601	$6,501,664.00
02	MEDI-CAL	387	340	2,273	$25,646,874.00
03	MENTAL HEALTH	4	9	42	$74,550.00
04	SELF PAY/CHARITY CARE	152	142	861	$9,368,286.00
10	MCAL FLD OFFICE DENIED DA	0	6	18	$192,276.00
12	MEDI-CAL RTN CARE ADMIN D	0	6	97	$795,594.00
17	O/P REDUCED-COST SIMP APP	1	1	1	$9,202.00
18	MENTAL HEALTH/MEDI-CAL	11	12	320	$568,000.00
22	SECTION 1011-ELIGIBLE	4	2	8	$70,616.00
23	CHP-MEDI-CAL-HOSP SITE	3	3	10	$83,468.00
24	CHP-MEDI-CAL-CLUSTER SITE	4	4	11	$96,240.00
25	CHP-MEDI-CAL-NON-CLUSTER	1	1	4	$32,808.00
31	COMERCIAL INSURANCE	10	8	56	$489,466.00
39	CHP-INSURANCE-OTHER	2	2	12	$144,064.00
50	ATP-CHARITY CARE-W/O LIAB	108	122	487	$4,385,838.00
51	ATP-CHARITY CARE-W LIABIL	16	16	57	$539,744.00
52	ATP-CHARITY CARE-GEN RELI	65	69	252	$2,438,670.00
58	CHILD HLTH DIS PROG/MEDI-	2	2	10	$131,942.00
61	HMO MEDI-CAL CONTRACT (PH	86	81	306	$3,082,881.00
65	HMO MEDICARE CONTRACT (HM	15	14	48	$643,884.00

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FC	DESC	ADMITS	DISCHS	DOS	CHARGES
73	BLUE CROSS/BLUE SHIELD	1	1	4	$36,808.00
*TOTAL HOSPITAL BF		991	943	5,479	$55,342,077.00

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FC	DESC	VISITS	CHARGES
AE	MOLINA-CAP-ADULTED	1	$3,900.00
AK	MOLINA-FEE FOR SERVICE	9	$5,150.00
BC	UNI CARE-CAP-FAMILY	1	$700.00
BD	UNI CARE-CAP-CHILD	2	$500.00
BE	UNI CARE-CAP-ADULT	1	$1,200.00
BK	UNI CARE-FEE FOR SERVICE	1	$700.00
CA		1	$1,900.00
01	MEDICARE	882	$1,014,333.39
02	MEDI-CAL	4,556	$3,774,510.00
03	MENTAL HEALTH	197	$1,124,778.54
04	SELF PAY/CHARITY CARE	2,537	$2,041,778.10
06	OTHR CNTY CST-NON-BILL	43	$34,850.00
07	MCARE EXHST PRT B/MEDI-CA	6	$28,182.74
13	NON COUNTY PROGRAMS	62	$26,550.00
15	PREPAYMENT PLAN	242	$212,358.11
17	O/P REDUCED-COST SIMP APP	4,097	$3,570,430.00
18	MENTAL HEALTH/MEDI-CAL	126	$468,653.69
23	CHP-MEDI-CAL-HOSP SITE	123	$100,700.00
24	CHP-MEDI-CAL-CLUSTER SITE	45	$37,475.00
25	CHP-MEDI-CAL-NON-CLUSTER	11	$875.00
29	CHP-HEALTHY FAMILIES-CAP	41	$28,975.00

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FC	DESC	VISITS	CHARGES
31	COMERCIAL INSURANCE	62	$51,725.00
35	CALIFORNIA CHILDREN SERVI	45	$43,925.00
38	CHILD HEALTH DISABILITY P	6	$3,150.00
39	CHP-INSURANCE-OTHER	177	$210,250.00
41	WORKERS COMPENSATION	2	$1,200.00
48	PRENATAL-OUTPATIENT	3	$3,600.00
50	ATP-CHARITY CARE-W/O LIAB	134	$144,800.00
51	ATP-CHARITY CARE-W LIABIL	4	$4,260.00
52	ATP-CHARITY CARE-GEN RELI	1,236	$997,239.73
56	MEDI-CAL FAMILY PLANNING	42	$11,600.00
57	CHILD HEALTH DISABILITY P	46	$26,075.00
58	CHILD HLTH DIS PROG/MEDI-	84	$72,700.00
61	HMO MEDI-CAL CONTRACT (PH	328	$320,976.50
65	HMO MEDICARE CONTRACT (HM	23	$26,650.00
66	HMO AS INSURANCE	23	$24,700.00
72	M'CAL/BLUE CROSS-FFS CONT	106	$75,650.00
73	BLUE CROSS/BLUE SHIELD	1	$650.00
80	EMERGENCY ASSISTANCE	10	$11,000.00
*TOTAL HOSPITAL BF		15,316	$14,508,650.80

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FC	DESC	ADMITS	DISCHS	DOS	CHARGES
01	MEDICARE	90	93	672	$8,116,888.00
02	MEDI-CAL	332	374	2,834	$29,397,743.00
03	MENTAL HEALTH	8	8	102	$181,050.00
04	SELF PAY/CHARITY CARE	107	97	506	$5,238,960.00
15	PREPAYMENT PLAN	1	1	2	$16,366.00
17	O/P REDUCED-COST SIMP APP	3	2	9	$75,818.00
18	MENTAL HEALTH/MEDI-CAL	13	8	173	$307,075.00
22	SECTION 1011-ELIGIBLE	1	2	2	$17,404.00
23	CHP-MEDI-CAL-HOSP SITE	2	4	17	$134,229.00
24	CHP-MEDI-CAL-CLUSTER SITE	8	9	32	$278,726.00
25	CHP-MEDI-CAL-NON-CLUSTER	7	6	23	$179,978.00
31	COMERCIAL INSURANCE	8	7	21	$256,064.00
35	CALIFORNIA CHILDREN SERVI	5	4	31	$449,686.00
39	CHP-INSURANCE-OTHER	1	1	3	$24,606.00
50	ATP-CHARITY CARE-W/O LIAB	81	84	385	$3,473,354.00
51	ATP-CHARITY CARE-W LIABIL	8	9	44	$374,888.00
52	ATP-CHARITY CARE-GEN RELI	45	49	185	$1,731,060.00
61	HMO MEDI-CAL CONTRACT (PH	73	72	279	$2,473,353.00
65	HMO MEDICARE CONTRACT (HM	11	14	114	$1,454,838.00
66	HMO AS INSURANCE	1	2	11	$205,726.00
74	LAW ENFORCEMENT	1	1	3	$24,606.00
*TOTAL HOSPITAL BF		806	847	5,448	$54,412,418.00

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FC	DESC	VISITS	CHARGES
01	MEDICARE	681	$700,222.67
02	MEDI-CAL	2,414	$2,201,454.21
03	MENTAL HEALTH	92	$389,933.24
04	SELF PAY/CHARITY CARE	2,204	$1,977,445.00
06	OTHR CNTY CST-NON-BILL	19	$17,200.00
07	MCARE EXHST PRT B/MEDI-CA	1	$2,533.28
13	NON COUNTY PROGRAMS	43	$34,700.00
15	PREPAYMENT PLAN	42	$41,925.00
17	O/P REDUCED-COST SIMP APP	3,463	$2,855,630.00
18	MENTAL HEALTH/MEDI-CAL	57	$221,820.83
23	CHP-MEDI-CAL-HOSP SITE	604	$520,325.00
24	CHP-MEDI-CAL-CLUSTER SITE	129	$123,000.00
25	CHP-MEDI-CAL-NON-CLUSTER	76	$58,150.00
29	CHP-HEALTHY FAMILIES-CAP	19	$16,050.00
31	COMERCIAL INSURANCE	5	$6,300.00
35	CALIFORNIA CHILDREN SERVI	43	$44,100.00
38	CHILD HEALTH DISABILITY P	18	$13,800.00
39	CHP-INSURANCE-OTHER	194	$240,940.00
50	ATP-CHARITY CARE-W/O LIAB	21	$30,775.00
51	ATP-CHARITY CARE-W LIABIL	1	$40.00
52	ATP-CHARITY CARE-GEN RELI	1,000	$901,115.00

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FC	DESC	VISITS	CHARGES
56	MEDI-CAL FAMILY PLANNING	13	$5,850.00
57	CHILD HEALTH DISABILITY P	85	$66,075.00
58	CHILD HLTH DIS PROG/MEDI-	105	$90,525.00
61	HMO MEDI-CAL CONTRACT (PH	65	$121,496.09
72	M'CAL/BLUE CROSS-FFS CONT	6	$5,600.00
73	BLUE CROSS/BLUE SHIELD	25	$18,590.00
80	EMERGENCY ASSISTANCE	17	$18,700.00
*TOTAL HOSPITAL BF		11,442	$10,724,295.32