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

RUN DATE: 06/15/06

FC	DESC	ADMITS	DISCHS	DOS	CHARGES
AK	MOLINA-FEE FOR SERVICE	9	8	21	$135,482.00
01	MEDICARE	51	52	227	$1,583,033.00
02	MEDI-CAL	506	412	2,382	$15,964,179.00
03	MENTAL HEALTH	9	11	68	$110,840.00
04	SELF PAY/CHARITY CARE	217	202	912	$6,381,720.00
05	SVRCS TO OTHR CNTY DEP	1	1	1	$6,915.00
07	MCARE EXHST PRT B/MEDI-CA	5	3	10	$72,012.00
10	MCAL FLD OFFICE DENIED DA	22	159	569	$3,699,677.00
12	MEDI-CAL RTN CARE ADMIN D	0	3	23	$149,076.00
15	PREPAYMENT PLAN	2	0	2	$20,212.00
17	O/P REDUCED-COST SIMP APP	0	0	0	$.00
18	MENTAL HEALTH/MEDI-CAL	2	3	86	$140,180.00
20	UNKNOWN/CHARITY CARE	61	59	150	$989,773.00
23	CHP-MEDI-CAL-HOSP SITE	32	34	123	$754,503.00
24	CHP-MEDI-CAL-CLUSTER SITE	2	2	6	$40,044.00
25	CHP-MEDI-CAL-NON-CLUSTER	4	2	8	$53,874.00
29	CHP-HEALTHY FAMILIES-CAP	5	3	8	$46,682.00
31	COMERCIAL INSURANCE	12	12	29	$111,383.00
35	CALIFORNIA CHILDREN SERVI	1	0	4	$24,768.00
39	CHP-INSURANCE-OTHER	6	7	20	$150,216.00
50	ATP-CHARITY CARE-W/O LIAB	112	102	362	$2,402,373.00

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FC	DESC	ADMITS	DISCHS	DOS	CHARGES
51	ATP-CHARITY CARE-W LIABIL	44	41	111	$752,925.00
52	ATP-CHARITY CARE-GEN RELI	26	26	74	$468,330.00
61	HMO MEDI-CAL CONTRACT (PH	4	4	5	$33,757.00
65	HMO MEDICARE CONTRACT (HM	6	9	35	$233,525.00
72	M'CAL/BLUE CROSS-FFS CONT	9	9	22	$135,028.00
73	BLUE CROSS/BLUE SHIELD	4	4	28	$222,360.00
78	MENTAL HEALTH ADMIN DAYS	37	34	533	$868,790.00
*TOTAL HOSPITAL BH		1,189	1,202	5,819	$35,551,657.00

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FC	DESC	VISITS	CHARGES
AK	MOLINA-FEE FOR SERVICE	19	$12,425.00
BK	UNI CARE-FEE FOR SERVICE	14	$10,800.00
CA		4	$4,940.00
01	MEDICARE	899	$715,585.00
02	MEDI-CAL	4,384	$2,988,245.00
03	MENTAL HEALTH	224	$696,780.00
04	SELF PAY/CHARITY CARE	2,078	$1,530,970.00
05	SVRCS TO OTHR CNTY DEP	36	$33,625.00
06	OTHR CNTY CST-NON-BILL	12	$9,270.00
07	MCARE EXHST PRT B/MEDI-CA	1	$550.00
13	NON COUNTY PROGRAMS	362	$167,575.00
15	PREPAYMENT PLAN	432	$316,650.00
17	O/P REDUCED-COST SIMP APP	6,595	$4,815,375.00
18	MENTAL HEALTH/MEDI-CAL	106	$377,250.00
20	UNKNOWN/CHARITY CARE	1	$.00
23	CHP-MEDI-CAL-HOSP SITE	726	$451,650.00
24	CHP-MEDI-CAL-CLUSTER SITE	217	$138,700.00
25	CHP-MEDI-CAL-NON-CLUSTER	52	$32,150.00
28	CHP-CONTRACT PROV-NON COU	1	$1,100.00
29	CHP-HEALTHY FAMILIES-CAP	65	$41,575.00
30	CHP-HEALTHY FAMILIES-FEE	27	$24,950.00

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FC	DESC	VISITS	CHARGES
31	COMERCIAL INSURANCE	61	$144,490.00
34	CHAMPUS	2	$7,460.00
35	CALIFORNIA CHILDREN SERVI	44	$26,850.00
39	CHP-INSURANCE-OTHER	205	$125,400.00
41	WORKERS COMPENSATION	13	$9,450.00
50	ATP-CHARITY CARE-W/O LIAB	115	$83,400.00
51	ATP-CHARITY CARE-W LIABIL	1	$550.00
52	ATP-CHARITY CARE-GEN RELI	366	$279,150.00
58	CHILD HLTH DIS PROG/MEDI-	14	$7,600.00
61	HMO MEDI-CAL CONTRACT (PH	62	$53,000.00
65	HMO MEDICARE CONTRACT (HM	5	$5,500.00
66	HMO AS INSURANCE	23	$23,285.00
72	M'CAL/BLUE CROSS-FFS CONT	52	$42,675.00
73	BLUE CROSS/BLUE SHIELD	24	$31,580.00
74	LAW ENFORCEMENT	12	$22,660.00
*TOTAL HOSPITAL BH		17,254	$13,233,215.00

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RUN DATE: 06/14/06

FC	DESC	ADMITS	DISCHS	DOS	CHARGES
AK	MOLINA-FEE FOR SERVICE	1	1	1	$6,192.00
CA		2	2	4	$27,660.00
DA	HEALTH NET-CAP SERVICES	1	1	3	$18,576.00
DB	HEALTH NET-FEE FOR SERVIC	1	1	8	$49,536.00
01	MEDICARE	63	61	330	$2,282,622.00
02	MEDI-CAL	545	581	2,972	$21,728,012.00
03	MENTAL HEALTH	21	27	310	$505,300.00
04	SELF PAY/CHARITY CARE	18	18	125	$585,085.00
06	OTHR CNTY CST-NON-BILL	1	1	6	$37,152.00
07	MCARE EXHST PRT B/MEDI-CA	8	6	35	$216,720.00
10	MCAL FLD OFFICE DENIED DA	2	7	13	$83,388.00
17	O/P REDUCED-COST SIMP APP	1	1	1	$6,192.00
18	MENTAL HEALTH/MEDI-CAL	14	3	239	$389,570.00
20	UNKNOWN/CHARITY CARE	169	139	492	$3,492,127.00
23	CHP-MEDI-CAL-HOSP SITE	27	33	102	$816,970.00
25	CHP-MEDI-CAL-NON-CLUSTER	2	2	2	$13,830.00
28	CHP-CONTRACT PROV-NON COU	3	3	30	$336,107.00
29	CHP-HEALTHY FAMILIES-CAP	1	1	1	$6,915.00
30	CHP-HEALTHY FAMILIES-FEE	1	1	2	$12,384.00
31	COMERCIAL INSURANCE	8	7	29	$153,878.00
35	CALIFORNIA CHILDREN SERVI	0	0	0	$.00

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FC	DESC	ADMITS	DISCHS	DOS	CHARGES
39	CHP-INSURANCE-OTHER	9	7	17	$125,448.00
50	ATP-CHARITY CARE-W/O LIAB	150	142	614	$4,521,342.00
51	ATP-CHARITY CARE-W LIABIL	2	2	2	$13,830.00
52	ATP-CHARITY CARE-GEN RELI	36	35	100	$597,164.00
61	HMO MEDI-CAL CONTRACT (PH	6	3	15	$85,940.00
65	HMO MEDICARE CONTRACT (HM	3	4	17	$121,110.00
72	M'CAL/BLUE CROSS-FFS CONT	10	13	63	$606,550.00
73	BLUE CROSS/BLUE SHIELD	2	2	3	$19,299.00
78	MENTAL HEALTH ADMIN DAYS	7	40	320	$521,600.00
*TOTAL HOSPITAL BH		1,114	1,144	5,856	$37,380,499.00

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FC	DESC	VISITS	CHARGES
AK	MOLINA-FEE FOR SERVICE	8	$6,950.00
CA		3	$7,000.00
DB	HEALTH NET-FEE FOR SERVIC	24	$19,575.00
01	MEDICARE	1,139	$898,265.00
02	MEDI-CAL	4,351	$3,102,985.00
03	MENTAL HEALTH	196	$612,730.00
04	SELF PAY/CHARITY CARE	2,711	$2,094,630.00
05	SVRCS TO OTHR CNTY DEP	38	$29,000.00
06	OTHR CNTY CST-NON-BILL	7	$3,850.00
07	MCARE EXHST PRT B/MEDI-CA	1	$650.00
13	NON COUNTY PROGRAMS	237	$121,700.00
15	PREPAYMENT PLAN	98	$64,300.00
17	O/P REDUCED-COST SIMP APP	7,068	$4,992,225.00
18	MENTAL HEALTH/MEDI-CAL	91	$297,890.00
20	UNKNOWN/CHARITY CARE	27	$37,900.00
23	CHP-MEDI-CAL-HOSP SITE	666	$431,850.00
24	CHP-MEDI-CAL-CLUSTER SITE	286	$176,075.00
25	CHP-MEDI-CAL-NON-CLUSTER	84	$49,725.00
28	CHP-CONTRACT PROV-NON COU	4	$2,750.00
29	CHP-HEALTHY FAMILIES-CAP	53	$29,300.00
30	CHP-HEALTHY FAMILIES-FEE	3	$2,200.00

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FC	DESC	VISITS	CHARGES
31	COMERCIAL INSURANCE	62	$161,360.00
34	CHAMPUS	1	$550.00
35	CALIFORNIA CHILDREN SERVI	68	$43,100.00
38	CHILD HEALTH DISABILITY P	1	$550.00
39	CHP-INSURANCE-OTHER	266	$192,900.00
50	ATP-CHARITY CARE-W/O LIAB	2	$1,650.00
52	ATP-CHARITY CARE-GEN RELI	386	$353,800.00
58	CHILD HLTH DIS PROG/MEDI-	16	$8,200.00
60	MEDICAID	2	$1,650.00
61	HMO MEDI-CAL CONTRACT (PH	56	$43,700.00
65	HMO MEDICARE CONTRACT (HM	14	$21,250.00
66	HMO AS INSURANCE	8	$8,645.00
72	M'CAL/BLUE CROSS-FFS CONT	90	$58,300.00
73	BLUE CROSS/BLUE SHIELD	20	$18,600.00
74	LAW ENFORCEMENT	8	$17,650.00
*TOTAL HOSPITAL BH		18,095	$13,913,455.00