

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
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	\$	\$		
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	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$10,736,303

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital

Community Benefits Structure

Hospital Mission Statement	
Hospital Vision	
Hospital Values	

Hospital Community Benefit Plan (groups to target, decision makers, goals)	
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Mission Mapping (these are not required fields)

	Yes	No
Does your mission map to your strategic planning process?		
Do you have a dedicated community benefits coordinator?		
Do you have a charitable foundation?		
Do you conduct teaching and research?		
Do you operate a Level I or Level II trauma center?		
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)		

Community Health Improvements Services

	Benefit \$
Community Health Education	\$
Community-Based Clinical Services	\$
Health Care Support Services	\$

Health Professions Education

	Benefit \$
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$
Other Health Professional Education	\$
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$
Less: Medicaid Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	
Net Uncompensated Care	\$
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	
Total Subsidized Health Services	\$

Research

	Benefit \$
Clinical Research	\$
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$
Cash Donations	\$
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

Community Building Activities

	Benefit \$
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$
Community Health Improvement Advocacy	\$
Workforce Development	\$

Community Benefit Operations

	Benefit \$
Dedicated Staff	\$
Community Health Needs/Health Assets Assessment	\$
Other Resources	\$

Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$
Other Community Benefits Subtotal	\$

Total Community Benefit

	Benefit \$

Other Community Support

	Benefit \$
Property Tax	\$20,124
Sales and Use Tax	\$
Modified Business Tax	\$
Commerce Tax	\$

Other Tax (describe)	\$
Total Other Community Support	\$20,124

Total Community Benefits & Other Community Support

	\$20,124

List and briefly explain educational classes offered

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List and briefly describe other community benefits provided to the community for which the costs cannot be captured

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Discounted Services & Reduced Charges Policy & Procedures

Charity Care Policy: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date:
Does the hospital have a policy? (Yes or No)	
Policy covers up to what % of Federal Poverty Level?	
Discounts given up to what %?	
Amount of time to make arrangements (in days or months)	
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date:
Does the hospital have a policy? (Yes or No)	
Discounts given up to what %?	

Amount of time to make arrangements? (in days or months)	
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	
Does hospital have established policy?	
Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	
Number of patient contacts before referral to collection agency	
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	
Methods of communication with patient (e.g. phone, letter, etc.)	
Number of days prior to referral to collection agency	
Is the patient notified in writing of referral to collection agency?	
Is the patient notified in writing prior to a lawsuit being begun?	
Other comments	

Chargemaster

Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	
Is the chargemaster updated at least monthly? (Yes or No)	
How is the chargemaster made available? (E.g. format, location, etc.)	