

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

COMMITTEE DAY

AGENDA

November 21, 2019
10:00 a.m.

New York State Department of Health Offices
90 Church Street
4th Floor CR 4 A/B, NYC

I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Peter Robinson, Chair

A. Applications for Construction of Health Care Facilities/Agencies

Acute Care Services – Construction

Exhibit # 1

| | <u>Number</u> | <u>Applicant/Facility</u> |
|----|----------------------|----------------------------------------------------------------------|
| 1. | 152243 C | Northern Westchester Hospital (Westchester County) |
| 2. | 162148 C | Nyack Hospital (Rockland County) |
| 3. | 162211 C | New York-Presbyterian/Hudson Valley Hospital (Westchester County) |
| 4. | 172251 C | Putnam Hospital Center (Putnam County) |
| 5. | 171415 C | Northern Dutchess Hospital (Dutchess County) |
| 6. | 191260 C | HealthAlliance Hospital Mary's Avenue Campus (Ulster County) |
| 7. | 192045 C | Samaritan Hospital (Rensselaer County) |
| 8. | 192123 C | Blythedale Childrens Hospital (Westchester County) |

Ambulatory Surgery Centers - Construction

Exhibit # 2

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|---------------------------------------------------------------|
| 1. 192051 C | Specialists' One-Day Surgery Center, LLC (Onondaga County) |

Certified Home Health Agencies - Constructruction

Exhibit # 3

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|-----------------------------------------------------|
| 1. 121223 C | Excellent Home Care Services, LLC (Kings County) |

B. Applications for Establishment and Construction of Health Care Facilities/Agencies

Certified Home Health Agencies - Establish/Construct

Exhibit # 4

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|-------------------------------------------------------------|
| 1. 191075 E | Excellent Home Care Services, LLC (Kings County) |
| 2. 191123 E | Preferred Certified, LLC (Bronx County) |
| 3. 192009 E | VNA of Staten Island (Richmond County) |
| 4. 192014 E | Always There Family Home Health Services (Ulster County) |
| 5. 192109 E | Tender Loving Care, an Amedisys Company (Nassau County) |

Acute Care Services - Establish/Construct

Exhibit # 5

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|--------------------------------------------------------------------|
| 1. 192157 E | SLHS Massena, Inc. d/b/a Massena Hospital (St. Lawrence County) |

Ambulatory Surgery Centers - Establish/Construct

Exhibit # 6

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|--------------------------------------------------------------------|
| 1. 191212 B | Atlantic SC, LLC d/b/a Atlantic Surgery Center (Suffolk County) |

- 2. 192021 B Northeast Endoscopy
(Suffolk County)
- 3.. 192069 B Crotona Parkway SC, LLC d/b/a Crotona Parkway Ambulatory
Surgery Center
(Bronx County)

Diagnostic and Treatment Center - Establish/Construct

Exhibit # 7

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|----------------------------------------------------------------------|
| 1. 191286 B | Perfect Health Medical, LLC (Kings County) |
| 2.. 192118 B | NY Med of Brooklyn (Kings County) |
| 3. 192120 B | Kerestir Health, LLD d/b/a Kerestir Health Center (Orange County) |

Residential Health Care Facilities - Establish/Construct

Exhibit # 8

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|-------------------------------------------------------|
| 1. 192013 E | Fairview Nursing Care Center, Inc. (Queens County) |

C. Home Health Agency Licensures

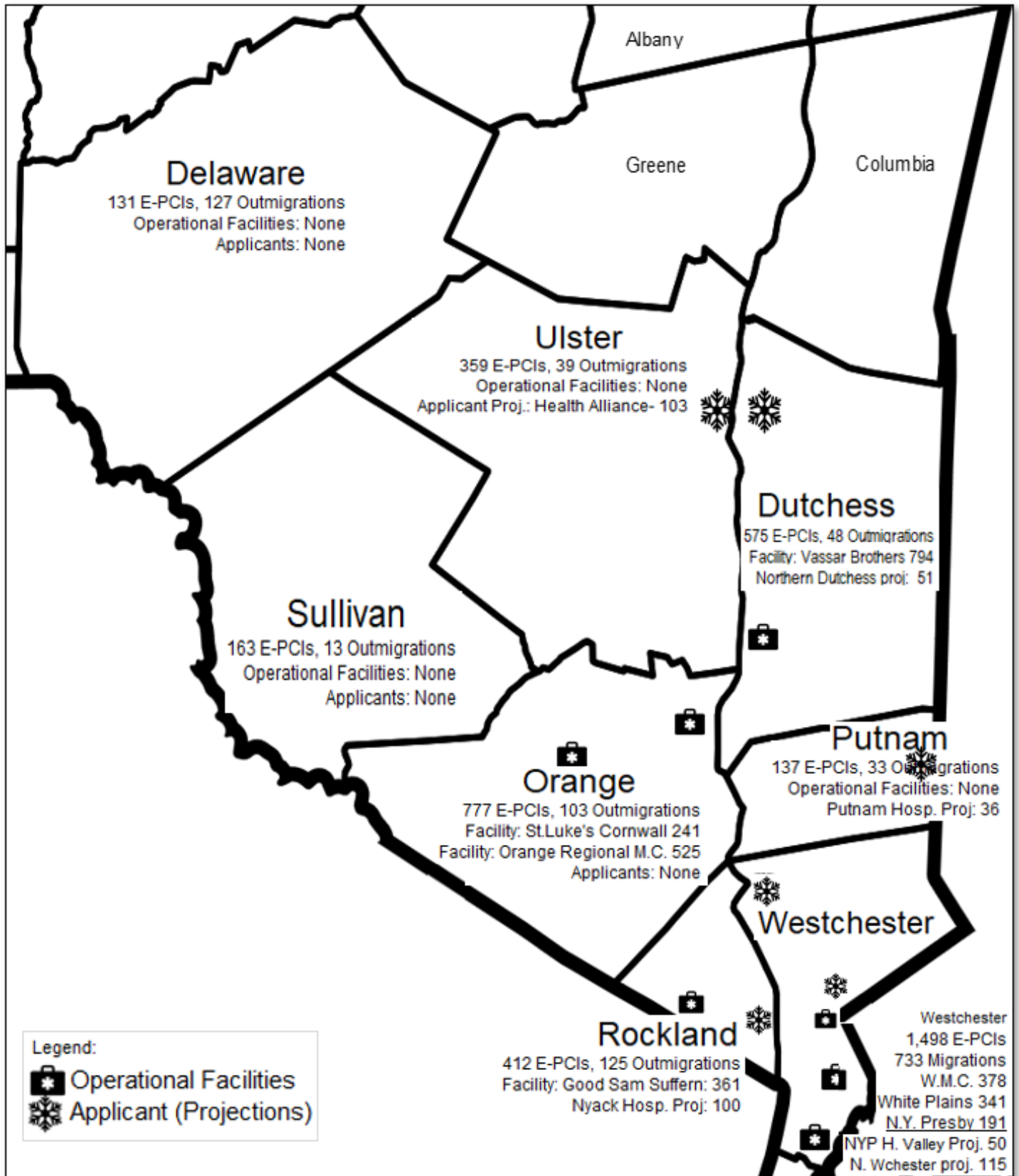
Exhibit # 9

Affiliated with Assisted Living Programs (ALPs)

| <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|----------------------------------------------------------------------------------------|
| 1 191101 E | Underwood Gardens Homecare, LLC d/b/a Underwood Manor LHCSA (Cattaraugus County) |
| 2. 192006 E | Marchand Home Care at Sharon Springs (Schoharie County) |

RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

Northwell Health, Inc.

Consolidating Statement of Operations – Northern Westchester Hospital
(In Thousands)

Year Ended December 31, 2018

| | Northern Westchester Hospital Association and Subsidiaries | Northern Westchester Hospital Association | Northern Westchester Hospital Center Foundation | Other Subsidiaries |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------|
| Operating revenue: | | | | |
| Net patient service revenue | \$ 274,010 | \$ 274,010 | \$ - | \$ - |
| Physician practice revenue | 6,382 | 6,382 | - | - |
| Total patient revenue | 280,392 | 280,392 | - | - |
| Other operating revenue | 6,538 | 5,044 | - | 1,494 |
| Net assets released from restrictions used for operations | 594 | 594 | - | - |
| Total operating revenue | 287,524 | 286,030 | - | 1,494 |
| Operating expenses: | | | | |
| Salaries | 128,658 | 128,565 | - | 93 |
| Employee benefits | 34,436 | 34,436 | - | - |
| Supplies and expenses | 85,755 | 84,801 | - | 954 |
| Depreciation and amortization | 15,264 | 14,694 | - | 570 |
| Interest | 1,577 | 1,577 | - | - |
| Total operating expenses | 265,690 | 264,073 | - | 1,617 |
| Excess (deficiency) of operating revenue over operating expenses | 21,834 | 21,957 | - | (123) |
| Non-operating gains and losses: | | | | |
| Investment income | 2,704 | 2,351 | - | 353 |
| Change in net unrealized gains and losses and change in value of equity method investments | (6,106) | (6,106) | - | - |
| Non-operating net periodic benefit credit | 1,144 | 1,144 | - | - |
| Other non-operating gains and losses | (1,189) | (1) | (1,188) | - |
| Total non-operating gains and losses | (3,447) | (2,612) | (1,188) | 353 |
| Excess (deficiency) of revenue and gains and losses over expenses | 18,387 | 19,345 | (1,188) | 230 |
| Net assets released from restrictions for capital asset acquisitions | 9,422 | 9,422 | | |
| Change in fair value of interest rate swap agreements designated as cash flow hedges | 111 | 111 | - | - |
| Transfers from affiliates | 15,000 | 15,000 | - | - |
| Pension and other postretirement liability adjustments | (784) | (784) | - | - |
| Increase (decrease) in net assets without donor restrictions | \$ 42,136 | \$ 43,094 | \$ (1,188) | \$ 230 |

Northwell Health, Inc.

Consolidating Statement of Financial Position – Northern Westchester Hospital
(In Thousands)

December 31, 2018

| | Northern Westchester Hospital Association and Subsidiaries | Eliminations | Northern Westchester Hospital Association | Northern Westchester Hospital Center Foundation | Other Subsidiaries |
|---------------------------------------------------------------------|------------------------------------------------------------------------|--------------|----------------------------------------------------|----------------------------------------------------------|-----------------------|
| Assets | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$ 30,065 | \$ – | \$ 29,165 | \$ – | \$ 900 |
| Short-term investments | 76,328 | – | 76,328 | – | – |
| Accounts receivable for services to patients, net | 32,221 | – | 32,221 | – | – |
| Accounts receivable for physician activities, net | 1,941 | – | 1,941 | – | – |
| Insurance claims receivable, current portion | 586 | – | 586 | – | – |
| Other current assets | 8,296 | – | 8,296 | – | – |
| Total current assets | 149,437 | – | 148,537 | – | 900 |
| Due from affiliates, net | 2,394 | (9,337) | 11,731 | – | – |
| Long-term investments | 69,501 | – | 34,026 | 35,475 | – |
| Pledges receivable, net of current portion | 441 | – | – | 441 | – |
| Property, plant and equipment, net | 203,101 | – | 189,285 | 7 | 13,809 |
| Insurance claims receivable, net of current portion | 2,532 | – | 2,532 | – | – |
| Other assets | 7,791 | – | 6,858 | – | 933 |
| Total assets | \$ 435,197 | \$ (9,337) | \$ 392,969 | \$ 35,923 | \$ 15,642 |
| Liabilities and net assets | | | | | |
| Current liabilities: | | | | | |
| Accounts payable and accrued expenses | \$ 30,012 | \$ – | \$ 29,775 | \$ 41 | \$ 196 |
| Accrued salaries and related benefits | 17,739 | – | 17,633 | 106 | – |
| Current portion of long-term debt | 3,675 | – | 3,675 | – | – |
| Current portion of insurance claims liability | 586 | – | 586 | – | – |
| Current portion of malpractice and other insurance liabilities | 3,753 | – | 3,753 | – | – |
| Current portion of estimated payable to third-party payers | 1,136 | – | 1,136 | – | – |
| Total current liabilities | 56,901 | – | 56,558 | 147 | 196 |
| Due to affiliates, net | – | (9,337) | – | 4,493 | 4,844 |
| Accrued retirement benefits, net of current portion | 40,296 | – | 40,296 | – | – |
| Long-term debt, net of current portion | 47,413 | – | 47,413 | – | – |
| Insurance claims liability, net of current portion | 2,532 | – | 2,532 | – | – |
| Malpractice and other insurance liabilities, net of current portion | 20,984 | – | 20,984 | – | – |
| Other long-term liabilities | 13,083 | – | 11,847 | – | 1,236 |
| Total liabilities | 181,209 | (9,337) | 179,630 | 4,640 | 6,276 |
| Commitments and contingencies | | | | | |
| Net assets: | | | | | |
| Without donor restrictions | 223,480 | – | 212,432 | 1,682 | 9,366 |
| With donor restrictions | 30,508 | – | 907 | 29,601 | – |
| Total net assets | 253,988 | – | 213,339 | 31,283 | 9,366 |
| Total liabilities and net assets | \$ 435,197 | \$ (9,337) | \$ 392,969 | \$ 35,923 | \$ 15,642 |

Northwell Health, Inc.

Consolidating Statement of Financial Position - Northern Westchester Hospital
June 30, 2019 (Unaudited and In Thousands)

| | Northern Westchester Hospital Association and Subsidiaries | Eliminations | Northern Westchester Hospital Association | Northern Westchester Hospital Center Foundation | Other Subsidiaries |
|---------------------------------------------------------------------|------------------------------------------------------------|--------------|-------------------------------------------|-------------------------------------------------|--------------------|
| Assets | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$22,424 | \$- | \$21,686 | \$- | \$738 |
| Short-term investments | 111,995 | - | 111,995 | - | - |
| Accounts receivable for services to patients, net | 35,873 | - | 35,873 | - | - |
| Accounts receivable for physician activities, net | 2,001 | - | 2,001 | - | - |
| Insurance claims receivable, current portion | 586 | - | 586 | - | - |
| Other current assets | 8,011 | - | 8,011 | - | - |
| Total current assets | \$180,890 | - | 180,152 | - | 738 |
| Due from affiliates, net | | | | | |
| Long-term investments | - | (12,175) | 12,175 | - | - |
| Pledges receivable, net of current portion | 50,607 | - | 11,786 | 38,821 | - |
| Property, plant and equipment, net | 4,335 | - | - | 4,335 | - |
| Right-of-use assets – operating leases | 208,839 | - | 195,284 | 31 | 13,524 |
| Insurance claims receivable, net of current portion | 9,948 | - | 9,948 | - | - |
| Other assets | 2,454 | - | 2,454 | - | - |
| Total assets | \$464,821 | (\$12,175) | \$418,618 | \$43,187 | \$15,191 |
| Liabilities and net assets | | | | | |
| Current liabilities: | | | | | |
| Accounts payable and accrued expenses | \$34,655 | \$- | \$34,558 | \$19 | \$78 |
| Accrued salaries and related benefits | 11,810 | - | 11,737 | 73 | - |
| Current portion of operating lease obligations | 1,337 | - | 1,337 | - | - |
| Current portion of long-term debt | 3,673 | - | 3,673 | - | - |
| Current portion of insurance claims liability | 586 | - | 586 | - | - |
| Current portion of malpractice and other insurance liabilities | 3,753 | - | 3,753 | - | - |
| Current portion of estimated payable to third-party payers | 2,773 | - | 2,773 | - | - |
| Total current liabilities | \$58,587 | - | 58,417 | 92 | 78 |
| Due to affiliates, net | | | | | |
| Accrued retirement benefits, net of current portion | 1,313 | (12,175) | - | 9,047 | 4,441 |
| Operating lease obligations, net of current portion | 39,631 | - | 39,631 | - | - |
| Long-term debt, net of current portion | 9,248 | - | 9,248 | - | - |
| Insurance claims liability, net of current portion | 46,387 | - | 46,387 | - | - |
| Malpractice and other insurance liabilities, net of current portion | 2,454 | - | 2,454 | - | - |
| Other long-term liabilities | 20,022 | - | 20,022 | - | - |
| Total liabilities | 12,423 | - | 11,188 | - | 1,235 |
| Commitments and contingencies | \$190,065 | (12,175) | 187,347 | 9,139 | 5,754 |
| Net assets: | | | | | |
| Without donor restrictions | 240,986 | - | 230,326 | 1,223 | 9,437 |
| With donor restrictions | 33,770 | - | 945 | 32,825 | - |
| Total net assets | 274,756 | - | 231,271 | 34,048 | 9,437 |
| Total liabilities and net assets | \$464,821 | (\$12,175) | \$418,618 | \$43,187 | \$15,191 |

Northwell Health, Inc.

Consolidating Statement of Operations - Northern Westchester Hospital
For the Six Months Ended June 30, 2019 (Unaudited and In Thousands)

| | Northern Westchester Hospital Association and Subsidiaries | Northern Westchester Hospital Association | Northern Westchester Hospital Center Foundation | Other Subsidiaries |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|--------------------|
| Operating revenue: | | | | |
| Net patient service revenue | \$138,154 | \$138,154 | \$- | \$- |
| Physician practice revenue | 2,310 | 2,310 | - | - |
| Total patient revenue | \$140,464 | 140,464 | - | - |
| Other operating revenue | 3,007 | 2,226 | - | 781 |
| Net assets released from restrictions used for operations | 259 | 259 | - | - |
| Total operating revenue | 143,730 | 142,949 | - | 781 |
| Operating expenses: | | | | |
| Salaries | 67,810 | 67,762 | - | 48 |
| Employee benefits | 17,761 | 17,761 | - | - |
| Supplies and expenses | 44,405 | 43,948 | - | 457 |
| Depreciation and amortization | 8,074 | 7,789 | - | 285 |
| Interest | 742 | 742 | - | - |
| Total operating expenses | 138,792 | 138,002 | - | 790 |
| Excess (deficiency) of operating revenue over operating expenses | 4,938 | 4,947 | - | (9) |
| Non-operating gains and losses: | | | | |
| Investment income | 1,588 | 1,508 | - | 80 |
| Change in net unrealized gains and losses and change in value of equity method investments | 6,895 | 6,895 | - | - |
| Non-operating net periodic benefit credit | 600 | 600 | - | - |
| Other non-operating gains and losses | (451) | 8 | (459) | - |
| Total non-operating gains and losses | 8,632 | 9,011 | (459) | 80 |
| Excess (deficiency) of revenue and gains and losses over expenses | 13,570 | 13,958 | (459) | 71 |
| Net assets released from restrictions for capital asset acquisitions | 4,020 | 4,020 | - | - |
| Change in fair value of interest rate swap agreements designated as cash flow hedges | (84) | (84) | - | - |
| Increase (decrease) in net assets without donor restrictions | 17,506 | \$17,894 | (\$459) | \$71 |

Not-for-Profit Corporation

Division

For Profit Corporation

Northwell Health, Inc. Existing Co-operator Table of Organization

Submitted September 13, 2019

Entities Delegating Authority to NOMA*

Northwell Health, Inc.

Long Island Home

Northwell Health Laboratories

RegionCare, Inc.

Hospice Care Network

Northwell Healthcare, Inc.

Northwell Quality and Medical Affairs, Inc. (NOMA)*

Peconic Bay Medical Center

Phelps Hospital

Northern Westchester Hospital

Huntington Hospital

John T. Mather Hospital

Long Island Jewish Medical Center

Glen Cove Hospital

Southside Hospital

Plainview Hospital

North Shore University Hospital

Northwell Health Stern Family Center for Rehabilitation

Staten Island University Hospital

Lenox Hill Hospital

Peconic Bay Skilled Nursing Facility

Cohen Children's Medical Center

The Zucker Hillside Hospital

Long Island Jewish Hospital

Long Island Jewish CHHA

Long Island Jewish Forest Hills

Long Island Jewish Valley Stream

Orzac Ctr for Extended Care & Rehab

North Shore CHHA

Syosset Hospital

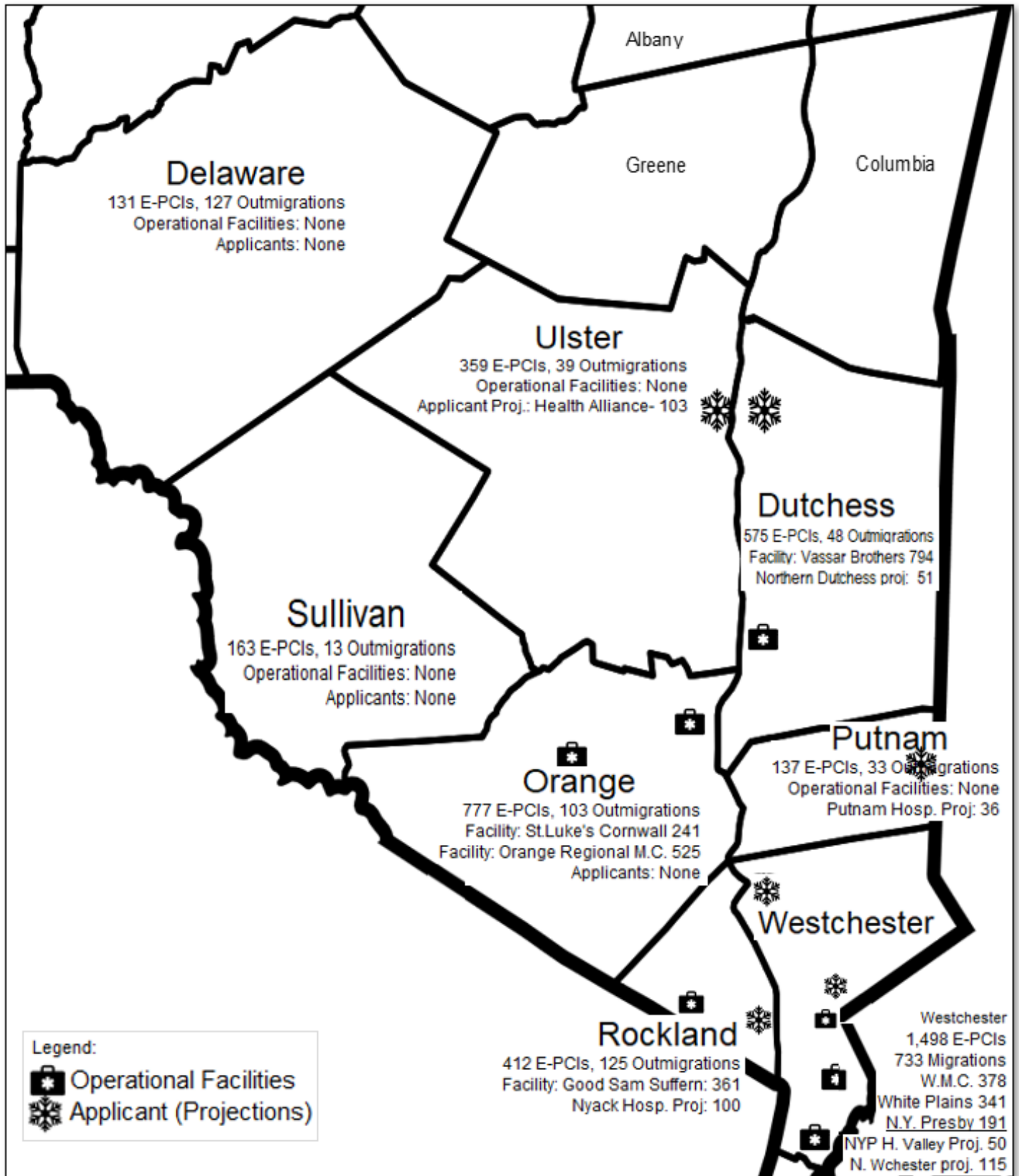
North Shore LTHHCP

SIUH Hospice

Lenox Health Greenwich Village

RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

Montefiore Nyack Hospital and Subsidiaries

Consolidated Balance Sheets

| | December 31 | |
|------------------------------------------------------------------------------|-----------------------|-----------------------|
| | 2018 | 2017 |
| Assets | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 1,749,833 | \$ 902,264 |
| Patient accounts receivable, net | 33,949,681 | 30,767,662 |
| Assets limited as to use, current portion | 644 | 644 |
| Other receivables | 15,129,341 | 7,832,397 |
| Other current assets | 5,520,054 | 4,418,726 |
| Total current assets | 56,349,553 | 43,921,693 |
| Assets limited as to use, net of current portion | 2,264,125 | 3,294,087 |
| Property, plant and equipment, net | 63,361,681 | 58,211,442 |
| Other non-current receivables | 2,444,933 | 3,456,255 |
| Other assets | 5,104,991 | 5,055,606 |
| Total assets | \$ 129,525,283 | \$ 113,939,083 |
| Liabilities and net assets | | |
| Current liabilities: | | |
| Accrued interest payable | \$ 121,682 | \$ 79,154 |
| Current portion of debt | 14,965,925 | 13,479,851 |
| Accounts payable and accrued expenses | 29,140,358 | 31,047,262 |
| Accrued salaries and related withholdings | 16,838,532 | 15,986,081 |
| Current portion of estimated malpractice liability | 2,000,000 | 2,000,000 |
| Current portion of deferred revenue | 535,359 | 526,254 |
| Current portion of estimated retroactive payables to third-party payors | 3,954,052 | 563,783 |
| Due to related parties, net | 25,926,362 | 11,411,804 |
| Total current liabilities | 93,482,270 | 75,094,189 |
| Estimated retroactive payables to third-party payors, net of current portion | 1,234,866 | 1,150,060 |
| Debt, net of current portion | 2,854,896 | 708,972 |
| Deferred revenue, net of current portion | 1,150,000 | 1,200,000 |
| Estimated malpractice liability, net of current portion | 9,100,000 | 8,700,000 |
| Pension liability | 8,605,887 | 8,343,728 |
| Other liabilities | 4,090,803 | 4,278,826 |
| Total liabilities | 120,518,722 | 99,475,775 |
| Commitments and contingencies | | |
| Net assets: | | |
| Without donor restrictions | 5,329,343 | 11,059,454 |
| With donor restrictions | 3,677,218 | 3,403,854 |
| Total net assets | 9,006,561 | 14,463,308 |
| Total liabilities and net assets | \$ 129,525,283 | \$ 113,939,083 |

Montefiore Nyack Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

| | Year Ended December 31 | |
|-------------------------------------------------------------------------------------|-------------------------------|----------------|
| | 2018 | 2017 |
| Operating revenue: | | |
| Net patient service revenue before provision for bad debts | | \$ 261,452,026 |
| Provision for bad debts | | (7,763,570) |
| Net patient service revenue | \$ 256,618,348 | 253,688,456 |
| Other operating revenue | 8,290,355 | 5,748,705 |
| Total operating revenue | 264,908,703 | 259,437,161 |
| Operating expenses: | | |
| Salaries and wages | 130,383,804 | 128,705,706 |
| Employee benefits | 43,109,559 | 40,892,881 |
| Supplies and expenses | 113,971,377 | 109,624,403 |
| Depreciation and amortization | 7,815,583 | 7,531,639 |
| Interest | 1,302,070 | 939,319 |
| Total operating expenses | 296,582,393 | 287,693,948 |
| Deficiency of operating revenue over operating expenses before other items | (31,673,690) | (28,256,787) |
| Value Based Payment Quality Improvement Program | 17,719,419 | 14,455,828 |
| Distribution from demutualization | 3,857,181 | - |
| Net periodic pension benefit credits (non-service related) | 934,600 | 604,362 |
| Deficiency of revenue over expenses | (9,162,490) | (13,196,597) |
| Net change in unrealized gains and losses | 18,135 | 87,127 |
| Net assets released from restriction for capital acquisitions | 89,769 | 894,113 |
| Change in defined benefit pension plan liability to be recognized in future periods | (1,612,273) | 749,405 |
| Capital Restructuring Financing Program | 4,936,748 | 1,575,204 |
| Change in net assets without donor restrictions | (5,730,111) | (9,890,748) |
| Net assets with donor restrictions: | | |
| Restricted donations | 70,115 | 136,895 |
| Fund raising events | 293,018 | 264,769 |
| Net assets released from restriction for capital acquisitions | (89,769) | (894,113) |
| Change in net assets with donor restrictions | 273,364 | (492,449) |
| Change in net assets | (5,456,747) | (10,383,197) |
| Net assets at beginning of year | 14,463,308 | 24,846,505 |
| Net assets at end of year | \$ 9,006,561 | \$ 14,463,308 |

**Nyack Hospital
Balance Sheets**

| | <u>September 2019</u> | <u>September 2018</u> | <u>December 2018</u> | <u>December 2017</u> |
|-------------------------------------------------------------------|---------------------------|---------------------------|--------------------------|--------------------------|
| Assets | | | | |
| Current assets: | | | | |
| Cash and cash equivalents | 2,023,933 | 2,232,555 | 559,877 | 612,870 |
| Patient accounts receivable | 28,723,473 | 31,708,122 | 30,857,115 | 27,152,367 |
| Assets whose use is limited | 644 | 644 | 644 | 644 |
| Due from related parties | 2,392,655 | 5,902,807 | 2,482,114 | 2,652,665 |
| Other receivables | 9,472,742 | 5,546,310 | 7,732,654 | 7,103,455 |
| Inventory | 5,030,636 | 4,075,239 | 4,978,160 | 3,999,961 |
| Prepaid expenses and other current assets | 618,156 | 444,882 | 476,978 | 369,425 |
| Total current assets | <u>\$48,262,239</u> | <u>\$49,910,559</u> | <u>\$47,087,542</u> | <u>\$41,891,386</u> |
| Assets whose use is limited, net of current portion | 309,420 | 292,038 | 274,400 | 289,153 |
| Other non-current receivables | 12,430,178 | 6,330,178 | 12,652,760 | 7,257,168 |
| Deferred financing costs, net | | | | |
| Property, plant and equipment, net | 66,887,989 | 60,069,370 | 61,971,899 | 56,623,796 |
| Total assets | <u>\$127,889,825</u> | <u>\$116,602,144</u> | <u>\$121,986,601</u> | <u>\$106,061,504</u> |
| Liabilities and net assets | | | | |
| Current liabilities: | | | | |
| Interest payable | \$108,614 | \$765,017 | \$121,682 | \$79,154 |
| Current portion of long-term debt | 15,169,506 | 13,729,857 | 14,234,195 | 13,287,070 |
| Current portion of leases | 761,715 | 573,586 | 731,730 | 192,782 |
| Current portion of estimated retro payables to third party payors | 2,589,852 | 572,365 | 3,954,052 | 425,871 |
| Accounts payable and accrued expenses | 24,916,512 | 30,107,718 | 27,833,736 | 30,305,257 |
| Accrued salaries and related withholdings | 16,525,043 | 15,651,600 | 14,480,014 | 14,012,644 |
| Current portion of estimated malpractice liability | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 |
| Due to affiliates | 29,215,517 | 21,888,257 | 27,403,361 | 11,365,971 |
| Deferred Revenue | 508,669 | 523,540 | 535,359 | 526,254 |
| Total current liabilities | <u>\$91,795,428</u> | <u>\$85,811,940</u> | <u>\$91,294,128</u> | <u>\$72,195,003</u> |
| Accrued pension costs | 7,878,614 | 7,378,799 | 8,605,887 | 8,343,728 |
| Estimated third-party payer settlements, net of current portion | 944,693 | 1,125,852 | 1,234,866 | 1,150,060 |
| Lease payable debt, net of current portion | 2,322,541 | 2,364,909 | 2,854,896 | 708,972 |
| Deferred revenue, net of current portion | 1,112,501 | 1,162,500 | 1,150,000 | 1,200,000 |
| Accrued post retirement benefits obligation | 221,400 | 221,400 | 221,400 | 221,400 |
| Estimated malpractice liability, net of current portion | 8,035,403 | 7,643,819 | 9,100,000 | 8,700,000 |
| Other long term liabilities | 3,761,960 | 3,917,143 | 3,869,404 | 4,057,426 |
| Total liabilities | <u>\$116,072,539</u> | <u>\$109,626,362</u> | <u>\$118,330,581</u> | <u>\$96,576,589</u> |
| Commitments and contingencies | | | | |
| Net assets: | | | | |
| Unrestricted | 11,597,787 | 6,756,283 | 3,436,521 | 9,265,416 |
| Temporarily restricted | | | | |
| Permanently restricted | 219,499 | 219,499 | 219,499 | 219,499 |
| Total net assets | <u>11,817,286</u> | <u>6,975,782</u> | <u>3,656,020</u> | <u>9,484,915</u> |
| Total liabilities and net assets | <u>\$127,889,825</u> | <u>\$116,602,144</u> | <u>\$121,986,601</u> | <u>\$106,061,504</u> |

Nyack Hospital
Comparative Statement of operations and changes in net assets
for the nine months ended September 30, 2019
(Unaudited) Internal Presentation

| | Nine months ended September 30, 2019 | | | |
|-------------------------------------------------------|---------------------------------------------|----------------------|---------------------|-----------------|
| | 2019 | 2018 | Variance | Var. % |
| <u>Operating revenues</u> | | | | |
| Net patient service revenue | \$183,425,345 | \$174,673,331 | \$8,752,014 | 5.01% |
| Other revenue | 8,282,748 | 5,911,772 | \$2,370,976 | 40.11% |
| Total operating revenues | 191,708,093 | 180,585,103 | 11,122,990 | 6.16% |
| <u>Operating expenses</u> | | | | |
| Salaries and wages | 82,993,181 | 80,627,701 | (2,365,480) | -8.14% |
| Fringe benefits | 30,290,674 | 29,049,197 | (1,241,477) | -1.77% |
| Supplies and other expenses | 74,039,638 | 70,335,065 | (3,704,573) | -397.15% |
| Interest | 1,222,742 | 932,784 | (289,958) | -31.09% |
| Depreciation and amortization | 6,593,358 | 5,789,835 | (803,523) | -13.88% |
| Total operating expenses | 195,139,593 | 186,734,582 | (8,405,011) | -4.50% |
| Excess (Deficiency) from operations | (3,431,500) | (6,149,479) | 2,717,979 | -44.20% |
| Intercompany Shared Expense | (11,038,219) | (9,876,087) | (1,162,132) | 11.77% |
| New York State Funding | 13,282,454 | 13,291,931 | (9,477) | -0.07% |
| DSRIP/Net periodic benefits cost (non-service) | 8,000,000 | 38,721 | 7,961,279 | |
| Loss from Captive PC Operations | (7,312,907) | (3,326,792) | (3,986,115) | 119.82% |
| Excess (Deficiency) of revenue over expenses | (500,172) | (6,021,706) | 5,521,534 | -91.69% |
| Adj to Fund Bal-Pension Min Liab & Fin 47 | 290,223 | 700,954 | (2,351,114) | -335.42% |
| CRFP - Medical Village | 5,705,224 | 2,641,337 | 5,534,949 | 209.55% |
| Net asset transfer from Foundation | 2,665,990 | 170,275 | 2,665,990 | 1565.70% |
| Increase (Decrease) in unrestricted net assets | \$8,161,265 | (\$2,509,140) | \$11,371,359 | -453.20% |

Montefiore Nyack Hospital and Subsidiaries

Consolidating Balance Sheet

December 31, 2018

| | Montefiore Nyack Hospital | Nyack Hospital Foundation, Inc. | Highland Medical, P.C. | Eliminations | Montefiore Nyack Hospital and Subsidiaries |
|------------------------------------------------------------------------------|---------------------------------|---------------------------------------|------------------------------|-----------------------|-----------------------------------------------------|
| Assets | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$ 559,877 | \$ 821,697 | \$ 368,259 | \$ - | \$ 1,749,833 |
| Patient accounts receivable, net | 30,857,115 | - | 3,092,566 | - | 33,949,681 |
| Assets limited as to use, current portion | 644 | - | - | - | 644 |
| Due from related party | 2,482,114 | 1,477,000 | - | (3,959,114) | - |
| Other receivables | 13,832,654 | 311,055 | 985,632 | - | 15,129,341 |
| Other current assets | 5,455,138 | - | 64,916 | - | 5,520,054 |
| Total current assets | 53,187,542 | 2,609,752 | 4,511,373 | (3,959,114) | 56,349,553 |
| Assets limited as to use, net of current portion | 274,400 | 1,989,725 | - | - | 2,264,125 |
| Property, plant and equipment, net | 61,971,899 | - | 1,389,782 | - | 63,361,681 |
| Other non-current receivables | 2,144,933 | 300,000 | - | - | 2,444,933 |
| Other assets | 4,407,827 | 571,445 | 125,719 | - | 5,104,991 |
| Total assets | \$121,986,601 | \$ 5,470,922 | \$ 6,026,874 | \$ (3,959,114) | \$ 129,525,283 |
| Liabilities and net assets (deficit) | | | | | |
| Current liabilities: | | | | | |
| Accrued interest payable | \$ 121,682 | \$ - | \$ - | \$ - | \$ 121,682 |
| Current portion of debt | 14,965,925 | - | - | - | 14,965,925 |
| Accounts payable and accrued expenses | 27,833,736 | 426 | 1,306,196 | - | 29,140,358 |
| Accrued salaries and related withholdings | 14,480,014 | - | 2,358,518 | - | 16,838,532 |
| Current portion of estimated malpractice liability | 2,000,000 | - | - | - | 2,000,000 |
| Current portion of deferred revenue | 535,359 | - | - | - | 535,359 |
| Current portion of estimated retroactive payables to third-party payors | 3,954,052 | - | - | - | 3,954,052 |
| Due to related parties, net | 27,403,361 | 145,207 | 42,527,254 | (44,149,460) | 25,926,362 |
| Total current liabilities | 91,294,129 | 145,633 | 46,191,968 | (44,149,460) | 93,482,270 |
| Estimated retroactive payables to third-party payors, net of current portion | 1,234,866 | - | - | - | 1,234,866 |
| Debt, net of current portion | 2,854,896 | - | - | - | 2,854,896 |
| Deferred revenue, net of current portion | 1,150,000 | - | - | - | 1,150,000 |
| Estimated malpractice liability, net of current portion | 9,100,000 | - | - | - | 9,100,000 |
| Pension liability | 8,605,887 | - | - | - | 8,605,887 |
| Other liabilities | 4,090,803 | - | - | - | 4,090,803 |
| Total liabilities | 118,330,581 | 145,633 | 46,191,968 | (44,149,460) | 120,518,722 |
| Net assets (deficit): | | | | | |
| Without donor restrictions | 3,436,521 | 1,867,570 | (40,165,094) | 40,190,346 | 5,329,343 |
| With donor restrictions | 219,499 | 3,457,719 | - | - | 3,677,218 |
| Total net assets (deficit) | 3,656,020 | 5,325,289 | (40,165,094) | 40,190,346 | 9,006,561 |
| Total liabilities and net assets (deficit) | \$121,986,601 | \$ 5,470,922 | \$ 6,026,874 | \$ (3,959,114) | \$ 129,525,283 |

Montefiore Nyack Hospital and Subsidiaries

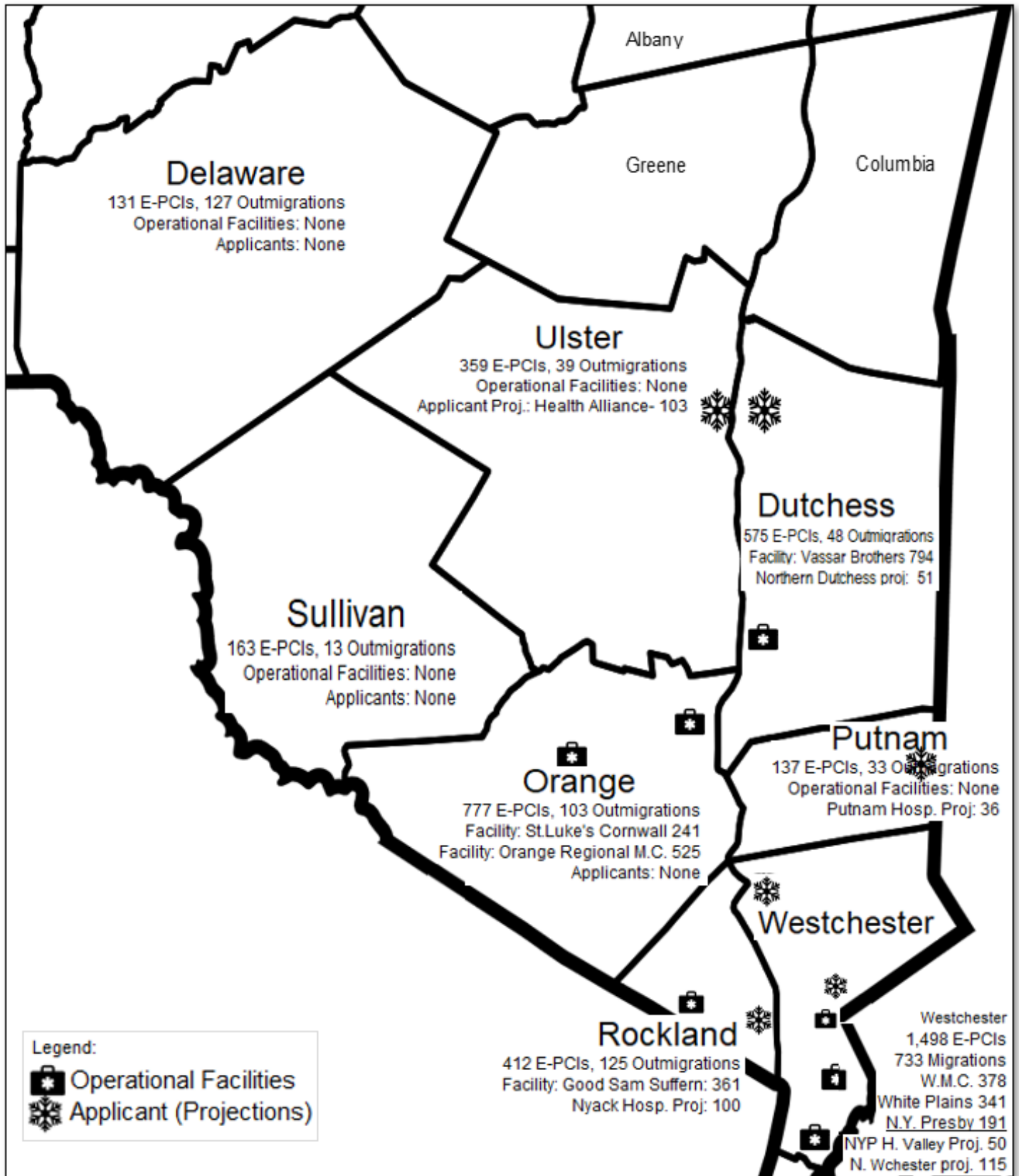
Consolidating Statement of Operations and Changes in Net Assets (Deficit)

Year Ended December 31, 2018

| | Montefiore Nyack Hospital | Nyack Hospital Foundation, Inc. | Highland Medical, P.C. | Eliminations | Montefiore Nyack Hospital and Subsidiaries |
|-------------------------------------------------------------------------------------------|------------------------------|------------------------------------------|------------------------------|---------------|-----------------------------------------------------|
| Operating revenue: | | | | | |
| Net patient service revenue | \$ 231,930,306 | \$ - | \$ 24,688,042 | \$ - | \$ 256,618,348 |
| Other operating revenue | 8,210,636 | 498,033 | 332,934 | (751,248) | 8,290,355 |
| Total operating revenue | 240,140,942 | 498,033 | 25,020,976 | (751,248) | 264,908,703 |
| Operating expenses: | | | | | |
| Salaries and wages | 108,908,187 | 201,981 | 21,273,636 | - | 130,383,804 |
| Employee benefits | 38,617,395 | 62,607 | 4,429,557 | - | 43,109,559 |
| Supplies and expenses | 111,882,625 | 53,203 | 8,718,043 | (6,682,494) | 113,971,377 |
| Depreciation and amortization | 7,502,087 | - | 313,496 | - | 7,815,583 |
| Interest | 1,302,070 | - | 339,310 | (339,310) | 1,302,070 |
| Total operating expenses | 268,212,364 | 317,791 | 35,074,042 | (7,021,804) | 296,582,393 |
| Deficiency of operating revenue over operating expenses before other items | (28,071,422) | 180,242 | (10,053,066) | 6,270,556 | (31,673,690) |
| Value Based Payment Quality Improvement Program | 17,719,419 | - | - | - | 17,719,419 |
| Distribution from demutualization | 74,671 | - | 3,782,510 | - | 3,857,181 |
| Net periodic pension benefit credits (non-service related) | 934,600 | - | - | - | 934,600 |
| Deficiency of revenue over expenses | (9,342,732) | 180,242 | (6,270,556) | 6,270,556 | (9,162,490) |
| Net change in unrealized gains and losses | - | 18,135 | - | - | 18,135 |
| Net assets released from restriction for capital acquisitions | - | 89,769 | - | - | 89,769 |
| Distributions to the Hospital | 189,361 | (189,361) | - | - | - |
| Change in defined benefit pension plan liability to be recognized in future periods | (1,612,273) | - | - | - | (1,612,273) |
| Capital Restructuring Financing Program | 4,936,748 | - | - | - | 4,936,748 |
| Change in net assets without donor restrictions | (5,828,896) | 98,785 | (6,270,556) | 6,270,556 | (5,730,111) |
| Net assets with donor restrictions: | | | | | |
| Restricted donations | - | 70,115 | - | - | 70,115 |
| Fund raising events | - | 293,018 | - | - | 293,018 |
| Net assets released from restriction for capital acquisitions | - | (89,769) | - | - | (89,769) |
| Change in net assets with donor restrictions | - | 273,364 | - | - | 273,364 |
| Change in net assets | (5,828,896) | 372,149 | (6,270,556) | 6,270,556 | (5,456,747) |
| Net assets (deficit) at beginning of year | 9,484,916 | 4,953,140 | (33,894,538) | 33,919,790 | 14,463,308 |
| Net assets (deficit) at end of year | \$ 3,656,020 | \$ 5,325,289 | \$ (40,165,094) | \$ 40,190,346 | \$ 9,006,561 |

RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

Hudson Valley Hospital Center (d/b/a NewYork-Presbyterian/Hudson Valley Hospital), Westchester Putnam Health Management System, Inc. and Affiliates

Combined Statements of Financial Position
(In Thousands)

| | December 31 | |
|--------------------------------------------------------------------|--------------------|-------------------|
| | 2018 | 2017 |
| Assets | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 24,814 | \$ 38,140 |
| Short-term investments | 38,922 | 39,159 |
| Patient accounts receivable, net | 27,126 | 26,868 |
| Other current assets | 7,964 | 6,734 |
| Insurance claims receivable and related deposits – current portion | 1,989 | 2,047 |
| Total current assets | <u>100,815</u> | 112,948 |
| Long-term investments | 1,675 | 1,675 |
| Property, buildings and equipment, net | 148,312 | 143,054 |
| Other noncurrent assets, net | 8,425 | 2,000 |
| Insurance claims receivable and related deposits – noncurrent | 10,044 | 10,087 |
| Total assets | <u>\$ 269,271</u> | <u>\$ 269,764</u> |
| Liabilities and net assets | | |
| Current liabilities: | | |
| Long-term debt – current portion | \$ 3,098 | \$ 3,095 |
| Accounts payable and accrued expenses | 16,959 | 13,167 |
| Accrued salaries and benefits | 22,359 | 19,145 |
| Due to related organizations | 7,000 | 2,691 |
| Insurance claims liabilities – current portion | 2,028 | 2,087 |
| Estimated settlements with third-party payors – current portion | – | 3,469 |
| Total current liabilities | <u>51,444</u> | 43,654 |
| Long-term debt | 47,118 | 49,895 |
| Insurance claims liabilities – noncurrent | 14,171 | 14,349 |
| Other noncurrent liabilities | 10,855 | 8,559 |
| Total liabilities | <u>123,588</u> | 116,457 |
| Commitments and contingencies | | |
| Net assets: | | |
| Net assets without donor restrictions | 142,249 | 150,042 |
| Net assets with donor restrictions | 3,434 | 3,265 |
| Total net assets | <u>145,683</u> | 153,307 |
| Total liabilities and net assets | <u>\$ 269,271</u> | <u>\$ 269,764</u> |

Hudson Valley Hospital Center (d/b/a NewYork-Presbyterian/Hudson Valley Hospital), Westchester Putnam Health Management System, Inc. and Affiliates

Combined Statements of Operations
(In Thousands)

| | Year Ended December 31 | |
|------------------------------------------------------------------------------------------------------|-------------------------------|------------------|
| | 2018 | 2017 |
| Operating revenues | | |
| Net patient service revenue | \$ 244,984 | \$ 246,328 |
| Provision for bad debts | — | (4,824) |
| Net patient service revenue, less provision for bad debts | <u>244,984</u> | <u>241,504</u> |
| Other revenue | 4,192 | 4,197 |
| Total operating revenues | <u>249,176</u> | <u>245,701</u> |
| Operating expenses | | |
| Salaries and wages | 126,286 | 115,560 |
| Employee benefits | 34,789 | 30,929 |
| Supplies and other expenses | 82,868 | 76,622 |
| Interest | 2,231 | 2,557 |
| Depreciation and amortization | 10,703 | 9,039 |
| Total operating expenses | <u>256,877</u> | <u>234,707</u> |
| Operating (loss) income | (7,701) | 10,994 |
| Investment (loss) return, net | (92) | 1,420 |
| (Deficiency) excess of revenues over expenses and change in net assets without donor restrictions | <u>\$ (7,793)</u> | <u>\$ 12,414</u> |

NEW YORK-PRESBYTERIAN HOSPITAL
HUDSON VALLEY HOSPITAL
CONSOLIDATED STATEMENT OF OPERATIONS
July 31, 2019
(IN THOUSANDS)

| | CURRENT MONTH | | | | | | YEAR TO DATE | | | | | |
|----------------------------------------------------------|---------------|---------------|--------------|---------------|--------------|----------------|----------------|----------------|----------------|---------------|------------|-----------|
| | ACTUAL | | VAR. | | PRIOR YEAR | | ACTUAL | | VAR. | | PRIOR YEAR | |
| | BUDGET | FAV/(UNFAV) | FAV/(UNFAV) | ACTUAL | INC (DEC) | BUDGET | FAV/(UNFAV) | ACTUAL | ACTUAL | FAV/(UNFAV) | ACTUAL | INC (DEC) |
| REVENUE | | | | | | | | | | | | |
| Net inpatient revenue | \$ 10,105 | \$ 9,930 | \$ 175 | \$ 8,522 | \$ 1,583 | \$ 67,806 | \$ 67,621 | \$ 185 | \$ 60,662 | \$ 7,144 | | |
| Net outpatient revenue | 13,515 | 12,726 | 789 | 12,509 | 1,006 | 90,679 | 88,724 | 1,955 | 82,352 | 8,327 | | |
| Provision for bad debts | (6,882) | (4,554) | 5 | (348) | (106) | (2,820) | (3,156) | 336 | (2,642) | (178) | | |
| Net patient service revenue less provision for bad debts | 23,166 | 22,197 | 969 | 20,683 | 2,483 | 155,665 | 153,189 | 2,476 | 140,372 | 15,292 | | |
| Other revenue | 1,052 | 987 | 65 | 264 | 788 | 7,216 | 6,977 | 239 | 2,275 | 4,940 | | |
| Total revenue | 24,218 | 23,184 | 1,034 | 20,947 | 3,270 | 162,880 | 160,165 | 2,715 | 142,648 | 20,233 | | |
| EXPENSES | | | | | | | | | | | | |
| Salaries and wages | 12,562 | 12,281 | (281) | 10,874 | 1,688 | 82,677 | 81,586 | (1,090) | 72,041 | 10,635 | | |
| Employee benefits | 3,160 | 3,321 | 161 | 2,966 | 193 | 22,473 | 23,144 | 671 | 21,189 | 1,285 | | |
| Supplies and other expenses | 6,882 | 6,776 | (106) | 6,439 | 443 | 50,084 | 49,065 | (1,020) | 44,231 | 5,854 | | |
| Depreciation and amortization | 1,069 | 1,070 | 1 | 971 | 98 | 7,478 | 7,493 | 15 | 6,782 | 696 | | |
| Interest | 174 | 200 | 25 | 185 | (11) | 1,272 | 1,397 | 124 | 1,320 | (48) | | |
| Leases and rentals | 422 | 439 | 17 | 414 | 8 | 2,943 | 2,962 | 19 | 2,837 | 105 | | |
| Total expenses | 24,269 | 24,087 | (182) | 21,849 | 2,420 | 166,927 | 165,647 | (1,280) | 148,400 | 18,528 | | |
| OPERATING INCOME (LOSS) | (51) | (904) | 852 | (902) | 851 | (4,047) | (5,482) | 1,435 | (5,752) | 1,705 | | |
| Prior year settlements and other items | (209) | - | (209) | 92 | (301) | (189) | - | (189) | 136 | (326) | | |
| ADJUSTED OPERATING INCOME (LOSS) | (260) | (904) | 643 | (810) | 550 | (4,236) | (5,482) | 1,246 | (5,616) | 1,379 | | |
| Investment income | 33 | 107 | (74) | 295 | (262) | 1,927 | 747 | 1,180 | 472 | 1,455 | | |
| Gain on sale of GI Center | - | - | - | - | - | - | - | - | - | - | | |
| Proceeds from Mortgage | - | - | - | - | - | - | - | - | - | - | | |
| NET GAIN (LOSS) | (227) | (797) | 569 | (515) | 288 | (2,309) | (4,735) | 2,426 | (5,143) | 2,834 | | |
| OTHER CHANGES IN UNRESTRICTED NET ASSETS | | | | | | | | | | | | |
| Change in additional minimum pension liability | - | - | - | - | - | - | - | - | - | - | | |
| Net Asset released for capital expenditures | - | - | - | - | - | - | - | - | - | - | | |
| Net Asset transfer to related parties | - | - | - | - | - | - | - | - | - | - | | |
| INCREASE / (DECREASE) IN UNRESTRICTED NET ASSETS | (227) | (797) | 569 | (515) | 288 | (2,309) | (4,735) | 2,426 | (5,143) | 2,834 | | |

NEW YORK PRESBYTERIAN/ HUDSON VALLEY HOSPITAL
STATEMENT OF OPERATIONS
July 31, 2019
(IN THOUSANDS)

| | YEAR TO DATE ACTUAL VS BUDGET | | | | | | | | | | | | | | |
|----------------------------------------------------------|-------------------------------|-----------------|--------------|-----------------|----------------|----------------|-----------------|--------------|-----------------|----------------|--------------|--------------|-------------|----------------|----------------|
| | ACTUAL | | | | | BUDGET | | | | | VARIANCE | | | | |
| | NYPHV | NYPMG/HV | OTHERS * | ELIMIN. | TOTAL | NYPHV | NYPMG/HV | OTHERS * | ELIMIN. | TOTAL | NYPHV | NYPMG/HV | OTHERS * | ELIMIN. | TOTAL |
| REVENUE | | | | | | | | | | | | | | | |
| Net inpatient revenue | \$ 67,806 | \$ - | \$ - | \$ - | \$ 67,806 | \$ 67,621 | \$ - | \$ - | \$ - | \$ 67,621 | \$ 185 | \$ - | \$ - | \$ - | \$ 185 |
| Net outpatient revenue | 67,560 | 233,119 | (4,577) | - | 90,679 | 66,653 | 22,072 | (773) | - | 88,724 | 707 | 1,247 | - | - | 1,955 |
| Provision for bad debts | (2,383) | - | - | - | (2,820) | (2,383) | - | - | - | (3,156) | (80) | 336 | - | - | 336 |
| Net patient service revenue less provision for bad debts | 132,783 | 22,882 | - | - | 155,665 | 131,890 | 21,299 | - | - | 151,189 | 893 | 1,383 | - | - | 2,476 |
| Other revenue | 1,972 | 18,810 | 907 | (14,473) | 7,216 | 1,893 | 19,916 | 947 | (15,779) | 6,977 | 79 | (1,106) | (40) | 239 | |
| Total revenue | 134,754 | 41,692 | 907 | (14,473) | 162,880 | 133,783 | 41,215 | 947 | (15,779) | 160,165 | 971 | 477 | (40) | 1,307 | 2,715 |
| EXPENSES | | | | | | | | | | | | | | | |
| Salaries | 54,926 | 28,097 | 208 | (554) | 82,677 | 54,685 | 27,235 | 201 | (554) | 81,386 | (242) | (842) | (7) | 0 | (1,090) |
| Benefits | 17,238 | 5,168 | 67 | - | 22,473 | 17,463 | 5,621 | 60 | - | 23,144 | 225 | 452 | (7) | - | 671 |
| Supplies and other expenses | 56,691 | 6,090 | 441 | (13,139) | 50,084 | 57,116 | 5,934 | 460 | (14,446) | 49,065 | 425 | (157) | 19 | (1,307) | (1,020) |
| Depreciation and amortization | 6,690 | 562 | 226 | - | 7,478 | 6,690 | 577 | 226 | - | 7,493 | - | 15 | 0 | - | 15 |
| Interest | 1,272 | - | - | - | 1,272 | 1,397 | - | - | - | 1,397 | 124 | - | - | - | 124 |
| Leases and rentals | 1,749 | 1,774 | 199 | (780) | 2,943 | 1,717 | 1,828 | 197 | (780) | 2,962 | (32) | 54 | (2) | (0) | 19 |
| Total expenses | 138,567 | 41,692 | 1,141 | (14,473) | 166,927 | 139,067 | 41,215 | 1,145 | (15,779) | 165,647 | 500 | (477) | 4 | (1,387) | (1,280) |
| Subsidy in NYPMG/HV | 10,665 | (10,665) | - | - | - | 11,972 | (11,972) | - | - | - | 1,307 | (1,307) | - | - | - |
| OPERATING INCOME (LOSS) | 6,853 | (10,665) | (234) | (0) | (4,047) | 6,688 | (11,972) | (198) | (0) | (5,482) | 165 | 1,307 | (36) | 0 | 1,435 |
| Prior years settlements and other items | (189) | - | - | - | (189) | - | - | - | - | - | (189) | - | - | - | (189) |
| ADJUSTED OPERATING INCOME (LOSS) | 6,663 | (10,665) | (234) | (0) | (4,236) | 6,688 | (11,972) | (198) | (0) | (5,482) | (25) | 1,307 | (36) | 0 | 1,246 |
| Investment income | 1,902 | - | 25 | - | 1,927 | 742 | - | - | - | 747 | 1,160 | - | 20 | - | 1,180 |
| Gain on sale of GI Center | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Change in Beneficial Interest | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| NET GAIN (LOSS) BEFORE ACCRUAL OF NET FICA REFUND | 8,565 | (10,665) | (209) | (0) | (2,309) | 7,430 | (11,972) | (193) | (0) | (4,735) | 1,135 | 1,307 | (17) | 0 | 2,426 |
| NET GAIN (LOSS) | 8,565 | (10,665) | (209) | (0) | (2,309) | 7,430 | (11,972) | (193) | (0) | (4,735) | 1,135 | 1,307 | (17) | 0 | 2,426 |
| OTHER CHANGES IN UNRESTRICTED NET ASSETS | | | | | | | | | | | | | | | |
| Change in additional minimum pension liability | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Asset transfer to related parties | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Assets released for capital acquisitions | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| INCREASE / (DECREASE) IN UNRESTRICTED NET ASSETS | 8,565 | (10,665) | (209) | (0) | (2,309) | 7,430 | (11,972) | (193) | (0) | (4,735) | 1,135 | 1,307 | (17) | 0 | 2,426 |

NEW YORK PRESBYTERIAN / HUDSON VALLEY HOSPITAL
Statement of Financial Position
As of July 31, 2019 and December 31, 2018

UNAUDITED

| Assets | HVHC July 31, 2019 | NYPMGHV July 31, 2019 | Foundation July 31, 2019 | Others July 31, 2019 | NYPHVH July 31, 2019 | Eliminations | | Consolidated July 31, 2019 | HVHC Dec 31, 2018 | NYPMGHV Dec 31, 2018 | Foundation Dec 31, 2018 | Others Dec 31, 2018 | NYPHVH Dec 31, 2018 | Eliminations | | Consolidated Dec 31, 2018 |
|-----------------------------------------------------------------------------------|--------------------------|-----------------------------|--------------------------------|----------------------------|----------------------------|--------------|------------------|----------------------------------|-------------------------|----------------------------|-------------------------------|---------------------------|---------------------------|--------------|------------------|---------------------------------|
| | | | | | | Debit | Credit | | | | | | | Debit | Credit | |
| Current assets: | | | | | | | | | | | | | | | | |
| Cash and cash equivalents | \$ 16,031 | \$ 46 | \$ 3,379 | \$ 274 | \$ 19,731 | | | \$ 19,731 | \$ 20,191 | \$ 748 | \$ 3,347 | \$ 528 | \$ 24,814 | | | \$ 24,814 |
| Short-term investments | 39,836 | - | 907 | - | 40,743 | | | 40,743 | 38,034 | - | 888 | - | 38,922 | | | 38,922 |
| Total cash, cash equivalents & short-term investments | 55,867 | 46 | 4,286.70 | 274 | 60,474 | | | 60,474 | 58,225 | 748 | 4,234.59 | 528 | 63,735 | | | 63,735 |
| Patient accounts receivable, net | 32,985 | 1,508 | - | - | 34,493 | | | 34,493 | 26,514 | 612 | - | - | 27,126 | | | 27,126 |
| Other current assets | 7,834 | - | 77 | 74 | 7,985 | | | 7,985 | 7,862 | - | 57 | 45 | 7,964 | | | 7,964 |
| Assets limited as to use - current portion | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Beneficial interest in net assets held by related organizations - current portion | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Professional liabilities insurance recoveries | 2,274 | - | - | - | 2,274 | | | 2,274 | 1,989 | - | - | - | 1,989 | | | 1,989 |
| Due from related organizations | 19,656 | 1,118 | - | 6,940 | 27,715 | | 26,596 | 1,118 | 16,721 | - | - | 6,423 | 23,144 | | | 23,144 |
| Total current assets | 118,616 | 2,672 | 4,363.84 | 7,288 | 132,941 | | 26,596 | 106,344 | 111,312 | 1,360 | 4,291 | 6,996 | 123,959 | | 23,144 | 100,815 |
| Assets whose use is limited: | | | | | | | | | | | | | | | | |
| Under debt agreements | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Capital acquisition under lease agreement | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Donor - Restricted | 1,675 | - | - | - | 1,675 | | | 1,675 | 1,675 | - | - | - | 1,675 | | | 1,675 |
| Board designated | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Board designated for capital | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Board designated depreciation fund | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Board designated self-insurance fund | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Insurance in Capital | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Total assets whose use is limited | 1,675 | - | - | - | 1,675 | | - | 1,675 | 1,675 | - | - | - | 1,675 | | - | 1,675 |
| Other non-current assets | 7,951 | 289 | - | 117 | 8,357 | | | 8,357 | 8,018 | 289 | - | 117 | 8,425 | | | 8,425 |
| Right of Use Asset (Operating Leases) | 6,572 | 5,207 | - | - | 11,779 | | | 11,779 | 127,810 | 5,656 | 318 | 14,528 | 148,313 | | | 148,313 |
| Property, plant and equipment, net | 132,530 | 6,556 | 316 | 14,304 | 153,706 | | | 153,706 | 127,810 | 5,656 | 318 | 14,528 | 148,313 | | | 148,313 |
| Professional liabilities insurance recoveries receivables | 10,045 | - | - | - | 10,045 | | | 10,045 | 10,044 | - | - | - | 10,044 | | | 10,044 |
| Long term investments | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Assets held by related organization investments, less current portion | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Pledges receivable | - | - | - | - | - | | | - | - | - | - | - | - | | | - |
| Total assets held by related organization | - | - | 4,680 | 21,710 | 318,502 | | - | 291,905 | 258,859 | 7,305 | -4,610 | 21,641 | 292,415 | | 23,144 | 269,271 |
| Total assets | \$ 277,288 | \$ 14,724 | \$ 4,680 | \$ 21,710 | \$ 318,502 | | \$ 26,596 | \$ 291,905 | \$ 258,859 | \$ 7,305 | \$ -4,610 | \$ 21,641 | \$ 292,415 | | \$ 23,144 | \$ 269,271 |

NEW YORK PRESBYTERIAN/ HUDSON VALLEY HOSPITAL
Statement of Financial Position
As of July 31, 2019 and December 31, 2018

UNAUDITED

| Liabilities and equities | HVHC July 31, 2019 | NYPMG/HV July 31, 2019 | Foundation July 31, 2019 | Others July 31, 2019 | NYP/HVH July 31, 2019 | Eliminations | | Consolidated July 31, 2019 | HVHC Dec 31, 2018 | NYPMG/HV Dec 31, 2018 | Foundation Dec 31, 2018 | Others Dec 31, 2018 | NYP/HVH Dec 31, 2018 | Eliminations | | Consolidated Dec 31, 2018 | |
|----------------------------------------------------------|--------------------------|------------------------------|--------------------------------|----------------------------|-----------------------------|---------------|---------------|----------------------------------|-------------------------|-----------------------------|-------------------------------|---------------------------|----------------------------|---------------|---------------|---------------------------------|--|
| | | | | | | Debit | Credit | | | | | | | Debit | Credit | | |
| Current liabilities: | | | | | | | | | | | | | | | | | |
| Long-term debt - current portion | 2,492 | - | - | - | 2,492 | - | - | 2,492 | 3,098 | - | - | - | 3,098 | - | - | 3,098 | |
| Loan Payable to NYP-current | 18,703 | 3,229 | - | 15 | 21,947 | - | - | 21,947 | 14,253 | 2,684 | - | 23 | 16,959 | - | - | 16,959 | |
| Accounts payable and accrued expenses | 12,365 | 2,409 | - | - | 14,794 | - | - | 14,794 | 18,391 | 3,968 | - | - | 22,359 | - | - | 22,359 | |
| Accrued salaries and related liabilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Accrued interest payable | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Pension and postretirement liabilities - current portion | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Other current liabilities | - | - | - | 14 | 14 | - | - | 14 | - | - | - | - | - | - | - | - | |
| Professional liabilities - current portion | 2,028 | - | - | - | 2,028 | - | - | 2,028 | 2,028 | - | - | 22,186 | 79,131 | - | - | 2,028 | |
| Due to related organizations | - | - | 70 | 22,424 | 93,158 | - | 93,158 | 141 | 83 | 56,863 | 83 | - | 79,131 | - | - | 2,028 | |
| Due to NYP | 1,411 | - | - | - | 1,411 | - | - | 1,411 | 7,023 | 0 | 0 | - | 7,023 | - | - | 7,000 | |
| Operating Lease Obligations - Short Term | 1,861 | 897 | - | - | 2,758 | - | - | 2,758 | - | - | - | - | - | - | - | - | |
| Total current liabilities | 58,151 | 77,199 | 70 | 22,454 | 157,874 | 93,158 | 93,158 | 64,715 | 44,793 | 63,514 | 83 | 22,209 | 130,598 | 79,154 | - | 514,441 | |
| Liabilities: | | | | | | | | | | | | | | | | | |
| Professional liabilities | 14,063 | 89 | - | - | 14,153 | - | - | 14,153 | 14,171 | - | - | - | 14,171 | - | - | 14,171 | |
| Postretirement benefit liabilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Accrued pension liability | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Loan Payable to NYP-long term | 47,769 | - | - | - | 47,769 | - | - | 47,769 | 47,118 | - | 0 | 26 | 47,118 | - | - | 47,118 | |
| Other long-term liabilities | 12,735 | - | - | - | 12,761 | - | - | 12,761 | 10,829 | - | - | - | 10,855 | - | - | 10,855 | |
| Operating Lease Obligations - Long Term | 4,710 | 4,310 | - | - | 9,020 | - | - | 9,020 | - | - | - | - | - | - | - | - | |
| Long-term obligations, less current portion | 65,287 | 4,629 | - | - | 69,916 | - | - | 69,916 | 62,118 | - | 0 | 26 | 62,144 | - | - | 62,170 | |
| Total liabilities | 123,438 | 81,828 | 70 | 22,454 | 227,840 | 93,158 | 93,158 | 134,631 | 106,911 | 63,514 | 83 | 22,235 | 192,742 | 79,154 | - | 1,126,611 | |
| Net assets: | | | | | | | | | | | | | | | | | |
| Unrestricted | 136,414 | (66,874) | 2,738 | (770) | 71,508 | 68,434 | 68,434 | 139,942 | 138,514 | (56,209) | 2,768 | (593) | 84,499 | - | - | 142,248 | |
| Temporarily restricted - held by related | 1,872 | - | 1,872 | - | 3,744 | 1,872 | 1,872 | 3,744 | 1,759 | - | 1,759 | - | 3,519 | - | - | 1,760 | |
| Permanently restricted | 1,675 | - | - | - | 1,675 | - | - | 1,675 | 1,675 | - | - | - | 1,675 | - | - | 1,675 | |
| Total net assets | 139,961 | (66,874) | 4,610 | (770) | 76,927 | 70,306 | 70,306 | 143,488 | 141,948 | (56,209) | 4,527 | (593) | 89,693 | 1,759 | - | 145,682 | |
| Total liabilities and net assets | 277,399 | 14,724 | 4,680 | 21,710 | 318,502 | 95,030 | 95,030 | 291,905 | 258,859 | 7,305 | 4,610 | 21,641 | 292,435 | 80,913 | 57,769 | 269,271 | |

NEW YORK-PRESBYTERIAN HOSPITAL
STATEMENT OF OPERATIONS
August 31, 2019
(IN THOUSANDS)

| | CURRENT MONTH | | | YEAR TO DATE | | |
|--------------------------------------------------------------------------------------|-------------------|-------------------|----------------------|------------------|-------------------|----------------------|
| | ACTUAL | PRIOR YEAR ACTUAL | PRIOR YEAR INC (DEC) | ACTUAL | PRIOR YEAR ACTUAL | PRIOR YEAR INC (DEC) |
| | | | | | | |
| REVENUE | | | | | | |
| Net inpatient revenue | \$404,198 | \$383,401 | \$20,797 | \$3,171,972 | \$2,997,655 | \$174,317 |
| Net outpatient revenue | 146,100 | 140,835 | 5,265 | 1,144,306 | 1,057,335 | 86,971 |
| Provision for bad debts | (7,670) | (7,130) | (540) | (61,297) | (57,219) | (4,078) |
| Net patient service revenue less provision for bad debts | 542,628 | 517,106 | 25,522 | 4,254,981 | 3,997,771 | 257,210 |
| Other revenue | 25,022 | 21,058 | 3,964 | 191,344 | 184,353 | 6,991 |
| Total revenue | 567,650 | 538,163 | 29,487 | 4,446,325 | 4,182,124 | 264,201 |
| EXPENSES | | | | | | |
| Salaries and wages | 258,089 | 242,370 | 15,719 | 2,012,719 | 1,889,498 | 123,221 |
| Employee benefits | 71,932 | 70,558 | 1,374 | 573,730 | 556,965 | 16,765 |
| Supplies and other expenses | 166,684 | 156,584 | 10,100 | 1,328,460 | 1,221,427 | 107,033 |
| Depreciation and amortization | 34,130 | 33,671 | 459 | 267,542 | 239,822 | 27,720 |
| Interest | 8,485 | 8,634 | (149) | 67,979 | 60,282 | 7,697 |
| Leases and rentals | 5,229 | 3,471 | 1,758 | 49,419 | 50,786 | (1,367) |
| Total expenses | 544,549 | 515,288 | 29,261 | 4,299,849 | 4,018,780 | 281,069 |
| OPERATING INCOME (LOSS) | 23,101 | 22,875 | 226 | 146,476 | 163,344 | (16,868) |
| Prior years settlements and other items | 7,390 | 6,881 | 509 | 38,309 | 35,097 | 3,212 |
| ADJUSTED OPERATING INCOME (LOSS) | 30,491 | 29,756 | 735 | 184,785 | 198,441 | (13,656) |
| Investment income | (881) | 20,502 | (21,383) | 308,907 | 98,428 | 210,479 |
| NET GAIN (LOSS) BEFORE ACCRUAL OF NET FICA REFUND | 29,610 | 50,258 | (20,648) | 493,692 | 296,869 | 196,823 |
| Accrual of net FICA tax refund | - | - | - | - | - | - |
| NET GAIN (LOSS) | 29,610 | 50,258 | (20,648) | 493,692 | 296,869 | 196,823 |
| OTHER CHANGES IN UNRESTRICTED NET ASSETS | | | | | | |
| Net Asset transfer to related parties | (5,023) | (463) | (4,560) | (19,028) | (8,684) | (10,344) |
| Fixed assets transfer to/from Royal Charter Properties, Inc. | - | - | - | - | - | - |
| Net assets released | - | - | - | - | - | - |
| Net assets transfer to New York-Presbyterian Fund Inc. | (8) | (11) | 3 | (540) | (129) | (411) |
| Distributions from New York-Presbyterian Fund, Inc. for the purchase of fixed assets | 6,359 | 21,498 | (15,139) | 65,966 | 245,466 | (179,500) |
| Change in additional minimum pension liability | (106,147) | (1,998) | (104,149) | (180,333) | 70,533 | (250,866) |
| INCREASE / (DECREASE) IN UNRESTRICTED NET ASSETS | (\$75,209) | \$69,284 | (\$144,493) | \$359,757 | \$604,055 | (\$244,298) |

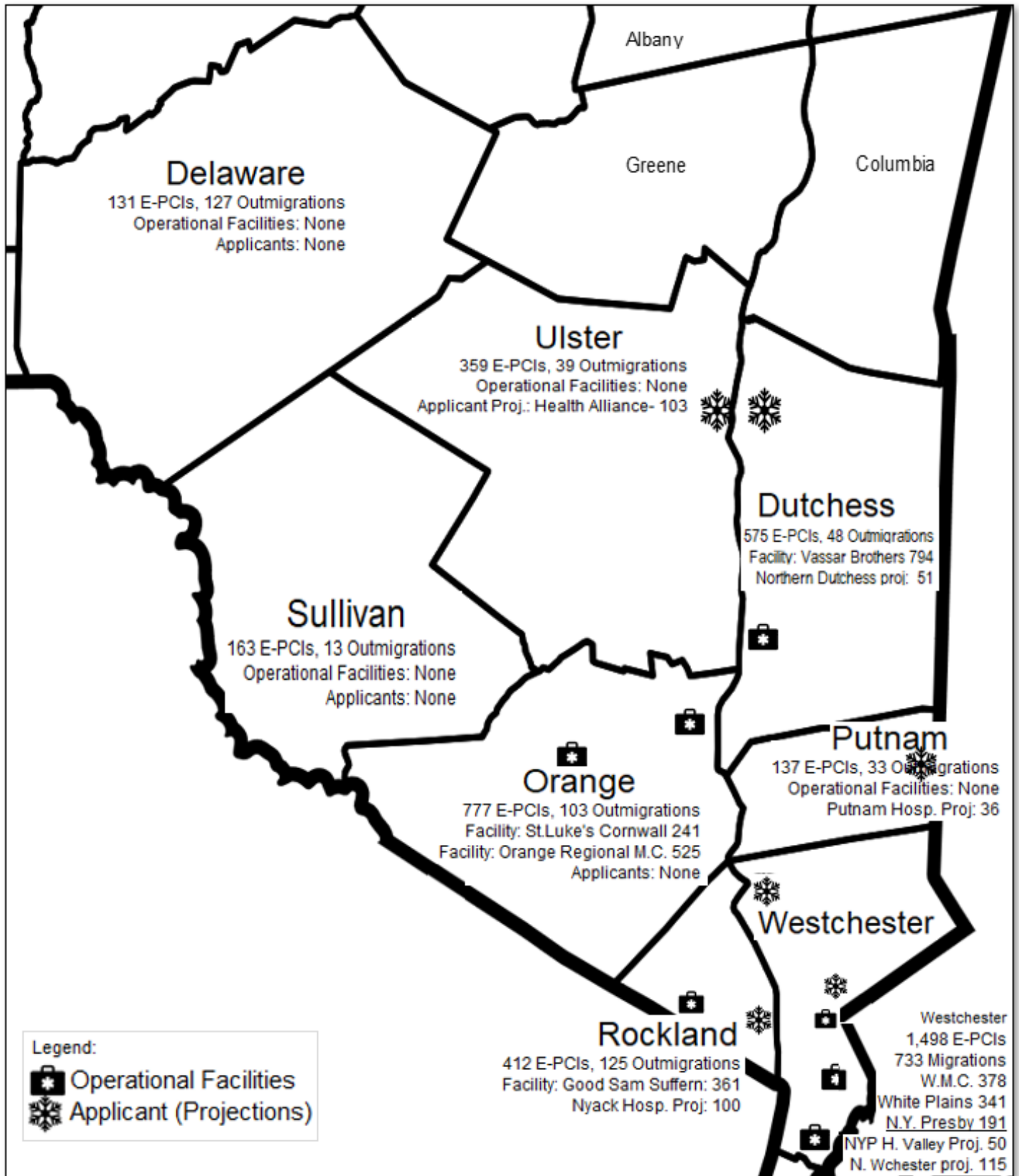
NEW YORK-PRESBYTERIAN HOSPITAL
(including NYP/Lawrence Hospital and affiliates)
Statement of Financial Position
As of August 31, 2019 and December 31, 2018

UNAUDITED

| | August 31, 2019 | December 31, 2018 | | August 31, 2019 | December 31, 2018 |
|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------|----------------------------------------------------------|--------------------------|--------------------------|
| <u>Assets</u> | | | <u>Liabilities and net assets</u> | | |
| Current assets: | | | Current liabilities: | | |
| Cash and cash equivalents | \$ 179,989 | \$ 443,897 | Long-term debt - current portion | \$ 69,557 | \$ 69,328 |
| Short-term investments | 1,736,878 | 1,637,750 | Operating lease liability - current portion | 38,011 | - |
| Total cash, cash equivalents & short-term investments | <u>1,916,867</u> | <u>2,081,647</u> | Accounts payable and accrued expenses | 688,990 | 625,393 |
| Patient accounts receivable, net | 831,719 | 763,192 | Accrued salaries and related liabilities | 343,767 | 317,967 |
| Other current assets | 198,258 | 186,475 | Accrued interest payable | 5,426 | 27,386 |
| Assets limited as to use - current portion | 34,888 | 34,452 | Pension and postretirement liabilities - current portion | 24,295 | 24,295 |
| Beneficial interest in net assets held by related organizations - current portion | 71,951 | 60,735 | Other current liabilities | 172,396 | 183,571 |
| Professional liabilities insurance recoveries receivables - current portion | 68,801 | 76,162 | Professional liabilities - current portion | 71,179 | 78,540 |
| Loan receivable from RHN - current portion | 11,401 | 8,052 | Due to related organizations | 6,167 | 8,488 |
| Due from related organizations | 87,600 | 19,415 | | | |
| Total current assets | <u>3,221,485</u> | <u>3,230,130</u> | Total current liabilities | <u>1,419,788</u> | <u>1,334,968</u> |
| Assets whose use is limited: | | | Professional liabilities | 418,709 | 379,019 |
| Under debt agreements | 70,977 | 67,170 | Postretirement benefit liability | 25,949 | 26,285 |
| Permanently restricted | 174 | 5,448 | Pension liability | 288,749 | 175,666 |
| Donor - Restricted | 5,229 | 5,221 | Other noncurrent liabilities | 310,670 | 360,224 |
| Board designated for capital | 1,271,318 | 1,143,849 | Deferred revenue | 155 | 465 |
| Board designated depreciation fund | 1,465,204 | 1,192,982 | Operating lease liability, long-term | 227,773 | - |
| Board designated-self-insurance fund | 21,318 | 21,199 | Long-term obligations, less current portion | 2,658,525 | 2,686,332 |
| Board designated | 35,916 | 36,548 | | | |
| Total assets whose use is limited | <u>2,870,136</u> | <u>2,472,417</u> | Total liabilities | <u>5,350,318</u> | <u>4,962,959</u> |
| Other noncurrent assets | 78,359 | 60,750 | Total liabilities and net assets | <u>13,152,399</u> | <u>12,353,142</u> |
| Loan receivable from Regional Hospital Network | 475,643 | 484,441 | | | |
| Property, plant and equipment, net | 3,977,837 | 3,907,924 | Net assets: | | |
| Operating lease assets - right of use | 265,784 | - | Unrestricted | 5,719,395 | 5,359,638 |
| Professional liabilities insurance recoveries receivables | 260,505 | 235,179 | Temporarily restricted - held by related organizations | 1,819,833 | 1,770,144 |
| Assets held by related organization | <u>1,643,946</u> | <u>1,543,711</u> | Permanently restricted - held by Hospital | 262,853 | 260,401 |
| Investments, less current portion | 358,704 | 418,590 | Permanently restricted - held by related organizations | 7,802,081 | 7,390,183 |
| Pledges receivable | 2,002,650 | 1,962,301 | Total net assets | <u>13,152,399</u> | <u>12,353,142</u> |
| Total assets held by related organization | <u>13,152,399</u> | <u>12,353,142</u> | | | |
| Total assets | <u>\$ 13,152,399</u> | <u>\$ 12,353,142</u> | | | |

RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

Health Quest Systems, Inc. and Subsidiaries

Consolidated Balance Sheets
December 31, 2018 and 2017
(in thousands)

| | 2018 | 2017 |
|-----------------------------------------------------------------|---------------------|---------------------|
| Assets | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 129,303 | \$ 112,169 |
| Restricted cash | 80 | 708 |
| Investments | 281,588 | 297,597 |
| Assets whose use is limited, required for current liabilities: | | |
| Externally restricted | 1,772 | 1,881 |
| Patient accounts receivable | 180,388 | 167,003 |
| Supplies and prepaid expenses | 37,051 | 34,657 |
| Other current assets | 18,922 | 9,141 |
| Amounts due from third-party payors | 2,993 | 2,927 |
| Total current assets | 652,097 | 626,083 |
| Assets whose use is limited, net of current portion: | | |
| Externally restricted | 145,606 | 305,163 |
| Investments held by captive | 45,155 | 34,269 |
| Long-term investments | 10,439 | 11,035 |
| Property, plant and equipment, net | 740,257 | 553,486 |
| Goodwill and intangible assets, net | 40,345 | 40,695 |
| Other assets | 26,458 | 26,212 |
| Total assets | \$ 1,660,357 | \$ 1,596,943 |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 17,577 | \$ 18,809 |
| Accounts payable and accrued expenses | 172,333 | 151,439 |
| Current amounts due to third-party payors and other liabilities | 19,411 | 11,868 |
| Captive insurance loss reserve payable | 9,786 | 8,954 |
| Total current liabilities | 219,107 | 191,070 |
| Long-term debt, net of current portion | 528,850 | 546,381 |
| Post-retirement benefit obligations | 80,219 | 88,486 |
| Amounts due to third-party payors and other liabilities | 88,321 | 106,403 |
| Total liabilities | 916,497 | 932,340 |
| Net assets: | | |
| Without donor restrictions | 712,574 | 637,536 |
| With donor restrictions | 31,286 | 27,067 |
| Total net assets | 743,860 | 664,603 |
| Total liabilities and net assets | \$ 1,660,357 | \$ 1,596,943 |

Health Quest Systems, Inc. and Subsidiaries

Consolidated Statements of Operations
 Years Ended December 31, 2018 and 2017
 (in thousands)

| | 2018 | 2017 |
|----------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Operating revenue: | | |
| Net patient service revenue | \$ 1,115,092 | \$ 1,079,786 |
| Provision for bad debts | - | (30,563) |
| Patient service revenue | 1,115,092 | 1,049,223 |
| Other revenue | 41,703 | 34,313 |
| Net assets released from restrictions used for operations | 628 | 409 |
| Total operating revenue | 1,157,423 | 1,083,945 |
| Operating expenses: | | |
| Salaries and fees | 526,596 | 492,428 |
| Employee benefits | 151,967 | 139,456 |
| Supplies | 185,771 | 162,655 |
| Other | 157,704 | 163,674 |
| Interest | 7,842 | 8,293 |
| Depreciation and amortization | 47,989 | 49,178 |
| Total operating expenses | 1,077,869 | 1,015,684 |
| Operating income | 79,554 | 68,261 |
| Investment (loss) income | (17,822) | 44,797 |
| Gain on sale of property, plant and equipment | 10 | 88 |
| Excess of revenue over expenses | 61,742 | 113,146 |
| Pension related changes other than net periodic pension cost | 10,722 | (11,157) |
| Grant revenue for capital expenditures | 192 | 3,064 |
| Net assets released from restrictions for capital expenditures | 2,382 | 1,505 |
| Excess of fair value of net assets acquired over consideration paid in acquisition of Sharon Hospital | - | 26,610 |
| Increase in net assets without donor restrictions | \$ 75,038 | \$ 133,168 |

Health Quest Systems, Inc. and Subsidiaries

Consolidating Balance Sheet – Obligated Group

December 31, 2018

(in thousands)

| | VBMC | PHC | NDH | Health Quest | Total | Eliminations | HQ Obligated Group |
|-------------------------------------------------------------------|---------------------|-------------------|-------------------|-------------------|---------------------|--------------------|-----------------------|
| Assets | | | | | | | |
| Current assets | | | | | | | |
| Cash and cash equivalents | \$ 18,461 | \$ 31,040 | \$ 37,716 | \$ 7,380 | \$ 94,597 | \$ - | \$ 94,597 |
| Investments | 179,508 | 43,431 | 18,005 | - | 240,944 | - | 240,944 |
| Assets whose use is limited and required for current liabilities: | | | | | | | |
| Externally restricted | 553 | 1,048 | 171 | - | 1,772 | - | 1,772 |
| Patient accounts receivable | 110,456 | 23,858 | 24,331 | - | 158,645 | - | 158,645 |
| Supplies and prepaid expenses | 15,306 | 4,461 | 2,901 | 8,583 | 31,251 | - | 31,251 |
| Other current assets | 5,179 | 1,019 | 706 | 376 | 7,280 | - | 7,280 |
| Amounts due from third-party payors | 1,982 | 603 | 379 | - | 2,964 | - | 2,964 |
| Interest in Foundation, current | 1,252 | 96 | 673 | - | 2,021 | - | 2,021 |
| Due from affiliates, current portion | 24,559 | 3,645 | 15,979 | 12,113 | 56,296 | (10,460) | 45,836 |
| Total current assets | 357,256 | 109,201 | 100,861 | 28,452 | 595,770 | (10,460) | 585,310 |
| Interest in Foundation: | 12,909 | 11,432 | 4,356 | - | 28,697 | - | 28,697 |
| Assets whose use is limited: | | | | | | | |
| Externally restricted | 143,548 | 1,012 | 1,046 | - | 145,606 | - | 145,606 |
| Long-term investments | 9,961 | - | - | - | 9,961 | - | 9,961 |
| Property, plant and equipment, net | 533,733 | 58,889 | 76,953 | 28,445 | 698,020 | - | 698,020 |
| Goodwill and intangible assets, net | 25,916 | 46 | - | - | 25,962 | - | 25,962 |
| Other assets | 1,404 | - | 138 | 6,404 | 7,946 | - | 7,946 |
| Due from affiliates, net of current | 22,634 | 7,609 | 6,703 | 40,376 | 77,322 | (33,063) | 44,259 |
| Total assets | \$ 1,107,361 | \$ 188,189 | \$ 190,057 | \$ 103,677 | \$ 1,589,284 | \$ (43,523) | \$ 1,545,761 |
| Liabilities and Net Assets | | | | | | | |
| Current liabilities: | | | | | | | |
| Current portion of long-term debt | \$ 15,890 | \$ 1,239 | \$ 263 | \$ - | \$ 17,392 | \$ - | \$ 17,392 |
| Accounts payable and accrued expenses | 78,509 | 13,396 | 10,760 | 41,120 | 143,785 | - | 143,785 |
| Current amounts due to third-party payors and other liabilities | 2,159 | 1,523 | 1,618 | 13,660 | 18,960 | - | 18,960 |
| Due to affiliates, current portion | 200 | - | 3,366 | 13,097 | 16,663 | (10,460) | 6,203 |
| Total current liabilities | 96,758 | 16,158 | 16,007 | 67,877 | 196,800 | (10,460) | 186,340 |
| Long-term debt, net of current portion | 462,621 | 20,938 | 43,895 | - | 527,454 | - | 527,454 |
| Postretirement benefit obligations | 61,466 | 18,753 | - | - | 80,219 | - | 80,219 |
| Amounts due to third-party payors and other liabilities | 38,146 | 11,782 | 10,507 | 6,523 | 66,958 | - | 66,958 |
| Due to affiliates, net of current portion | 2,493 | 995 | 395 | 38,793 | 42,676 | (33,063) | 9,613 |
| Total liabilities | 661,484 | 68,626 | 70,804 | 113,193 | 914,107 | (43,523) | 870,584 |
| Net assets: | | | | | | | |
| Net assets without donor restrictions | 427,355 | 114,727 | 112,543 | (9,516) | 645,109 | - | 645,109 |
| Net assets with donor restrictions | 18,522 | 4,836 | 6,710 | - | 30,068 | - | 30,068 |
| Total net assets | 445,877 | 119,563 | 119,253 | (9,516) | 675,177 | - | 675,177 |
| Total liabilities and net assets | \$ 1,107,361 | \$ 188,189 | \$ 190,057 | \$ 103,677 | \$ 1,589,284 | \$ (43,523) | \$ 1,545,761 |

Health Quest Systems, Inc. and Subsidiaries

Consolidating Statement of Operations – Obligated Group
Year Ended December 31, 2018
(in thousands)

| | VBMC | PHC | NDH | Health Quest | Eliminations | HQ Obligated Group |
|----------------------------------------------------------------|------------------|-----------------|------------------|-----------------|------------------|--------------------|
| Operating revenue: | | | | | | |
| Patient service revenue | \$ 645,237 | \$ 154,115 | \$ 137,598 | \$ - | \$ - | \$ 936,950 |
| Other revenue | 12,919 | 4,425 | 2,399 | 184,916 | (169,738) | 34,921 |
| Net assets released from restriction used for operations | 293 | 246 | 89 | - | - | 628 |
| Total operating revenue | 658,449 | 158,786 | 140,086 | 184,916 | (169,738) | 972,499 |
| Operating expenses: | | | | | | |
| Salaries and fees | 162,208 | 52,811 | 40,148 | 94,759 | - | 349,926 |
| Employee benefits | 65,601 | 18,733 | 11,846 | 24,018 | - | 120,198 |
| Supplies | 113,835 | 25,751 | 25,399 | 8,587 | - | 173,572 |
| Other | 203,006 | 49,768 | 33,315 | 53,243 | (169,738) | 169,594 |
| Interest | 4,623 | 934 | 2,011 | 125 | - | 7,693 |
| Depreciation and amortization | 24,347 | 7,305 | 6,428 | 4,537 | - | 42,617 |
| Total operating expenses | 573,620 | 155,302 | 119,147 | 185,269 | (169,738) | 863,600 |
| Operating income | 84,829 | 3,484 | 20,939 | (353) | - | 108,899 |
| Investment loss | (7,571) | (2,289) | (971) | - | - | (10,831) |
| Gain (loss) on sale of property, plant and equipment | (18) | 3 | - | - | - | (15) |
| Excess of revenue over expenses | 77,240 | 1,198 | 19,968 | (353) | - | 98,053 |
| Pension related changes other than net periodic pension costs | 11,546 | (824) | - | - | - | 10,722 |
| Grant revenue for capital expenditures | - | - | 192 | - | - | 192 |
| Net assets released from restrictions for capital expenditures | 757 | 158 | 1,467 | - | - | 2,382 |
| Change in interest in Foundation | - | (209) | - | - | - | (209) |
| Transfers of equity | (61,447) | (526) | (8,883) | - | - | (70,856) |
| Increase in net assets without donor restrictions | \$ 28,096 | \$ (203) | \$ 12,744 | \$ (353) | \$ - | \$ 40,284 |

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PUTNAM HOSPITAL CENTER
Balance Sheet
For the Six Months Ending June 30, 2019
(Dollars in 000's)

| | <u>2019</u> | <u>2018</u> | <u>Inc/Decr over PY</u> |
|------------------------------------------------------------------|----------------|----------------|-----------------------------|
| Assets | | | |
| Current Assets | | | |
| Cash and cash equivalents | \$26,437 | \$31,040 | (\$4,602) |
| Investments | 48,472 | 43,431 | 5,040 |
| Assets whose use is limited and required for current liabilities | | | |
| Externally restricted | 1,620 | 1,048 | 573 |
| Investments held by captive | | | |
| Patient accounts receivable, net | 21,896 | 23,858 | (1,961) |
| Supplies and prepaid expenses | 4,076 | 4,461 | (385) |
| Other current assets | 779 | 1,019 | (240) |
| Estimated third party payor adjustments | 1,083 | 603 | 480 |
| Interest in Foundation | 168 | 96 | 73 |
| Due from Affiliates, current portion | 3,939 | 3,645 | 294 |
| Total current assets | 108,470 | 109,200 | (730) |
| Interest in Foundation | 11,773 | 11,432 | 340 |
| Assets whose use is limited | | | |
| Externally restricted | 1,007 | 1,012 | (5) |
| Property, plant and equipment, less accumulated amortization | 59,659 | 58,889 | 770 |
| Intangible Assets | 46 | 46 | 0 |
| Due from Affiliates, long term portion | 7,609 | 7,609 | 0 |
| Other non-current assets | 10,824 | 0 | 10,824 |
| Total assets | 199,387 | 188,188 | 11,199 |
| Liabilities and Net Assets | | | |
| Current Liabilities | | | |
| Current portion of long-term debt | 1,239 | 1,239 | 0 |
| Accounts payable and accrued expenses | 13,353 | 13,395 | (42) |
| Estimated third-party payor adjustments and other liabilities | 1,450 | 1,523 | (72) |
| Estimated insurance loss reserve payable | | | |
| Due to Affiliates, net of current portion | 102 | 0 | 102 |
| Total Current Liabilities | 16,145 | 16,156 | (11) |
| Long-term debt, net current portion | 20,870 | 20,938 | (67) |
| Postretirement benefit obligations | 18,786 | 18,753 | 32 |
| Estimated third-party payor adjustments and other liabilities | 21,501 | 11,782 | 9,719 |
| Due to Affiliates, net of current portion | 995 | 995 | 0 |
| Total Liabilities | 78,297 | 68,624 | 9,673 |
| Net assets | | | |
| Unrestricted | 116,181 | 114,727 | 1,454 |
| Temporary restricted | 4,089 | 4,019 | 70 |
| Permanently restricted | 820 | 817 | 3 |
| Total Net Assets | 121,090 | 119,563 | 1,526 |
| Total liabilities and net assets | 199,387 | 188,188 | 11,199 |

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PUTNAM HOSPITAL CENTER
Revenue and Expense Statement
For the Six Months Ending June 30, 2019

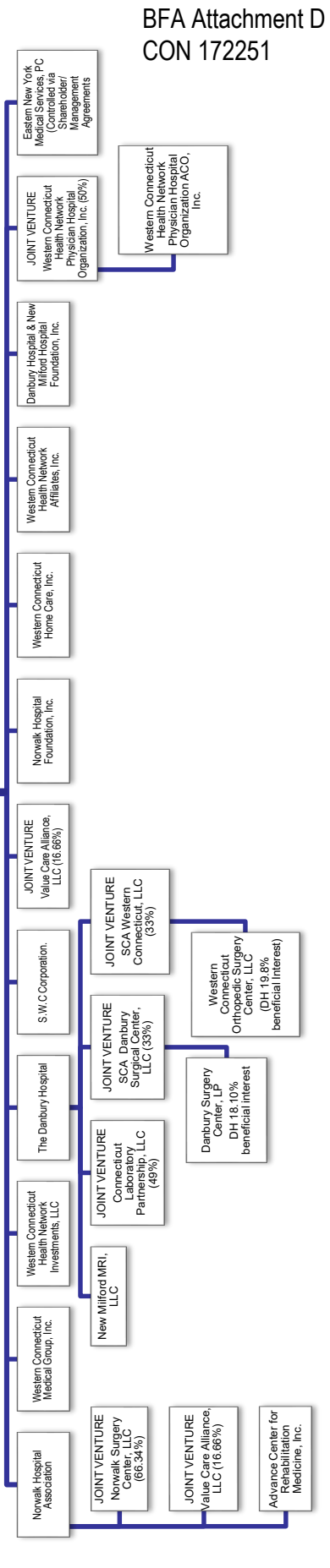
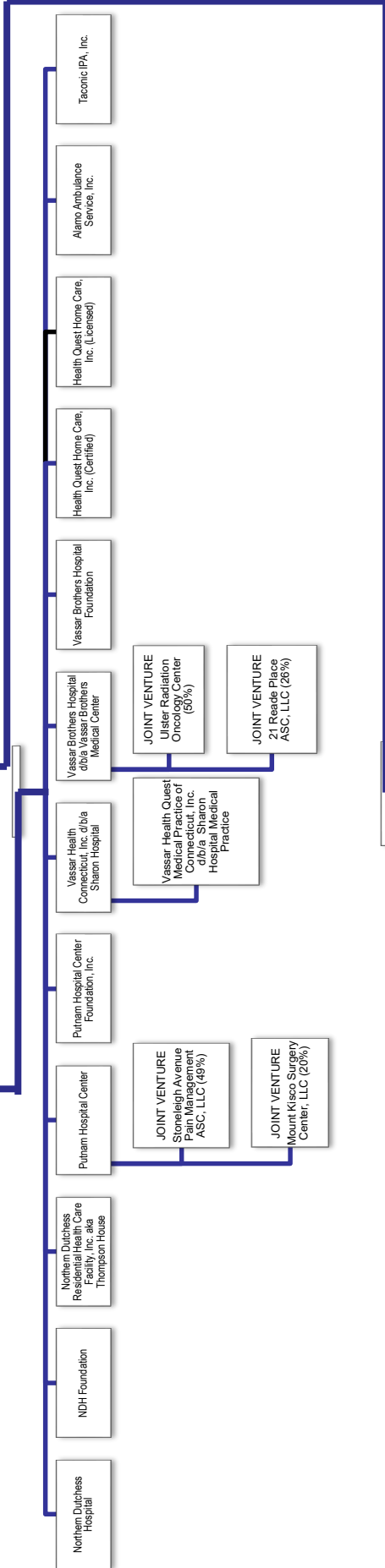
| | MONTH - TO - DATE | | | YEAR - TO - DATE | | | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------|---------------------|--------------------|---------------------|----------------------|----------------------|--------------------|----------------------|
| | ACTUAL | BUDGET | VARIANCE | LAST YEAR ACTUAL | ACTUAL | BUDGET | VARIANCE | LAST YEAR ACTUAL |
| Gross Charges | | | | | | | | |
| Inpatient Revenue | \$16,174,555 | \$17,753,018 | (\$1,578,463) | \$16,147,172 | \$96,677,575 | \$109,079,384 | (\$12,401,809) | \$100,220,094 |
| Outpatient Revenue | 19,353,332 | 20,142,991 | (789,658) | 20,311,469 | 121,011,192 | 116,304,297 | 4,706,895 | 118,339,286 |
| Total Gross Charges | 35,527,887 | 37,896,009 | (2,368,121) | 36,458,642 | 217,688,767 | 225,383,681 | (7,694,914) | 218,559,380 |
| Inpatient Allowances | (9,406,574) | (10,050,612) | 644,038 | (8,471,682) | (55,996,554) | (63,145,431) | 7,148,877 | (54,889,106) |
| Outpatient Allowances | (14,021,461) | (13,800,619) | (220,842) | (14,095,717) | (86,575,578) | (79,510,272) | (7,065,306) | (82,216,336) |
| Other Patient Revenue Allowances | | | | | | | | 50,000 |
| Total Allowances | (23,428,035) | (23,851,231) | 423,196 | (22,567,399) | (142,572,132) | (142,655,703) | 83,571 | (137,055,444) |
| Less Provision for bad debts | (318,878) | (320,221) | 1,343 | (340,454) | (1,851,192) | (1,886,198) | 35,006 | (1,858,266) |
| Total Net Patient Revenue | 11,780,974 | 13,724,556 | (1,943,582) | 13,550,789 | 73,265,444 | 80,841,780 | (7,576,337) | 79,645,671 |
| Other operating revenue | 223,367 | 296,797 | (73,430) | 384,390 | 1,980,582 | 1,780,784 | 199,798 | 1,780,785 |
| Affiliate Revenue | 11,460 | 4,908 | 6,552 | 4,997 | 99,601 | 29,449 | 70,153 | 29,449 |
| Total Revenue | 12,015,802 | 14,026,262 | (2,010,460) | 13,940,176 | 75,345,627 | 82,652,013 | (7,306,386) | 81,455,905 |
| Operating expenses | | | | | | | | |
| Salary Expense | 4,483,178 | 4,503,031 | 19,853 | 4,405,613 | 26,210,730 | 26,863,407 | 652,677 | 26,024,479 |
| Employee benefits | 1,713,096 | 1,692,044 | (21,052) | 1,561,258 | 9,969,227 | 10,133,762 | 164,555 | 9,444,549 |
| Agency Fees | 31,960 | 68,486 | 36,526 | 72,687 | 399,742 | 413,197 | 13,455 | 422,581 |
| Total Salaries and Fringe | 6,228,234 | 6,263,561 | 35,327 | 6,039,557 | 36,579,699 | 37,410,386 | 830,687 | 35,891,609 |
| Professional Fees | 735,307 | 726,590 | 21,283 | 601,594 | 4,111,275 | 4,508,373 | 397,098 | 3,933,667 |
| Medical Supplies | 1,861,249 | 1,951,362 | 90,113 | 1,868,343 | 11,291,739 | 11,602,833 | 311,095 | 10,893,306 |
| Non Medical Supplies | 316,766 | 313,260 | (3,506) | 282,570 | 1,868,465 | 1,874,449 | 5,984 | 1,763,973 |
| Utilities | 146,255 | 153,640 | 7,385 | 137,470 | 933,663 | 1,072,714 | 139,051 | 949,658 |
| Interest | 74,488 | 72,669 | (1,819) | 82,863 | 452,783 | 436,015 | (16,767) | 484,153 |
| Depreciation and Amortization | 617,339 | 617,125 | (214) | 591,949 | 3,604,035 | 3,602,751 | (1,284) | 3,566,337 |
| Other Expenses | 3,339,798 | 3,570,279 | 230,481 | 3,051,724 | 20,380,493 | 21,351,562 | 971,069 | 20,969,517 |
| Total operating expenses | 13,289,436 | 13,668,486 | 379,050 | 12,656,070 | 79,222,151 | 81,859,083 | 2,636,932 | 78,452,220 |
| Operating Gain/(Loss) | (1,273,634) | 357,776 | (1,631,410) | 1,284,106 | (3,876,524) | 792,930 | (4,669,454) | 3,003,685 |
| Investment (loss) income and other | 81,031 | 62,500 | 18,531 | 53,472 | 513,873 | 375,000 | 138,873 | 311,874 |
| Change in net unrealized gains and losses | 1,978,247 | | 1,978,247 | (129,760) | 4,799,229 | | 4,799,229 | (455,956) |
| Excess/(Deficiency) of revenue over expenses | 785,643 | 420,276 | 365,367 | 1,207,818 | 1,436,579 | 1,167,930 | 268,649 | 2,859,603 |
| Interest in PHC Foundation | (237,102) | 5,799 | (242,901) | (9,229) | 351,110 | 34,795 | 316,315 | 96,430 |
| Transfer of Equity | (87,527) | (62,159) | (25,369) | (71,554) | (459,645) | (324,523) | (135,122) | (390,977) |
| Net assets released from restrictions for capital expenditures | 125,917 | 75,000 | 50,917 | 157,500 | 125,917 | 75,000 | 50,917 | 157,500 |
| (Decrease) increase in unrestricted net assets after cumulative effect of change in accounting principle | 586,931 | 438,917 | 148,014 | 1,284,536 | 1,453,961 | 953,202 | 500,759 | 2,722,556 |

NUVANCE HEALTH

Nuvance Insurance Company, Ltd.

Western Connecticut Network, Inc.

Health Quest Systems, Inc.

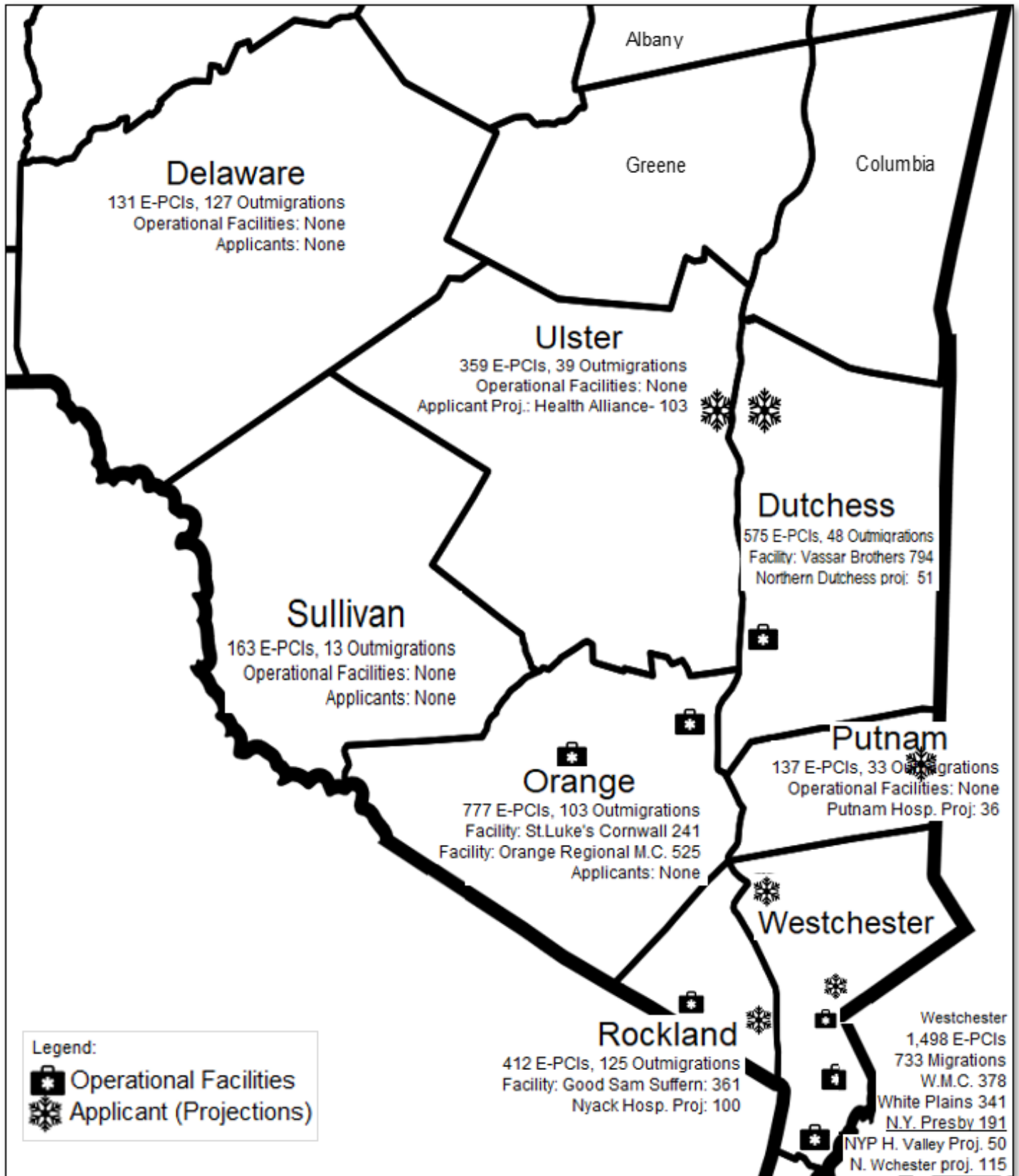


BFA Attachment D
CON 172251



RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

Health Quest Systems, Inc. and Subsidiaries

Consolidated Balance Sheets
December 31, 2018 and 2017
(in thousands)

| | 2018 | 2017 |
|-----------------------------------------------------------------|---------------------|---------------------|
| Assets | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 129,303 | \$ 112,169 |
| Restricted cash | 80 | 708 |
| Investments | 281,588 | 297,597 |
| Assets whose use is limited, required for current liabilities: | | |
| Externally restricted | 1,772 | 1,881 |
| Patient accounts receivable | 180,388 | 167,003 |
| Supplies and prepaid expenses | 37,051 | 34,657 |
| Other current assets | 18,922 | 9,141 |
| Amounts due from third-party payors | 2,993 | 2,927 |
| Total current assets | 652,097 | 626,083 |
| Assets whose use is limited, net of current portion: | | |
| Externally restricted | 145,606 | 305,163 |
| Investments held by captive | 45,155 | 34,269 |
| Long-term investments | 10,439 | 11,035 |
| Property, plant and equipment, net | 740,257 | 553,486 |
| Goodwill and intangible assets, net | 40,345 | 40,695 |
| Other assets | 26,458 | 26,212 |
| Total assets | \$ 1,660,357 | \$ 1,596,943 |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 17,577 | \$ 18,809 |
| Accounts payable and accrued expenses | 172,333 | 151,439 |
| Current amounts due to third-party payors and other liabilities | 19,411 | 11,868 |
| Captive insurance loss reserve payable | 9,786 | 8,954 |
| Total current liabilities | 219,107 | 191,070 |
| Long-term debt, net of current portion | 528,850 | 546,381 |
| Post-retirement benefit obligations | 80,219 | 88,486 |
| Amounts due to third-party payors and other liabilities | 88,321 | 106,403 |
| Total liabilities | 916,497 | 932,340 |
| Net assets: | | |
| Without donor restrictions | 712,574 | 637,536 |
| With donor restrictions | 31,286 | 27,067 |
| Total net assets | 743,860 | 664,603 |
| Total liabilities and net assets | \$ 1,660,357 | \$ 1,596,943 |

Health Quest Systems, Inc. and Subsidiaries

Consolidated Statements of Operations
 Years Ended December 31, 2018 and 2017
 (in thousands)

| | 2018 | 2017 |
|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|
| Operating revenue: | | |
| Net patient service revenue | \$ 1,115,092 | \$ 1,079,786 |
| Provision for bad debts | - | (30,563) |
| Patient service revenue | <u>1,115,092</u> | <u>1,049,223</u> |
| Other revenue | 41,703 | 34,313 |
| Net assets released from restrictions used for operations | <u>628</u> | <u>409</u> |
| Total operating revenue | <u>1,157,423</u> | <u>1,083,945</u> |
| Operating expenses: | | |
| Salaries and fees | 526,596 | 492,428 |
| Employee benefits | 151,967 | 139,456 |
| Supplies | 185,771 | 162,655 |
| Other | 157,704 | 163,674 |
| Interest | 7,842 | 8,293 |
| Depreciation and amortization | <u>47,989</u> | <u>49,178</u> |
| Total operating expenses | <u>1,077,869</u> | <u>1,015,684</u> |
| Operating income | 79,554 | 68,261 |
| Investment (loss) income | (17,822) | 44,797 |
| Gain on sale of property, plant and equipment | <u>10</u> | <u>88</u> |
| Excess of revenue over expenses | 61,742 | 113,146 |
| Pension related changes other than net periodic pension cost | 10,722 | (11,157) |
| Grant revenue for capital expenditures | 192 | 3,064 |
| Net assets released from restrictions for capital expenditures | 2,382 | 1,505 |
| Excess of fair value of net assets acquired over consideration paid in acquisition of Sharon Hospital | <u>-</u> | <u>26,610</u> |
| Increase in net assets without donor restrictions | <u>\$ 75,038</u> | <u>\$ 133,168</u> |

Health Quest Systems, Inc. and Subsidiaries

Consolidating Balance Sheet – Obligated Group

December 31, 2018

(in thousands)

| | VBMC | PHC | NDH | Health Quest | Total | Eliminations | HQ Obligated Group |
|-------------------------------------------------------------------|---------------------|-------------------|-------------------|-------------------|---------------------|--------------------|-----------------------|
| Assets | | | | | | | |
| Current assets | | | | | | | |
| Cash and cash equivalents | \$ 18,461 | \$ 31,040 | \$ 37,716 | \$ 7,380 | \$ 94,597 | \$ - | \$ 94,597 |
| Investments | 179,508 | 43,431 | 18,005 | - | 240,944 | - | 240,944 |
| Assets whose use is limited and required for current liabilities: | | | | | | | |
| Externally restricted | 553 | 1,048 | 171 | - | 1,772 | - | 1,772 |
| Patient accounts receivable | 110,456 | 23,858 | 24,331 | - | 158,645 | - | 158,645 |
| Supplies and prepaid expenses | 15,306 | 4,461 | 2,901 | 8,583 | 31,251 | - | 31,251 |
| Other current assets | 5,179 | 1,019 | 706 | 376 | 7,280 | - | 7,280 |
| Amounts due from third-party payors | 1,982 | 603 | 379 | - | 2,964 | - | 2,964 |
| Interest in Foundation, current | 1,252 | 96 | 673 | - | 2,021 | - | 2,021 |
| Due from affiliates, current portion | 24,559 | 3,645 | 15,979 | 12,113 | 56,296 | (10,460) | 45,836 |
| Total current assets | 357,256 | 109,201 | 100,861 | 28,452 | 595,770 | (10,460) | 585,310 |
| Interest in Foundation: | 12,909 | 11,432 | 4,356 | - | 28,697 | - | 28,697 |
| Assets whose use is limited: | | | | | | | |
| Externally restricted | 143,548 | 1,012 | 1,046 | - | 145,606 | - | 145,606 |
| Long-term investments | 9,961 | - | - | - | 9,961 | - | 9,961 |
| Property, plant and equipment, net | 533,733 | 58,889 | 76,953 | 28,445 | 698,020 | - | 698,020 |
| Goodwill and intangible assets, net | 25,916 | 46 | - | - | 25,962 | - | 25,962 |
| Other assets | 1,404 | - | 138 | 6,404 | 7,946 | - | 7,946 |
| Due from affiliates, net of current | 22,634 | 7,609 | 6,703 | 40,376 | 77,322 | (33,063) | 44,259 |
| Total assets | \$ 1,107,361 | \$ 188,189 | \$ 190,057 | \$ 103,677 | \$ 1,589,284 | \$ (43,523) | \$ 1,545,761 |
| Liabilities and Net Assets | | | | | | | |
| Current liabilities: | | | | | | | |
| Current portion of long-term debt | \$ 15,890 | \$ 1,239 | \$ 263 | \$ - | \$ 17,392 | \$ - | \$ 17,392 |
| Accounts payable and accrued expenses | 78,509 | 13,396 | 10,760 | 41,120 | 143,785 | - | 143,785 |
| Current amounts due to third-party payors and other liabilities | 2,159 | 1,523 | 1,618 | 13,660 | 18,960 | - | 18,960 |
| Due to affiliates, current portion | 200 | - | 3,366 | 13,097 | 16,663 | (10,460) | 6,203 |
| Total current liabilities | 96,758 | 16,158 | 16,007 | 67,877 | 196,800 | (10,460) | 186,340 |
| Long-term debt, net of current portion | 462,621 | 20,938 | 43,895 | - | 527,454 | - | 527,454 |
| Postretirement benefit obligations | 61,466 | 18,753 | - | - | 80,219 | - | 80,219 |
| Amounts due to third-party payors and other liabilities | 38,146 | 11,782 | 10,507 | 6,523 | 66,958 | - | 66,958 |
| Due to affiliates, net of current portion | 2,493 | 995 | 395 | 38,793 | 42,676 | (33,063) | 9,613 |
| Total liabilities | 661,484 | 68,626 | 70,804 | 113,193 | 914,107 | (43,523) | 870,584 |
| Net assets: | | | | | | | |
| Net assets without donor restrictions | 427,355 | 114,727 | 112,543 | (9,516) | 645,109 | - | 645,109 |
| Net assets with donor restrictions | 18,522 | 4,836 | 6,710 | - | 30,068 | - | 30,068 |
| Total net assets | 445,877 | 119,563 | 119,253 | (9,516) | 675,177 | - | 675,177 |
| Total liabilities and net assets | \$ 1,107,361 | \$ 188,189 | \$ 190,057 | \$ 103,677 | \$ 1,589,284 | \$ (43,523) | \$ 1,545,761 |

Health Quest Systems, Inc. and Subsidiaries

Consolidating Statement of Operations – Obligated Group
Year Ended December 31, 2018
(in thousands)

| | VBMC | PHC | NDH | Health Quest | Eliminations | HQ Obligated Group |
|----------------------------------------------------------------|------------------|-----------------|------------------|-----------------|------------------|--------------------|
| Operating revenue: | | | | | | |
| Patient service revenue | \$ 645,237 | \$ 154,115 | \$ 137,598 | \$ - | \$ - | \$ 936,950 |
| Other revenue | 12,919 | 4,425 | 2,399 | 184,916 | (169,738) | 34,921 |
| Net assets released from restriction used for operations | 293 | 246 | 89 | - | - | 628 |
| Total operating revenue | 658,449 | 158,786 | 140,086 | 184,916 | (169,738) | 972,499 |
| Operating expenses: | | | | | | |
| Salaries and fees | 162,208 | 52,811 | 40,148 | 94,759 | - | 349,926 |
| Employee benefits | 65,601 | 18,733 | 11,846 | 24,018 | - | 120,198 |
| Supplies | 113,835 | 25,751 | 25,399 | 8,587 | - | 173,572 |
| Other | 203,006 | 49,768 | 33,315 | 53,243 | (169,738) | 169,594 |
| Interest | 4,623 | 934 | 2,011 | 125 | - | 7,693 |
| Depreciation and amortization | 24,347 | 7,305 | 6,428 | 4,537 | - | 42,617 |
| Total operating expenses | 573,620 | 155,302 | 119,147 | 185,269 | (169,738) | 863,600 |
| Operating income | 84,829 | 3,484 | 20,939 | (353) | - | 108,899 |
| Investment loss | (7,571) | (2,289) | (971) | - | - | (10,831) |
| Gain (loss) on sale of property, plant and equipment | (18) | 3 | - | - | - | (15) |
| Excess of revenue over expenses | 77,240 | 1,198 | 19,968 | (353) | - | 98,053 |
| Pension related changes other than net periodic pension costs | 11,546 | (824) | - | - | - | 10,722 |
| Grant revenue for capital expenditures | - | - | 192 | - | - | 192 |
| Net assets released from restrictions for capital expenditures | 757 | 158 | 1,467 | - | - | 2,382 |
| Change in interest in Foundation | - | (209) | - | - | - | (209) |
| Transfers of equity | (61,447) | (526) | (8,883) | - | - | (70,856) |
| Increase in net assets without donor restrictions | \$ 28,096 | \$ (203) | \$ 12,744 | \$ (353) | \$ - | \$ 40,284 |

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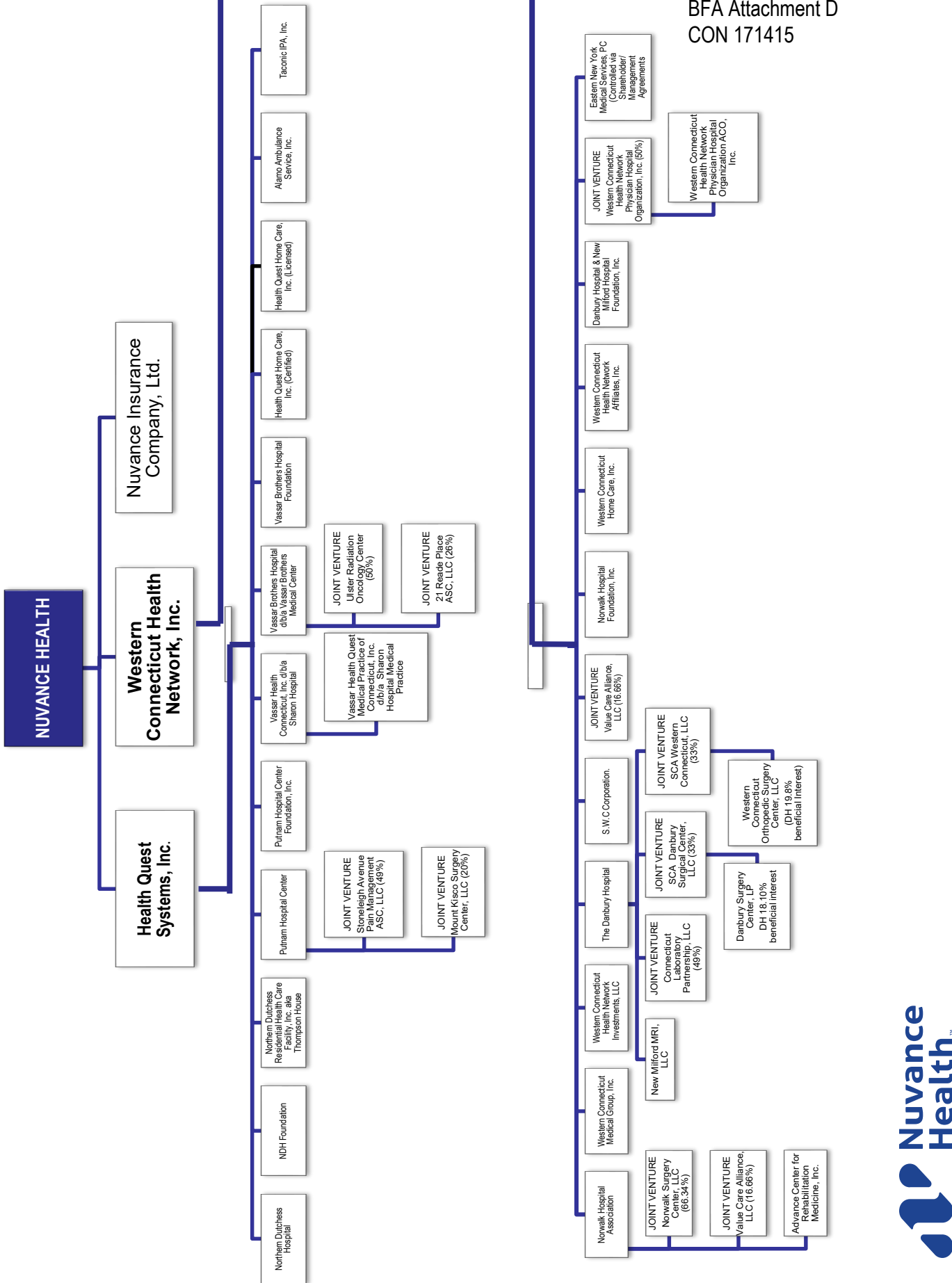
NORTHERN DUTCHESS HOSPITAL
Balance Sheet
For the Eight Months Ending August 31, 2019
(Dollars in 000's)

| | <u>2019</u> | <u>2018</u> | <u>Inc/Decr over PY</u> |
|------------------------------------------------------------------|----------------|----------------|-----------------------------|
| Assets | | | |
| Current Assets | | | |
| Cash and cash equivalents | \$38,985 | \$37,716 | \$1,268 |
| Investments | 19,973 | 18,005 | 1,968 |
| Assets whose use is limited and required for current liabilities | | | |
| Externally restricted | 98 | 171 | (73) |
| Investments held by captive | | | |
| Patient accounts receivable, net | 22,133 | 24,331 | (2,198) |
| Supplies and prepaid expenses | 2,117 | 2,901 | (784) |
| Other current assets | 120 | 706 | (586) |
| Estimated third party payor adjustments | 219 | 379 | (160) |
| Interest in Foundation | 673 | 673 | 0 |
| Due from Affiliates, current portion | 20,564 | 15,979 | 4,584 |
| Total current assets | 104,883 | 100,863 | 4,020 |
| Interest in Foundation | 4,325 | 4,356 | (31) |
| Assets whose use is limited | | | |
| Externally restricted | 344 | 1,046 | (702) |
| Property, plant and equipment, less accumulated amortization | 75,591 | 76,953 | (1,362) |
| Due from Affiliates, long term portion | 6,703 | 6,703 | 0 |
| Other non-current assets | 234 | 138 | 95 |
| Total assets | 192,079 | 190,059 | 2,020 |
| Liabilities and Net Assets | | | |
| Current Liabilities | | | |
| Current portion of long-term debt | 470 | 263 | 207 |
| Accounts payable and accrued expenses | 9,032 | 10,761 | (1,729) |
| Estimated third-party payor adjustments and other liabilities | 2,074 | 1,618 | 456 |
| Estimated insurance loss reserve payable | | | |
| Due to Affiliates, net of current portion | 3,257 | 3,366 | (109) |
| Total Current Liabilities | 14,834 | 16,009 | (1,175) |
| Long-term debt, net current portion | 43,463 | 43,895 | (432) |
| Estimated third-party payor adjustments and other liabilities | 10,132 | 10,507 | (374) |
| Due to Affiliates, net of current portion | 395 | 395 | 0 |
| Total Liabilities | 68,824 | 70,805 | (1,981) |
| Net assets | | | |
| Unrestricted | 116,599 | 112,543 | 4,057 |
| Temporary restricted | 5,160 | 5,215 | (55) |
| Permanently restricted | 1,495 | 1,495 | 0 |
| Total Net Assets | 123,255 | 119,254 | 4,001 |
| Total liabilities and net assets | 192,079 | 190,059 | 2,020 |

NORTHERN DUTCHESS HOSPITAL
Revenue and Expense Statement
For the Eight Months Ending August 31, 2019
(Dollars in 000's)

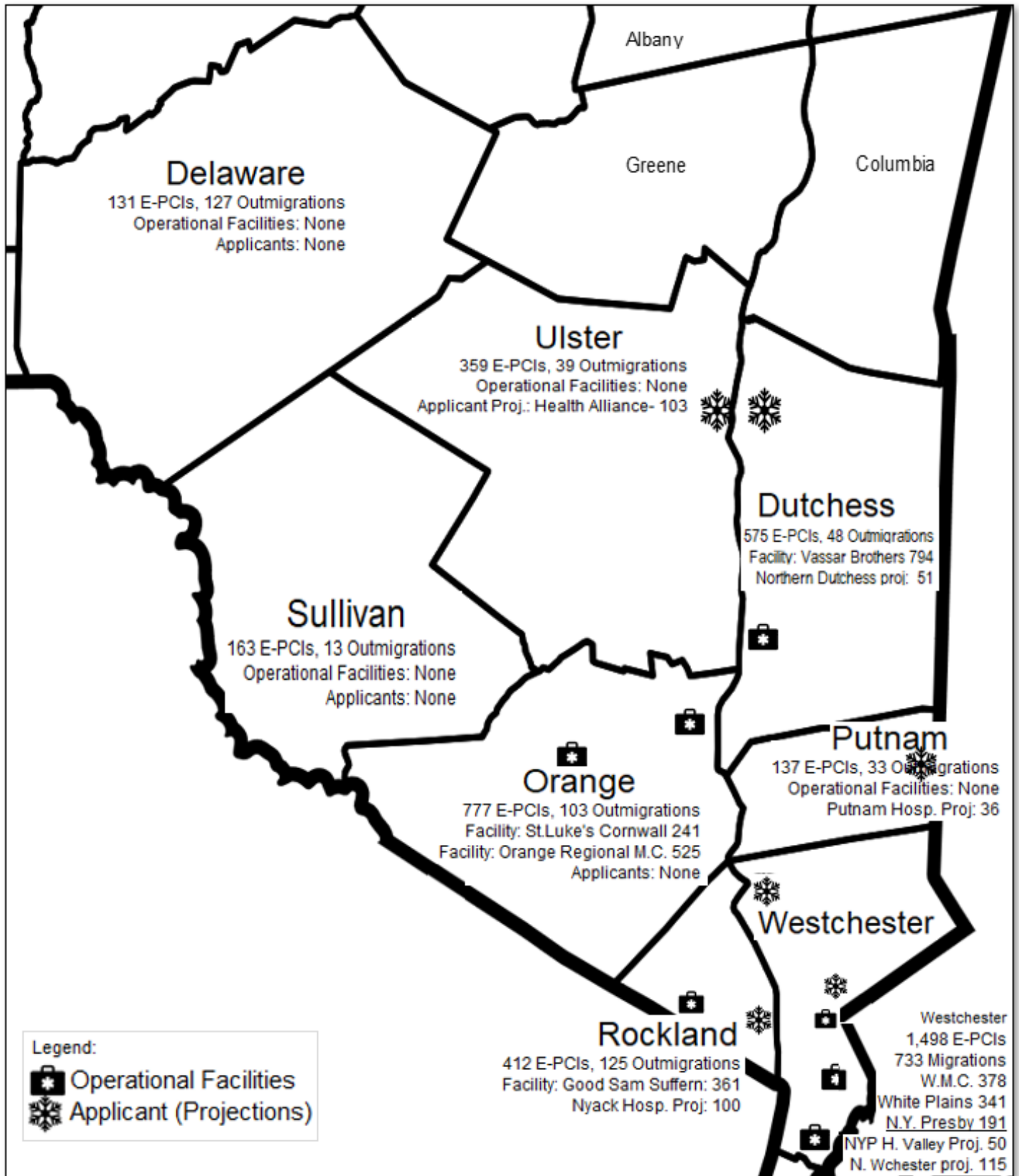
09/17/19
01:38 PM
2019 PL HOSPITAL

| | MONTH - TO - DATE | | | YEAR - TO - DATE | | | LAST YEAR ACTUAL |
|-----------------------------------------------------------------------------------------------------------------|-------------------|---------------|----------------|---------------------|---------------|----------------|---------------------|
| | ACTUAL | BUDGET | VARIANCE | LAST YEAR ACTUAL | BUDGET | VARIANCE | |
| Net Patient Revenue | | | | | | | |
| Inpatient Revenue | \$5,834 | \$6,585 | (\$751) | \$5,931 | \$48,309 | (\$5,187) | \$49,762 |
| Outpatient Revenue | 6,185 | 6,361 | (176) | 5,876 | 45,868 | (786) | 42,822 |
| Other Patient Revenue | (251) | (249) | (2) | (173) | (1,977) | (30) | 25 |
| Less Implicit Price Concessions | | | | | | | (1,734) |
| Total Net Patient Revenue | 11,769 | 12,698 | (929) | 11,634 | 98,203 | (6,003) | 90,875 |
| Other Operating Revenue | 111 | 149 | (38) | 347 | 1,188 | (3) | 1,132 |
| Affiliate Revenue | 60 | 53 | 7 | 54 | 432 | 8 | 425 |
| Total Revenue | 11,940 | 12,899 | (959) | 12,035 | 99,817 | (5,998) | 92,432 |
| Operating expenses | | | | | | | |
| Salary Expense | 3,710 | 3,647 | (63) | 3,463 | 28,217 | (90) | 26,244 |
| Employee Benefits | 1,230 | 1,053 | (177) | 1,104 | 8,600 | (295) | 7,758 |
| Agency Fees | 53 | | (53) | 45 | 381 | (381) | 174 |
| Total Salaries and Fringe | 4,993 | 4,700 | (293) | 4,612 | 37,198 | (766) | 34,176 |
| Professional Fees | 777 | 576 | (201) | 562 | 5,148 | (288) | 4,155 |
| Medical Supplies | 1,909 | 2,225 | 316 | 2,194 | 15,707 | 1,431 | 14,083 |
| Non Medical Supplies | 239 | 260 | 21 | 264 | 2,172 | 126 | 2,068 |
| Utilities | 138 | 137 | (1) | 150 | 1,063 | (66) | 1,082 |
| Interest | 167 | 167 | | 167 | 1,341 | (3) | 1,342 |
| Depreciation and Amortization | 552 | 549 | (3) | 688 | 4,415 | (21) | 4,511 |
| Other Expenses | 2,870 | 2,355 | (516) | 2,252 | 19,173 | (518) | 17,251 |
| Total operating expenses | 11,646 | 10,969 | (677) | 10,890 | 86,158 | (105) | 78,668 |
| Operating Gain/(Loss) | 294 | 1,931 | (1,636) | 1,145 | 7,661 | (6,103) | 13,765 |
| Investment (loss) income and other | 19 | 25 | (6) | 7 | 247 | 47 | 214 |
| Change in net unrealized gains and losses | (214) | | (214) | 141 | 1,794 | 1,794 | 280 |
| Gain on disposal | | | | 13 | | 13 | |
| Excess/(Deficiency) of revenue over expenses | 100 | 1,956 | (1,856) | 1,293 | 9,715 | (4,250) | 14,258 |
| Grant income for capital | 25 | | 25 | 8 | 39 | 39 | 191 |
| Transfer of Equity | (1,073) | (464) | (609) | (691) | (5,782) | (1,797) | (4,046) |
| Net assets released from restrictions for capital expenditures | | 100 | (100) | 84 | 800 | (716) | 1,066 |
| (Decrease) increase in unrestricted net assets after cumulative effect of change in accounting principle | (949) | 1,591 | (2,540) | 610 | 4,057 | (6,723) | 11,469 |



RNR Attachment A

2018 Hudson Valley Region Residents- Emergency PCI (“E-PCI”) Procedures Performed, County Based Out-Migration, and Applicant Year-One E-PCI Projections.



All Procedures Refer to Emergency PCI, “E-PCI”, per: 709.14 (effective 09/25/2019).

Out-migrations Received Treatment Outside of the Hudson Valley Region.

APPLICANTS: Westchester: 162211, 152243. Rockland: 162148. Dutchess: 171415, Putnam: 172251, Ulster: 191260.

HEALTHALLIANCE, INC.
(A Component Unit Of Westchester County Health Care Corporation)
Management's Discussion and Analysis (Unaudited)
December 31, 2018 and 2017
(amounts in thousands)

Financial Analysis
Summary of Assets, Liabilities, and Net Position
December 31, 2018, 2017 and 2016

| | <u>2018</u> | <u>2017</u> | <u>2016</u> | 2018-2017 Percentage Change |
|--------------------------------|--------------------|-------------------|------------------|--------------------------------------------|
| Assets | | | | |
| Current assets | \$ 22,332 | \$ 21,231 | \$ 30,355 | 5.2 % |
| Capital assets, net | 49,264 | 50,908 | 54,441 | (3.2)% |
| Other assets | 9,607 | 14,786 | 11,979 | (35.0)% |
| Total assets | <u>\$ 81,203</u> | <u>\$ 86,925</u> | <u>\$ 96,775</u> | <u>(6.6)%</u> |
| Liabilities | | | | |
| Current liabilities | \$ 60,477 | \$ 52,867 | \$ 55,658 | 14.4 % |
| Long-term portion of debt, net | 21,125 | 19,954 | 16,611 | 5.9 % |
| Other long-term liabilities | 16,440 | 17,169 | 18,303 | (4.2)% |
| Total liabilities | <u>\$ 98,042</u> | <u>\$ 89,990</u> | <u>\$ 90,572</u> | <u>8.9 %</u> |
| Net position | | | | |
| Restricted | \$ 623 | \$ 790 | \$ 790 | (21.1)% |
| Unrestricted | (17,462) | (2,855) | 5,413 | NM |
| Total net position | <u>\$ (16,839)</u> | <u>\$ (2,065)</u> | <u>\$ 6,203</u> | <u>NM</u> |

NM – Not Meaningful

HEALTHALLIANCE, INC.
(A Component Unit Of Westchester County Health Care Corporation)
Management's Discussion and Analysis (Unaudited)
December 31, 2018 and 2017
(amounts in thousands)

Financial Analysis
Summary of Revenues, Expenses, and Changes in Net Position
Years ended December 31, 2018, 2017 and 2016

| | 2018 | 2017 | 2016 | 2018-2017 Percentage Change |
|---------------------------------------------------------|--------------------|-------------------|-----------------|-----------------------------------|
| Operating revenues | | | | |
| Net patient service revenue | \$ 164,941 | \$ 172,500 | \$ 159,469 | (4.4)% |
| Other revenue | 24,856 | 20,818 | 19,927 | 19.4 % |
| Total operating revenues | <u>189,797</u> | <u>193,318</u> | <u>179,396</u> | <u>(1.8)%</u> |
| Operating expenses | | | | |
| Salaries and benefits | 127,956 | 117,291 | 106,397 | 9.1 % |
| Supplies and other expenses | 76,871 | 76,714 | 71,600 | 0.2 % |
| Professional liability | 2,232 | 1,990 | 1,715 | 12.2 % |
| Depreciation and amortization | 6,170 | 6,403 | 10,489 | (3.6)% |
| Total operating expenses | <u>213,229</u> | <u>202,398</u> | <u>190,201</u> | <u>5.4 %</u> |
| Operating loss | (23,432) | (9,080) | (10,805) | NM |
| Nonoperating activities, net | | | | |
| Investment income | 173 | 174 | 311 | (0.6)% |
| Interest expense | (939) | (1,073) | (1,178) | (12.5)% |
| Other nonoperating activities, net | 739 | 1,711 | (2,132) | (56.8)% |
| Gain on sale of investment in insurance company | 8,685 | - | - | NM |
| Total nonoperating activities, net | <u>8,658</u> | <u>812</u> | <u>(2,999)</u> | <u>NM</u> |
| Loss before other additions | (14,774) | (8,268) | (13,804) | 78.7 % |
| Other additions | | | | |
| Disposition of HealthAlliance Senior Living Corporation | - | - | 80,180 | - |
| (Decrease) increase in net position | (14,774) | (8,268) | 66,376 | 78.7 % |
| Net position | | | | |
| Beginning of year | (2,065) | 6,203 | (60,173) | NM |
| End of year | <u>\$ (16,839)</u> | <u>\$ (2,065)</u> | <u>\$ 6,203</u> | <u>NM</u> |

NM – Not Meaningful

HealthAlliance Inc.
Statement of Net Position
August 31, 2019

Unaudited

Amounts are displayed in Thousands

**August
2019
Consolidated**

ASSETS

Current Assets

| | |
|--------------------------------------------------|----------|
| Cash and Cash Equivalents | \$991 |
| Patient Accounts Receivable, Net | 14,421 |
| Assets Limited or Restricted as to Use, Required | 1,486 |
| Other Current Assets | 9,108 |
| Total Current Assets | 26,006 |
| Assets Limited or Restricted as to Use, net | 5,951 |
| Capital Assets | 47,156 |
| Other Assets, Net | 4,655 |
| Total Assets | \$83,768 |

LIABILITIES

Current Liabilities

| | |
|-------------------------------------------|----------|
| Current Portion of Long Term Debt | \$12,210 |
| Accounts Payable and Accrued Expenses | 26,264 |
| Accrued Salaries and Related Withholdings | 9,548 |
| Current Portion of Other Liabilities | 26,780 |
| Total Current Liabilities | 74,802 |
| Long Term Debt, Net | 26,582 |
| Other Long Term Liabilities, Net | 14,026 |
| Total Noncurrent Liabilities | 40,608 |
| Total Liabilities | 115,410 |

NET POSITION

| | |
|--------------------|------------|
| Total Restricted | 623 |
| Unrestricted | (32,265) |
| Total Unrestricted | (32,265) |
| Total Net Position | (\$31,642) |

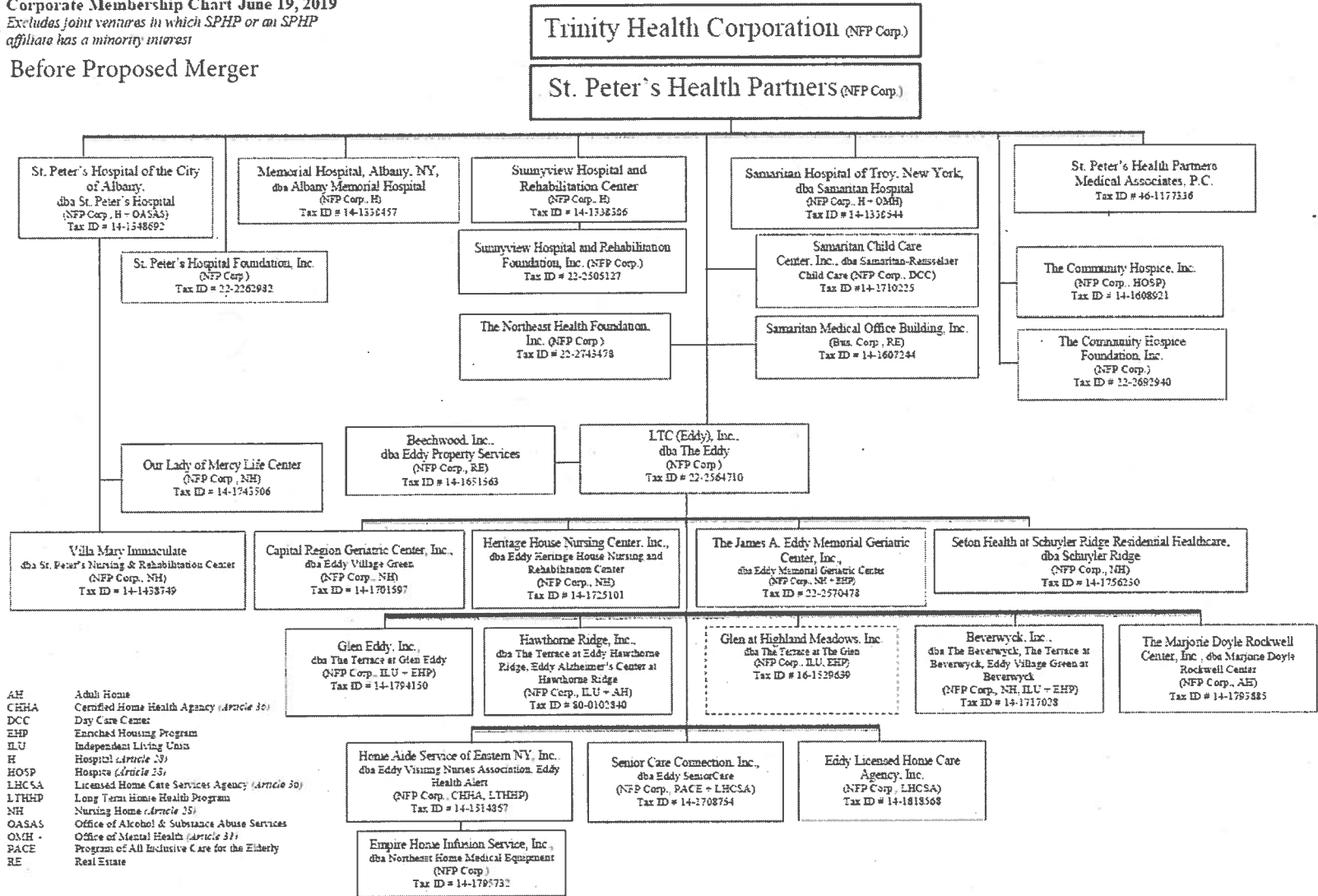
HealthAlliance Inc.
Statement of Operations
For the Six Months ended August 31, 2019
Unaudited

Amounts are displayed in Thousands

| | Aug-19 |
|------------------------------------------------------------------------|-------------------|
| | Actual |
| Operating Revenue: | |
| Net Patient Service Revenue (net of provision for bad VBP-QIP / VAPAP) | \$112,269 |
| Other Revenue | 6,567 |
| Total Operating Revenue | 128,370 |
| Operating Expenses: | |
| Salaries and Benefits | 85,766 |
| Supplies and Other Expenses | 51,709 |
| Professional Liability | 1,448 |
| Depreciation and Amortization | 3,931 |
| Total Operating Expenses | 142,854 |
| Operating Income (Loss) | (14,484) |
| Non Operating Activities | |
| Investment Income, net | 383 |
| Interest Expense | (822) |
| Other Non Operating Activities | 120 |
| Total Nonoperating Activites, Net | (319) |
| (Decrease)/Increase in Net Position | (\$14,803) |

SPHP ORGANIZATIONAL CHART
Corporate Membership Chart June 19, 2019
Excludes joint ventures in which SPHP or an SPHP affiliate has a minority interest

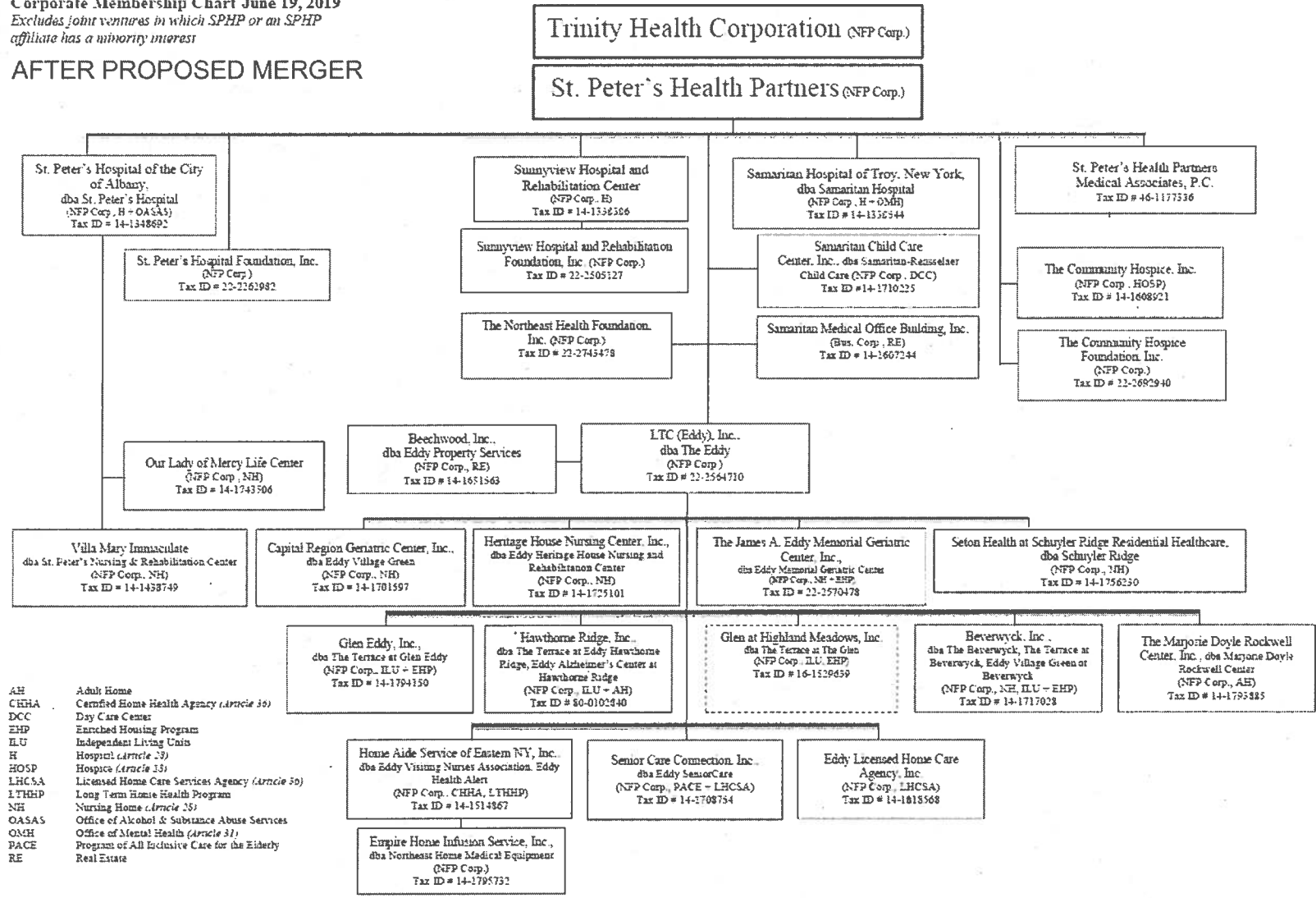
Before Proposed Merger



- AH Adult Home
- CHHA Certified Home Health Agency (Article 30)
- DCC Day Care Center
- EHP Enriched Housing Program
- ILU Independent Living Unit
- H Hospital (Article 23)
- HOSP Hospice (Article 25)
- LHCSA Licensed Home Care Services Agency (Article 30)
- LTHSP Long Term Home Health Program
- NH Nursing Home (Article 25)
- OASAS Office of Alcohol & Substance Abuse Services
- OMH Office of Mental Health (Article 31)
- PACE Program of All Inclusive Care for the Elderly
- RE Real Estate

SPHP ORGANIZATIONAL CHART
Corporate Membership Chart June 19, 2019
Excludes joint ventures in which SPHP or an SPHP affiliate has a minority interest

AFTER PROPOSED MERGER



- AH Adult Home
- CHHA Certified Home Health Agency (Article 30)
- DCC Day Care Center
- EHP Enriched Housing Program
- ILU Independent Living Units
- H Hospital (Article 29)
- HOSP Hospice (Article 33)
- LHCSA Licensed Home Care Services Agency (Article 30)
- LTHHP Long Term Home Health Program
- NH Nursing Home (Article 25)
- OASAS Office of Alcohol & Substance Abuse Services
- OMH Office of Mental Health (Article 31)
- PACE Program of All Inclusive Care for the Elderly
- RE Real Estate

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of Trinity Health)

CONSOLIDATED BALANCE SHEETS
JUNE 30, 2018 AND 2017
(In thousands)

| | 2018 | 2017 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| ASSETS | | |
| CURRENT ASSETS: | | |
| Cash and cash equivalents | \$ 27,642 | \$ 124,927 |
| Investments | - | 2,011 |
| Investment in Trinity Health pooled investment program | 245,502 | 192,048 |
| Assets limited or restricted as to use—current portion | 8,765 | 11,144 |
| Patient accounts receivable—net of allowance for doubtful accounts of \$33.9 million and \$43.6 million as of June 30, 2018 and 2017, respectively | 141,437 | 135,371 |
| Estimated receivables from third-party payors | 8,624 | 8,386 |
| Other receivables | 7,729 | 5,009 |
| Receivables from affiliates | 3,181 | 3,974 |
| Inventories | 15,717 | 13,008 |
| Prepaid expenses and other current assets | <u>5,688</u> | <u>5,326</u> |
| Total current assets | <u>464,285</u> | <u>501,204</u> |
| ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion: | | |
| Held by trustees under bond indenture agreements | 844 | 801 |
| Self-insurance, benefit plans, and other | 21,290 | 20,013 |
| By Board | 176,106 | 142,760 |
| By donors | <u>86,477</u> | <u>78,628</u> |
| Total assets limited or restricted as to use—noncurrent portion | 284,717 | 242,202 |
| PROPERTY AND EQUIPMENT—Net | 602,645 | 613,801 |
| INVESTMENTS IN UNCONSOLIDATED AFFILIATES | 4,578 | 5,621 |
| OTHER ASSETS | <u>57,048</u> | <u>47,042</u> |
| TOTAL ASSETS | <u>\$1,413,273</u> | <u>\$1,409,870</u> |

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of Trinity Health)

CONSOLIDATED BALANCE SHEETS
JUNE 30, 2018 AND 2017
(In thousands)

| | 2018 | 2017 |
|--------------------------------------------------------|---------------------------|---------------------------|
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES: | | |
| Current portion of long-term debt | \$ 760 | \$ 744 |
| Current portion of notes payable to Trinity Health | 5,235 | 5,235 |
| Accounts payable and accrued expenses | 96,775 | 89,995 |
| Salary, wages, and related liabilities | 80,143 | 73,149 |
| Estimated payables to third-party payors | <u>17,652</u> | <u>20,604</u> |
| Total current liabilities | 200,565 | 189,727 |
| LONG-TERM DEBT—Net of current portion | 3,260 | 3,349 |
| NOTES PAYABLE TO TRINITY HEALTH—Net of current portion | 265,393 | 276,733 |
| DEFERRED REVENUE FROM ENTRANCE FEES | 56,304 | 55,050 |
| OTHER LONG-TERM LIABILITIES | <u>25,054</u> | <u>28,369</u> |
| Total liabilities | <u>550,576</u> | <u>553,228</u> |
| NET ASSETS: | | |
| Unrestricted net assets | 765,488 | 765,553 |
| Temporarily restricted net assets | 68,405 | 62,914 |
| Permanently restricted net assets | <u>28,804</u> | <u>28,175</u> |
| Total net assets | <u>862,697</u> | <u>856,642</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$1,413,273</u> | <u>\$1,409,870</u> |

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of Trinity Health)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2018 AND 2017
(In thousands)

| | 2018 | 2017 |
|-----------------------------------------------------------------|------------------|------------------|
| UNRESTRICTED REVENUE: | | |
| Patient service revenue—net of contractual and other allowances | \$ 1,268,926 | \$ 1,291,309 |
| Provision for bad debts | <u>37,254</u> | <u>57,093</u> |
| Net patient service revenue less provision for bad debts | 1,231,672 | 1,234,216 |
| Capitation revenue | 25,018 | 18,465 |
| Net assets released from restrictions | 7,067 | 6,970 |
| Other revenue | <u>73,843</u> | <u>68,259</u> |
| Total unrestricted revenue | <u>1,337,600</u> | <u>1,327,910</u> |
| EXPENSES: | | |
| Salaries and wages | 634,708 | 616,995 |
| Employee benefits | 102,656 | 104,783 |
| Contract labor | <u>32,886</u> | <u>29,800</u> |
| Total labor expenses | 770,250 | 751,578 |
| Supplies | 226,516 | 232,034 |
| Purchased services | 151,307 | 146,939 |
| Depreciation and amortization | 66,399 | 67,624 |
| Occupancy | 56,537 | 55,019 |
| Interest | 10,585 | 9,714 |
| Other | <u>57,758</u> | <u>58,700</u> |
| Total expenses | <u>1,339,352</u> | <u>1,321,608</u> |
| OPERATING (LOSS) INCOME BEFORE OTHER ITEMS | (1,752) | 6,302 |
| Asset impairment charge | (10,650) | (3,790) |
| Restructuring costs | <u>(3,333)</u> | <u>(451)</u> |
| OPERATING (LOSS) INCOME | <u>(15,735)</u> | <u>2,061</u> |
| NONOPERATING ITEMS: | | |
| Earnings in Trinity Health pooled investment program | 23,584 | 35,356 |
| Investment earnings | 1,189 | 955 |
| Change in market value and cash payments of interest rate swaps | (584) | (368) |
| Other, including income taxes | <u>(341)</u> | <u>(143)</u> |
| Total nonoperating items | <u>23,848</u> | <u>35,800</u> |
| EXCESS OF REVENUE OVER EXPENSES | <u>\$ 8,113</u> | <u>\$ 37,861</u> |

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of Trinity Health)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2018 AND 2017
(In thousands)

| | 2018 | 2017 |
|----------------------------------------------------------------|--------------------------|--------------------------|
| UNRESTRICTED NET ASSETS: | | |
| Unrestricted net assets attributable to the Corporation: | | |
| Excess of revenue over expenses | \$ 8,113 | \$ 37,861 |
| Net assets released from restrictions for capital acquisitions | 378 | 3,242 |
| Transfers (to) from Trinity Health | (8,294) | 9,708 |
| Net change in retirement plan related items | - | 28 |
| Other | (262) | 378 |
| | <u>(65)</u> | <u>378</u> |
| (Decrease) Increase in unrestricted net assets | <u>(65)</u> | <u>51,217</u> |
| TEMPORARILY RESTRICTED NET ASSETS: | | |
| Contributions | 11,051 | 10,070 |
| Net investment gain | 1,828 | 4,543 |
| Net assets released from restrictions | (7,441) | (10,212) |
| Other | 53 | (300) |
| | <u>53</u> | <u>(300)</u> |
| Increase in temporarily restricted net assets | <u>5,491</u> | <u>4,101</u> |
| PERMANENTLY RESTRICTED NET ASSETS: | | |
| Contributions for endowment funds | 136 | 75 |
| Net investment gain | 493 | 730 |
| | <u>493</u> | <u>730</u> |
| Increase in permanently restricted net assets | <u>629</u> | <u>805</u> |
| INCREASE IN NET ASSETS | 6,055 | 56,123 |
| NET ASSETS—June 30, 2017 | <u>856,642</u> | <u>800,519</u> |
| NET ASSETS—June 30, 2018 | <u>\$ 862,697</u> | <u>\$ 856,642</u> |

Supplemental
 CON-192045
 BFA Attachment B Cont.

ST. PETER'S HEALTH PARTNERS ALBANY, NEW YORK
 (A Member of Trinity Health)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2018
 (in thousands)

| | HOSPITALS | | | | | | PHYSICIANS |
|------------------------------------------------------------------------|-------------------|---------------------|---------------------------------|---------------------------|--------------------------|----------------------------|--------------------------------|
| | Total Hospitals | St Peter's Hospital | Albany Memorial Hospital - AMHC | Samaritan Hospital (SAMH) | Seton Health System, Inc | Sunnyview Hosp & Rehab Ctr | St Peter's Hlth Prtn Med Assoc |
| ASSETS | | | | | | | |
| Current assets: | | | | | | | |
| Cash and cash equivalents | \$ 15,251 | \$ 12,279 | \$ 656 | \$ 1,400 | \$ 21 | \$ 895 | \$ 688 |
| Investments | - | - | - | - | - | - | - |
| Investments in Trinity Health pooled investment program | 102,216 | 64,859 | 16,553 | - | - | 20,804 | - |
| Assets limited as to use, current portion | 284 | 284 | - | - | - | - | - |
| Patient AR, net | 114,310 | 63,242 | 10,544 | 19,951 | 11,827 | 8,746 | 6,011 |
| Estimated receivables from 3rd party payors | 477 | 99 | - | 117 | 261 | - | - |
| Other receivables | 14,023 | 7,853 | 468 | 4,382 | 1,001 | 319 | 1,458 |
| Receivables from affiliates | 7,009 | 15,691 | (11,037) | 2,199 | 140 | 16 | (4,766) |
| Inventories | 15,337 | 9,073 | 2,198 | 2,962 | 1,041 | 63 | 25 |
| Prepaid expense and other current assets | 2,897 | 1,709 | 152 | 544 | 269 | 223 | 506 |
| Total current assets | 271,804 | 175,089 | 19,514 | 31,555 | 14,560 | 31,066 | 3,922 |
| Assets limited or restricted as to use: | | | | | | | |
| Self insurance, benefit plan and other | 11,765 | 5,722 | 214 | 906 | 4,895 | 28 | 6,144 |
| By Board | 94,833 | 31,192 | 15,017 | 5,332 | 38,682 | 4,610 | - |
| By donors | 16,756 | 10,470 | 1,151 | 1,502 | 640 | 2,993 | - |
| Total assets limited or restricted as to use-noncurrent portion | 123,354 | 47,384 | 16,382 | 7,740 | 44,217 | 7,631 | 6,144 |
| Other assets: | | | | | | | |
| Property and equipment, net | 447,009 | 283,509 | 9,585 | 121,530 | 19,956 | 12,429 | 7,365 |
| Investments in unconsolidated affiliates | 1,268 | 1,268 | - | - | - | - | - |
| Other Assets | 136,377 | 96,100 | 1,414 | 27,841 | 4,790 | 6,232 | 21 |
| Total assets | \$ 979,812 | \$ 603,350 | \$ 46,915 | \$ 188,666 | \$ 83,523 | \$ 57,358 | \$ 17,452 |

Supplemental
 CON 192045
 BFA Attachment B Cont.

ST. PETER'S HEALTH PARTNERS ALBANY, NEW YORK
 (A Member of Trinity Health)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2018
 (In thousands)

| | HOSPITALS | | | | | | PHYSICIANS |
|---------------------------------------------------------|-------------------|---------------------|-------------------------------|---------------------------|--------------------------|----------------------------|--------------------------------|
| | Total Hospitals | St Peter's Hospital | Albany Memorial Hospital AMHC | Samaritan Hospital (SAMH) | Seton Health System, Inc | Sunnyview Hosp & Rehab Ctr | St Peter's Hlth Prim Med Assoc |
| LIABILITIES AND NET ASSETS | | | | | | | |
| Current liabilities: | | | | | | | |
| Current portion of long-term debt | \$ 2,422 | \$ 500 | \$ 82 | \$ 533 | \$ 912 | \$ 395 | \$ - |
| Current portion of notes payable to Trinity Health | 5,095 | 5,095 | - | - | - | - | - |
| Cash overdraft | 41,734 | - | - | 10,222 | 31,512 | - | 13,493 |
| Accounts payable and accrued expenses | 72,954 | 34,575 | 5,488 | 22,160 | 7,108 | 3,623 | 3,413 |
| Salaries, wages and related liabilities | 47,048 | 24,164 | 4,253 | 10,008 | 5,142 | 3,481 | 12,432 |
| Estimated payables to third-party payors | 12,045 | 4,620 | 705 | 6,608 | 311 | (199) | - |
| Total current liabilities | 181,298 | 68,954 | 10,528 | 49,531 | 44,985 | 7,300 | 29,338 |
| Long-term debt, net of current portion | 59,812 | 3,094 | 64 | 19,846 | 28,754 | 8,054 | - |
| Notes payable to Trinity Health, net of current portion | 258,143 | 258,143 | - | - | - | - | - |
| Other long term liabilities | 16,749 | 5,978 | 2,759 | 2,895 | 4,873 | 244 | 6,144 |
| Total liabilities | 516,002 | 336,169 | 13,351 | 72,272 | 78,612 | 15,598 | 35,482 |
| Net assets: | | | | | | | |
| Unrestricted net assets | 414,512 | 253,004 | 31,670 | 91,100 | 1,693 | 37,045 | (18,039) |
| Temporarily restricted net assets | 34,285 | 5,633 | 508 | 23,203 | 2,713 | 2,228 | 9 |
| Permanently restricted net assets | 15,013 | 8,544 | 1,386 | 2,091 | 505 | 2,487 | - |
| Total net assets | 463,810 | 267,181 | 33,564 | 116,394 | 4,911 | 41,760 | (18,030) |
| Total liabilities & net assets | \$ 979,812 | \$ 603,350 | \$ 46,915 | \$ 188,666 | \$ 83,523 | \$ 57,358 | \$ 17,452 |

Supplemental
CON 192045
BFA Attachment B Cont.

ST. PETER'S HEALTH PARTNERS ALBANY, NEW YORK
(A Member of Trinity Health)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2018
(In thousands)

| | HOSPITALS | | | | | | PHYSICIANS |
|-----------------------------------------------------------------|------------------|---------------------|---------------------------------|---------------------------|--------------------------|----------------------------|------------------------------|
| | Total Hospitals | St Peter's Hospital | Albany Memorial Hospital - AMHC | Samaritan Hospital (SAMH) | Seton Health System, Inc | Sunnyview Hosp & Rehab Ctr | St Peter's Hlth Ptn Med Asso |
| REVENUE | | | | | | | |
| Patient service revenue-net of contractual and other allowances | \$ 1,018,152 | \$ 597,751 | \$ 100,979 | \$ 182,145 | \$ 81,037 | \$ 56,240 | \$ 88,356 |
| Provision for pat bad debts | 32,216 | 15,283 | 6,049 | 6,834 | 3,687 | 363 | 942 |
| Total net patient service revenue less provision for bad debt | 985,936 | 582,468 | 94,930 | 175,311 | 77,350 | 55,877 | 87,414 |
| Cap & Population Health Rev | 875 | 22 | 99 | 63 | 691 | - | 1,170 |
| Net assets released from restrictions | 2,864 | 1,126 | 88 | 1,262 | 388 | - | 12 |
| Other revenue | 33,437 | 21,147 | 2,321 | 5,289 | 2,832 | 1,848 | 10,561 |
| Total unrestricted revenue | 1,023,112 | 604,763 | 97,438 | 181,925 | 81,261 | 57,725 | 99,157 |
| EXPENSES | | | | | | | |
| Salaries and wages | 389,875 | 201,308 | 35,518 | 81,203 | 40,456 | 31,390 | 104,475 |
| Employee benefits | 72,848 | 35,994 | 7,640 | 15,321 | 7,903 | 5,790 | 13,067 |
| Contract labor, total | 23,575 | 18,542 | 1,770 | 2,801 | 436 | 26 | 187 |
| Total labor expenses | 486,098 | 255,844 | 44,928 | 99,325 | 48,795 | 37,206 | 117,729 |
| Supplies | 201,727 | 135,660 | 21,717 | 28,115 | 10,960 | 5,275 | 6,233 |
| Purchased services | 154,185 | 85,871 | 14,858 | 26,599 | 13,104 | 7,753 | 13,028 |
| Depreciation and amortization | 44,848 | 23,961 | 1,908 | 6,730 | 4,681 | 1,568 | 1,858 |
| Occupancy | 39,594 | 23,658 | 3,615 | 6,159 | 4,662 | 1,300 | 7,289 |
| Interest | 12,616 | 10,588 | 200 | 369 | 1,124 | 335 | - |
| Other | 42,608 | 28,122 | 2,911 | 5,822 | 3,211 | 2,542 | 5,328 |
| Total expenses | 981,676 | 569,904 | 90,137 | 173,119 | 92,537 | 55,979 | 151,465 |
| Operating income (loss) before other items | 41,436 | 34,859 | 7,301 | 8,806 | (11,276) | 1,746 | (52,308) |
| Asset impairment charge | (10,651) | - | (6,266) | (947) | (3,438) | - | - |
| Restructuring costs | (2,093) | (976) | (104) | (716) | (297) | - | (79) |
| Operating income (loss) | 28,692 | 33,883 | 931 | 7,143 | (15,011) | 1,746 | (52,387) |
| NON-OPERATING ITEMS | | | | | | | |
| Earnings(loss) in Trinity Health pooled investment programs | 13,325 | 6,120 | 1,495 | 1,763 | 2,373 | 1,574 | (124) |
| Investment earnings | 1,045 | 382 | 79 | 238 | 145 | 201 | - |
| Change in market value and cash payments of interest rate swaps | (461) | (303) | - | (36) | (94) | (28) | - |
| Other, including income taxes | (896) | (894) | - | - | (2) | - | - |
| Total nonoperating items | 13,013 | 5,305 | 1,574 | 1,965 | 2,422 | 1,747 | (124) |
| Excess (Deficiency) of revenue over (under) expenses | \$ 41,705 | \$ 39,188 | \$ 2,505 | \$ 9,108 | \$ (12,589) | \$ 3,493 | \$ (52,511) |

Albany - (NORTHEAST.ALBCONS)
Consolidated Balance Sheets
As of June FY2019
(dollars in thousands)

| | June FY2019 | June FY2018 | | June FY2019 | June FY2018 |
|------------------------------------------------|--------------------|--------------------|-------------------------------------------|--------------------|--------------------|
| ASSETS | | | LIABILITIES AND NET ASSETS | | |
| Current assets: | | | Current liabilities: | | |
| Cash and investments | \$281,377 | \$273,143 | External debt, current | 968 | 760 |
| Assets limited as to use: | | | IC debt, current | 4,678 | 5,235 |
| Held by trust under bond ind cur | 9 | - | Accounts payable | 63,537 | 65,125 |
| By donors, current | 4,165 | 8,765 | Accrued expenses | 34,323 | 31,652 |
| Assets limited as to use, cur | 4,174 | 8,765 | Salaries, wages & related liab | 88,014 | 80,143 |
| Patient AR, net of cont allow | 192,467 | 179,570 | Estimated pay to 3rd parties | 21,377 | 17,652 |
| Allowance for charity | (5,105) | (1,961) | Total current liabilities | 212,897 | 200,565 |
| Allowance for oper adjustmnts | (6,901) | (2,241) | | | |
| Allow for doubtful accounts | (34,409) | (33,931) | Long-term debt | 2,487 | 3,260 |
| Patient AR, net | 146,051 | 141,437 | IC LT debt, net of curr port | 254,094 | 265,393 |
| Est rec from 3rd party payors | 7,575 | 8,624 | Self insurance reserves | 2,811 | 3,246 |
| IC other receivables | 1,282 | 0 | Accrd pension & retiree health | 0 | 0 |
| Other receivables, external | 8,388 | 10,910 | Deferred revenue entrance fees | 58,078 | 56,304 |
| Inventory | 17,244 | 15,717 | Other long term liabilities | 23,694 | 21,808 |
| Prepaid expense & other | 5,164 | 5,688 | LIABILITIES Total liabilities | 554,061 | 550,575 |
| Total current assets | 471,256 | 464,285 | | | |
| Assets limited or restricted as to use: | | | Net assets: | | |
| Held by trust under bond indnt | - | 844 | NA without donor restrictions | 795,368 | 765,488 |
| Self ins, benefit plan & other | 24,361 | 21,290 | Tot NA without donor restrictions | 795,368 | 765,488 |
| By Board | 203,832 | 176,106 | | | |
| By donors | 75,915 | 86,477 | Donor restricted NA CI | 82,071 | 97,209 |
| Assets limited as to use | 304,107 | 284,718 | Total net assets | 877,440 | 862,697 |
| Other assets: | | | | | |
| Property and equipment, net | 592,542 | 602,645 | Total liabilities & net assets | \$1,431,500 | \$1,413,273 |
| Invest in unconsol affiliates | 4,747 | 4,578 | | | |
| Other intangible assets | 261 | 154 | | | |
| Other long-term assets | 58,588 | 56,894 | | | |
| Total assets | \$1,431,500 | \$1,413,273 | | | |

CON 192045
BFA Attachment C Cont.

Albany - (NORTHEAST.ALBCONS)
Income Statement
June FY2019
(dollars in thousands)

| | Jun FY2019 Periodic | | | | Jun FY2019 YTD | | | |
|--------------------------------------|---------------------|-----------------|-----------------|----------------|------------------|------------------|-------------------|----------------|
| | Actual | Budget | Variance | % Variance | Actual | Budget | Variance | % Variance |
| REVENUE | | | | | | | | |
| Gross hospital inpatient rev | \$118,368 | \$116,424 | \$1,943 | 1.7% | \$1,438,424 | \$1,395,552 | \$42,871 | 3.1% |
| Gross ambulatory services rev | 153,183 | 149,199 | 3,984 | 2.7% | 1,837,351 | 1,774,948 | 62,403 | 3.5% |
| Gross physician revenue | 32,988 | 26,892 | 6,096 | 22.7% | 374,853 | 333,709 | 41,143 | 12.3% |
| Gross LTC revenue | 13,018 | 12,584 | 434 | 3.4% | 152,643 | 151,587 | 1,056 | 0.7% |
| Gross home care related rev | 11,168 | 9,114 | 2,054 | 22.5% | 134,918 | 111,530 | 23,388 | 21.0% |
| Gross patient revenue | 328,724 | 314,213 | 14,511 | 4.6% | 3,938,188 | 3,767,327 | 170,861 | 4.5% |
| Contractual allowance | (211,697) | (201,586) | (10,112) | (5.0%) | (2,552,901) | (2,433,340) | (119,560) | (4.9%) |
| Operational adjustments | 430 | (496) | 926 | 186.8% | (20,041) | (5,947) | (14,094) | (237.0%) |
| DSH and uncompensated care | 847 | 1,250 | (403) | (32.2%) | 11,993 | 14,001 | (2,008) | (14.3%) |
| Charity care allowances | (3,930) | (443) | (3,487) | (786.7%) | (19,564) | (5,309) | (14,255) | (268.5%) |
| Provision for pat bad debts | (4,104) | (4,508) | 404 | 9.0% | (52,337) | (54,187) | 1,850 | 3.4% |
| Net patient service revenue | 110,271 | 108,430 | 1,840 | 1.7% | 1,305,338 | 1,282,545 | 22,793 | 1.8% |
| Premium revenue | - | - | - | - | (6) | - | (6) | - |
| Capitation rev | 167 | 2,010 | (1,843) | (91.7%) | 2,414 | 23,570 | (21,156) | (89.8%) |
| PACE capitation revenue | 1,598 | - | 1,598 | - | 19,901 | - | 19,901 | - |
| Population health revenue | 61 | 162 | (101) | (62.3%) | 1,309 | 1,948 | (639) | (32.8%) |
| Cap & Population Health Rev | 1,826 | 2,172 | (346) | (15.9%) | 23,623 | 25,518 | (1,894) | (7.4%) |
| Operating investment income | 90 | 57 | 33 | 57.3% | 892 | 1,146 | (254) | (22.2%) |
| Restricted net assets released | 168 | 584 | (416) | (71.3%) | 4,312 | 4,206 | 106 | 2.5% |
| Equity GL in uncon affil opinc | 331 | 120 | 211 | 175.4% | 1,464 | 1,444 | 19 | 1.3% |
| Other revenue | 9,215 | 10,879 | (1,664) | (15.3%) | 81,047 | 74,025 | 7,022 | 9.5% |
| Total operating revenue | 121,901 | 122,243 | (342) | (0.3%) | 1,416,671 | 1,388,885 | 27,786 | 2.0% |
| EXPENSES | | | | | | | | |
| Salaries and wages | 54,718 | 53,013 | (1,705) | (3.2%) | 662,048 | 648,253 | (13,795) | (2.1%) |
| Employee benefits | 7,859 | 10,254 | 2,395 | 23.4% | 111,898 | 117,416 | 5,517 | 4.7% |
| Contract labor, total | 3,128 | 1,815 | (1,313) | (72.4%) | 38,253 | 26,971 | (11,282) | (41.8%) |
| Total labor expenses | 65,705 | 65,082 | (624) | (1.0%) | 812,198 | 792,639 | (19,560) | (2.5%) |
| Supplies | 20,484 | 19,607 | (878) | (4.5%) | 244,198 | 233,912 | (10,286) | (4.4%) |
| Medical and professional fees | 1,882 | 1,747 | (135) | (7.7%) | 15,865 | 17,966 | 2,101 | 11.7% |
| Purchased services* | 11,923 | 12,948 | 1,026 | 7.9% | 146,261 | 152,505 | 6,243 | 4.1% |
| Med claims & cap purch service | 760 | - | (760) | - | 10,305 | - | (10,305) | - |
| Depreciation and amortization | 5,345 | 5,151 | (194) | (3.8%) | 64,740 | 64,139 | (601) | (0.9%) |
| Occupancy | 4,788 | 4,673 | (115) | (2.5%) | 57,700 | 57,190 | (509) | (0.9%) |
| Interest | 889 | 897 | 8 | 0.9% | 10,920 | 11,000 | 80 | 0.7% |
| Insurance | (1,908) | 1,294 | 3,202 | 247.5% | 14,059 | 15,526 | 1,466 | 9.4% |
| Other expenses | 2,723 | 2,210 | (513) | (23.2%) | 29,477 | 25,944 | (3,533) | (13.6%) |
| Total operating expenses | 122,592 | 113,609 | 8,983 | 7.4% | 1,405,123 | 1,370,819 | (34,304) | (2.5%) |
| Oper Inc before other items | 9,310 | 8,634 | 675 | 7.8% | 11,548 | 18,066 | (6,518) | (36.1%) |
| Asset impairment unusual | (159) | - | (159) | - | (159) | - | (159) | - |
| Severance benefits | (6,851) | - | (6,851) | - | (9,116) | - | (9,116) | - |
| Restructuring costs | - | - | - | - | (89) | - | (89) | - |
| Operating income (loss) | 2,300 | 8,634 | (6,335) | (73.4%) | 2,185 | 18,066 | (15,881) | (87.9%) |
| NON-OPERATING ITEMS | | | | | | | | |
| Non operating invest earnings | 19,214 | 1,993 | 17,221 | 864.2% | 23,988 | 23,448 | 540 | 2.3% |
| Nonoperating derivatives | 0 | (80) | 80 | 100.0% | (435) | (1,254) | 819 | 65.3% |
| Other nonop income (loss) | (289) | (58) | (231) | (397.9%) | (787) | (697) | (90) | (12.9%) |
| Income (Loss) of non-oper exp | \$21,224 | \$10,489 | \$10,735 | 102.3% | \$24,951 | \$39,562 | (\$14,611) | (36.9%) |

BLYTHEDALE CHILDREN'S HOSPITAL

STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 | | 2018 | 2017 |
|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------------------------------------|-----------------------|-----------------------|
| ASSETS | | | LIABILITIES | | |
| CURRENT ASSETS: | | | CURRENT LIABILITIES: | | |
| Cash and cash equivalents | \$ 6,306,920 | \$ 14,762,281 | Accounts payable and accrued expenses | \$ 2,451,406 | \$ 2,212,617 |
| Short-term Investments | 11,068,371 | - | Accounts payable—capital project | 337,438 | 97,679 |
| Accounts receivable for services to patients—not of allowance for doubtful accounts of \$992,000 in 2017 | 10,652,848 | 10,672,859 | Accrued salaries and vacation benefits | 1,280,671 | 1,152,079 |
| Other receivables | 168,131 | 380,423 | Asset retirement obligation | 178,584 | 177,334 |
| Current portion of due from third-party payors | 982,443 | 2,345,710 | Current portion of long-term debt | 820,000 | 785,000 |
| Inventories of materials and supplies | 390,564 | 364,251 | Current portion of capital lease obligations | 12,280 | - |
| Prepaid expenses and other current assets | 846,225 | 694,066 | Due to third-party payors | <u>3,137,412</u> | <u>3,800,229</u> |
| Current portion of pledges receivable | <u>46,703</u> | <u>2,129,400</u> | Total current liabilities | 8,217,791 | 8,224,938 |
| Total current assets | <u>30,462,205</u> | <u>31,348,990</u> | ACCRUED PENSION LIABILITY | 11,844,449 | 18,057,251 |
| ASSETS WHOSE USE IS LIMITED: | | | CAPITAL LEASE OBLIGATION—Net of current portion | 26,078 | - |
| Board-designated funds | 112,309,019 | 114,851,835 | ESTIMATED MALPRACTICE LIABILITIES | 1,866,000 | 1,526,000 |
| Donor-restricted investments | <u>12,130,056</u> | <u>11,868,304</u> | LONG-TERM DEBT | <u>19,593,704</u> | <u>20,339,630</u> |
| Total assets whose use is limited | <u>124,439,075</u> | <u>126,720,139</u> | Total liabilities | <u>41,548,022</u> | <u>48,147,819</u> |
| PROPERTY, PLANT, AND EQUIPMENT—Net | <u>67,733,890</u> | <u>72,754,055</u> | NET ASSETS: | | |
| DUE FROM THIRD-PARTY PAYORS | <u>2,016,080</u> | <u>762,917</u> | Net assets without donor restrictions | 172,792,467 | 170,966,577 |
| ESTIMATED INSURANCE RECOVERIES | <u>1,866,000</u> | <u>1,526,000</u> | Net assets with donor restrictions | <u>13,082,619</u> | <u>15,056,312</u> |
| BENEFICIAL INTEREST IN TRUST | <u>867,403</u> | <u>992,102</u> | Total net assets | 185,875,086 | 186,022,889 |
| PLEDGES RECEIVABLE—Net | <u>38,455</u> | <u>66,505</u> | TOTAL | <u>\$ 227,423,108</u> | <u>\$ 234,170,708</u> |
| TOTAL | <u>\$ 227,423,108</u> | <u>\$ 234,170,708</u> | | | |

BLYTHEDALE CHILDREN'S HOSPITAL**STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

| | 2018 | 2017 |
|----------------------------------------------------------------------|--------------------|-------------------|
| REVENUES: | | |
| Patient service revenue—net of contractual allowances and discounts | \$ - | \$ 71,708,365 |
| Less provision for doubtful accounts | <u>-</u> | <u>744,342</u> |
| Net patient service revenue | 75,238,303 | 70,964,023 |
| Other operating revenue | 1,974,718 | 1,909,405 |
| Spending rate policy | 3,495,898 | 3,565,008 |
| Net assets released from donor restrictions—operations | <u>3,473,812</u> | <u>3,213,142</u> |
| Total revenues | <u>84,182,731</u> | <u>79,651,578</u> |
| EXPENSES: | | |
| Salaries | 40,058,369 | 37,401,586 |
| Employee benefits | 13,510,193 | 12,922,751 |
| Supplies and expenses | 19,558,766 | 18,417,500 |
| Depreciation | 6,586,852 | 6,651,817 |
| Interest expense | <u>392,948</u> | <u>252,836</u> |
| Total expenses | <u>80,107,128</u> | <u>75,646,490</u> |
| INCOME FROM OPERATIONS | <u>4,075,603</u> | <u>4,005,088</u> |
| NONOPERATING GAINS (LOSSES): | | |
| Contributions | 167,550 | 920,022 |
| Interest and dividends | 1,240,671 | 663,907 |
| Spending rate policy | (3,495,898) | (3,565,008) |
| Net realized/unrealized (losses) gains on investments | <u>(5,733,247)</u> | <u>13,047,168</u> |
| Total nonoperating (losses) gains | <u>(7,820,924)</u> | <u>11,066,089</u> |
| (DEFICIENCY) EXCESS OF REVENUES AND NONOPERATING GAINS OVER EXPENSES | <u>(3,745,321)</u> | <u>15,071,177</u> |

**BLYTHEDALE CHILDREN'S HOSPITAL
COMPARATIVE BALANCE SHEET**

| ASSETS | 12/31/14 | 12/31/15 | 12/31/16 | 12/31/17 | 12/31/18 | Unaudited 08/31/19 | Var +/- |
|-------------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------------------|-------------------|
| CURRENT ASSETS | | | | | | | |
| Cash & Bonds | 12,571,573 | 12,606,697 | 7,794,272 | 14,762,281 | 17,375,291 | 19,696,677 | 2,321,386 |
| Accounts Receivables Patient Revenues Net | 7,895,037 | 7,667,235 | 10,369,642 | 10,672,859 | 10,652,848 | 9,010,648 | (1,642,200) |
| Other Receivables & Due Third Party | 1,408,076 | 1,744,337 | 3,715,849 | 2,726,133 | 1,150,574 | 935,470 | (215,104) |
| Other Current Assets | 1,026,794 | 753,815 | 951,401 | 1,058,317 | 1,236,789 | 1,773,781 | 536,992 |
| Pledge Receivables | 340,103 | 2,511,843 | 2,300,760 | 2,129,400 | 46,703 | 46,703 | - |
| TOTAL CURRENT ASSETS | 23,241,583 | 25,283,927 | 25,131,924 | 31,348,990 | 30,462,205 | 31,463,279 | 1,001,074 |
| ASSETS WHOSE USE IS LIMITED: | | | | | | | |
| Board Designated Funds (Investments) | 93,705,506 | 84,868,290 | 86,387,928 | 92,120,129 | 83,712,315 | 90,157,614 | 6,445,299 |
| Board Designated Funds (Plant) | 12,255,092 | 13,895,419 | 17,609,222 | 22,731,706 | 28,596,704 | 32,195,846 | 3,599,142 |
| Donor Restricted Funds | 10,307,254 | 10,843,665 | 10,512,533 | 11,868,304 | 12,130,056 | 12,379,512 | 249,456 |
| TOTAL ASSETS WHOSE USE IS LIMITED | 116,267,852 | 109,607,374 | 114,509,683 | 126,720,139 | 124,439,075 | 134,732,972 | 10,293,897 |
| Property Plant & Equipment Net | 74,062,253 | 75,354,419 | 77,673,405 | 72,754,055 | 67,733,890 | 65,502,730 | (2,231,160) |
| Other LT Receivables & Recoveries | 1,010,000 | 2,668,359 | 1,719,943 | 2,288,917 | 3,882,080 | 3,293,409 | (588,671) |
| Pledge Receivable Long Term | 1,722 | 3,874,312 | 2,040,594 | 66,505 | 38,455 | 38,455 | - |
| Beneficial Interest In Trust | 910,270 | 855,048 | 870,780 | 992,102 | 867,403 | 982,797 | 115,394 |
| | | | | | | | - |
| | | | | | | | 8,590,534 |
| LIABILITIES AND FUND BALANCES | | | | | | | |
| CURRENT LIABILITIES: | | | | | | | |
| Accounts Payables & Accrued Expenses | 1,859,125 | 3,092,599 | 2,165,179 | 2,310,298 | 2,788,844 | 2,955,773 | 166,929 |
| Accrued Salaries & Vacation Benefits | 2,091,037 | 648,881 | 933,344 | 1,152,079 | 1,280,671 | 1,867,683 | 587,012 |
| Asset Retirement Obligation | 462,230 | 224,040 | 133,940 | 177,334 | 178,584 | 125,584 | (53,000) |
| Current Portion Long Term Debt | 685,000 | 715,000 | 750,000 | 785,000 | 820,000 | 820,000 | - |
| Current Portion Capital Lease | 6,262 | - | - | - | 12,280 | 12,280 | - |
| Due to Third Party | 1,948,535 | 2,551,791 | 2,537,230 | 3,800,229 | 3,137,412 | 3,792,629 | 655,217 |
| TOTAL CURRENT LIABILITIES | 7,052,189 | 7,232,311 | 6,519,693 | 8,224,940 | 8,217,791 | 9,573,949 | 1,356,158 |
| Accrued Pension Liability | 23,530,755 | 24,449,554 | 25,291,183 | 18,057,251 | 11,844,449 | 15,574,913 | 3,730,464 |
| Capital Lease Obligation | - | - | - | - | - | 26,078 | 26,078 |
| Estimated Insurance Liabilities | 1,010,000 | 1,064,000 | 1,097,000 | 1,526,000 | 1,866,000 | 1,866,000 | - |
| Long Term Debt | 23,960,000 | 21,726,481 | 21,050,557 | 20,339,630 | 19,619,782 | 19,630,741 | 10,959 |
| TOTAL LIABILITIES | 55,552,944 | 54,472,346 | 53,958,433 | 48,147,821 | 41,548,022 | 46,671,681 | 5,123,659 |
| FUND BALANCES: | | | | | | | |
| Unrestricted Net Assets | 148,381,392 | 145,086,231 | 152,325,735 | 170,966,577 | 172,792,467 | 175,836,624 | 3,044,157 |
| Temporarily Restricted Net Assets | 7,478,736 | 14,055,979 | 11,713,215 | 10,983,043 | 13,082,619 | 13,505,336 | 422,717 |
| Permanently Restricted Net Assets | 4,080,608 | 4,028,886 | 3,948,946 | 4,073,269 | - | - | - |
| | 159,940,736 | 163,171,096 | 167,987,896 | 186,022,889 | 185,875,086 | 189,341,960 | 3,466,874 |

BLYTHEDALE CHILDREN'S HOSPITAL
INCOME STATEMENT (UNAUDITED RESULTS)
August 31, 2019

| | August 31, 2019 | | | YEAR TO DATE | | | PRIOR YTD | | |
|-----------------------------------|------------------|------------------|------------------|-------------------|-------------------|------------------|-------------------|--------------------|-------------|
| | ACTUAL | BUDGET | VARIANCE | ACTUAL | BUDGET | VARIANCE | ACTUAL | VAR | % Var |
| OPERATING INCOME | | | | | | | | | |
| 1 INPATIENT | 4,939,234 | 4,306,872 | 632,362 | 34,562,808 | 33,760,317 | 802,491 | 34,167,689 | 395,119 | 1.2% |
| 2 DAY HOSPITAL/CPSE | 813,572 | 880,881 | (67,309) | 7,739,015 | 7,180,093 | 558,922 | 6,792,346 | 946,669 | 13.9% |
| 3 OUTPATIENT/EI | 37,415 | 50,613 | (13,198) | 456,253 | 412,338 | 43,915 | 321,696 | 134,557 | 41.8% |
| 4 LONG TERM CARE UNIT | 1,142,023 | 1,039,889 | 102,134 | 8,376,643 | 8,151,390 | 225,253 | 7,977,615 | 399,028 | 5.0% |
| 5 DSH | 48,750 | 49,685 | (935) | 390,000 | 389,466 | 534 | 802,681 | (412,681) | -51.4% |
| 6 SPENDING POLICY | 317,700 | 327,328 | (9,628) | 2,544,265 | 2,618,624 | (74,359) | 2,523,908 | 20,357 | 0.8% |
| 7 NET ASSET RELEASE RESTR | 291,514 | 285,417 | 6,097 | 2,093,623 | 2,283,334 | (189,711) | 2,152,397 | (58,774) | -2.7% |
| 8 OTHER OPERATING | 167,552 | 153,964 | 13,588 | 1,352,431 | 1,231,713 | 120,718 | 1,344,078 | 8,353 | 0.6% |
| 9 TOTAL OPERATING INCOME | 7,757,760 | 7,094,649 | 663,111 | 57,515,038 | 56,027,275 | 1,487,763 | 56,082,410 | 1,432,628 | 2.6% |
| OPERATING EXPENSE | | | | | | | | | |
| 10 PAYROLL | 3,644,776 | 3,592,981 | (51,795) | 28,023,611 | 27,979,226 | (44,385) | 26,496,369 | 1,527,242 | 5.8% |
| 11 CONTRACTED & MSA | 506,161 | 505,087 | (1,074) | 3,697,466 | 3,935,837 | 238,371 | 3,228,014 | 469,452 | 14.5% |
| 12 TEMPORARY | 23,982 | 5,167 | (18,815) | 113,893 | 41,336 | (72,557) | 155,918 | (42,025) | -27.0% |
| 13 FRINGE BENEFITS | 1,153,684 | 1,119,141 | (34,543) | 9,169,340 | 8,967,436 | (201,904) | 9,156,000 | 13,340 | 0.1% |
| 14 LABOR | 5,328,603 | 5,222,376 | (106,227) | 41,004,310 | 40,923,835 | (80,475) | 39,036,301 | 1,968,009 | 5.0% |
| 15 VARIABLE SUPPLY | 302,727 | 287,996 | (14,731) | 2,431,656 | 2,301,892 | (129,764) | 2,264,445 | 167,211 | 7.4% |
| 16 PURCH'D SERV & CONTRACTS | 388,633 | 315,488 | (73,145) | 2,504,362 | 2,523,904 | 19,542 | 2,514,760 | (10,398) | -0.4% |
| 17 DRUGS | 112,191 | 131,037 | 18,846 | 1,406,449 | 1,414,847 | 8,398 | 1,466,575 | (60,126) | -4.1% |
| 18 LEGAL, AUDIT, CONSULT | 119,309 | 82,234 | (37,075) | 1,025,505 | 657,872 | (367,633) | 649,918 | 375,587 | 57.8% |
| 19 ADMIN & GENERAL | 37,832 | 38,439 | 607 | 628,179 | 307,512 | (320,667) | 370,953 | 257,226 | 69.3% |
| 20 ASSESSMENTS, TAX | 109,209 | 93,188 | (16,021) | 732,298 | 745,504 | 13,206 | 707,887 | 24,411 | 3.4% |
| 21 INSURANCES | 54,403 | 62,841 | 8,438 | 455,804 | 502,728 | 46,924 | 442,517 | 13,287 | 3.0% |
| 22 UTILITES | 85,811 | 87,061 | 1,250 | 528,493 | 548,364 | 19,871 | 535,462 | (6,969) | -1.3% |
| 23 INTEREST & DEBT | 69,709 | 73,081 | 3,372 | 542,997 | 584,648 | 41,651 | 545,259 | (2,262) | -0.4% |
| 24 OVERHEAD | - | - | - | 3,792 | - | (3,792) | 200,000 | (196,208) | -98.1% |
| 25 SPEC FUNDS | 59,662 | - | (59,662) | 227,290 | - | (227,290) | 188,519 | 38,771 | 20.6% |
| 26 DEPRECIATION | 547,272 | 547,272 | - | 4,378,030 | 4,378,176 | 146 | 4,438,128 | (60,098) | -1.4% |
| 27 NON SALARY | 1,886,758 | 1,718,637 | (168,121) | 14,864,855 | 13,965,447 | (899,408) | 14,324,423 | 540,432 | 3.8% |
| 28 | | | | | | | | | |
| 29 TOTAL OPERATING EXPENSE | 7,215,361 | 6,941,013 | (274,348) | 55,869,165 | 54,889,282 | (979,883) | 53,360,724 | 2,508,441 | 4.7% |
| 30 | | | | | | | | | |
| 31 OPERATING P&L | 542,399 | 153,636 | 388,763 | 1,645,873 | 1,137,993 | 507,880 | 2,721,686 | (1,075,813) | -40% |
| 32 | 6.99% | 2.17% | | 2.86% | 2.03% | | 4.85% | | |

SPECIALISTS' ONE-DAY SURGERY, LLC

**BALANCE SHEETS
DECEMBER 31, 2018 AND 2017**

| | <u>2018</u> | <u>2017</u> |
|---------------------------------------------------|----------------------|---------------------|
| ASSETS | | |
| CURRENT ASSETS: | | |
| Cash | \$ 2,979,100 | \$ 1,987,069 |
| Accounts receivable, net | 3,108,252 | 2,813,437 |
| Other current assets | <u>98,515</u> | <u>154,329</u> |
| Total current assets | <u>6,185,867</u> | <u>4,954,835</u> |
| PROPERTY: | | |
| Building and improvements | 22,174 | 22,174 |
| Medical equipment | 3,276,250 | 3,251,201 |
| Medical instruments | 758,459 | 758,459 |
| Furniture and fixtures | 165,373 | 165,373 |
| Computer equipment and software | 323,918 | 353,059 |
| Construction in progress | <u>8,743,669</u> | <u>460,368</u> |
| Total | 13,289,843 | 5,010,634 |
| Less: Accumulated depreciation | <u>4,101,427</u> | <u>3,870,716</u> |
| Property, net | <u>9,188,416</u> | <u>1,139,918</u> |
| Total assets | <u>\$ 15,374,283</u> | <u>\$ 6,094,753</u> |
| LIABILITIES AND MEMBERS' EQUITY | | |
| CURRENT LIABILITIES: | | |
| Accounts payable | \$ 1,877,780 | \$ 588,093 |
| Accrued expenses | 549,386 | 365,493 |
| Member distributions payable | 1,711,200 | 2,178,728 |
| Current portion of capital lease obligations | 29,710 | 28,413 |
| Current portion of installment loans payable | <u>24,648</u> | <u>-</u> |
| Total current liabilities | <u>4,192,724</u> | <u>3,160,727</u> |
| LONG-TERM LIABILITIES: | | |
| Capital lease obligations, net of current portion | 25,792 | 55,502 |
| Installment loans payable, net of current portion | <u>6,702,992</u> | <u>-</u> |
| Total long-term liabilities | <u>6,728,784</u> | <u>55,502</u> |
| Total liabilities | <u>10,921,508</u> | <u>3,216,229</u> |
| MEMBERS' EQUITY | <u>4,452,775</u> | <u>2,878,524</u> |
| Total liabilities and members' equity | <u>\$ 15,374,283</u> | <u>\$ 6,094,753</u> |

SPECIALISTS' ONE-DAY SURGERY, LLC

**STATEMENTS OF INCOME AND MEMBERS' EQUITY
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

| | <u>2018</u> | <u>2017</u> |
|----------------------------------------------------------------------|---------------------|---------------------|
| REVENUES: | | |
| Patient service revenue, net of contractual allowances and discounts | \$ 22,946,128 | \$ 22,049,785 |
| (Increase) decrease in allowance for doubtful accounts | <u>(38,027)</u> | <u>180,058</u> |
| Net patient service | 22,908,101 | 22,229,843 |
| OPERATING EXPENSES | <u>12,941,826</u> | <u>12,320,514</u> |
| GROSS PROFIT | 9,966,275 | 9,909,329 |
| GENERAL AND ADMINISTRATIVE EXPENSES | <u>991,636</u> | <u>849,923</u> |
| OPERATING INCOME | 8,974,639 | 9,059,406 |
| LOSS ON DISPOSAL OF PROPERTY | (433) | - |
| INTEREST EXPENSE | <u>(5,736)</u> | <u>(5,062)</u> |
| NET INCOME | 8,968,470 | 9,054,344 |
| MEMBERS' EQUITY - beginning of year | 2,878,524 | 3,468,402 |
| MEMBER CONTRIBUTIONS | 951,200 | - |
| DISTRIBUTIONS TO MEMBERS | <u>(8,345,419)</u> | <u>(9,644,222)</u> |
| MEMBERS' EQUITY - end of year | <u>\$ 4,452,775</u> | <u>\$ 2,878,524</u> |

SPECIALISTS' ONE-DAY SURGERY, LLC

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

| | <u>2018</u> | <u>2017</u> |
|------------------------------------------------------------------------------------|---------------------|---------------------|
| CASH FLOW FROM OPERATING ACTIVITIES: | | |
| Net income | \$ 8,968,470 | \$ 9,054,344 |
| Adjustments to reconcile net income to net cash flow from operating activities: | | |
| Depreciation expense | 259,558 | 271,123 |
| Change in allowance for doubtful accounts | 38,027 | (180,058) |
| Loss on disposal of property | 433 | - |
| Changes in operating assets and liabilities: | | |
| Accounts receivable | (332,842) | 213,424 |
| Other current assets | 55,814 | (55,913) |
| Accounts payable | 1,289,687 | 12,677 |
| Accrued expenses | <u>183,893</u> | <u>(9,691)</u> |
| Net cash flow from operating activities | <u>10,463,040</u> | <u>9,305,906</u> |
| CASH FLOW FROM INVESTING ACTIVITIES: | | |
| Purchases of property | <u>(8,308,489)</u> | <u>(604,729)</u> |
| Net cash flow from investing activities | <u>(8,308,489)</u> | <u>(604,729)</u> |
| CASH FLOW FROM FINANCING ACTIVITIES: | | |
| Payments on capital lease obligations | (28,413) | (49,191) |
| Proceeds on installment loans payable | 6,727,640 | (35,455) |
| Member contributions | 951,200 | - |
| Distributions to members | <u>(8,812,947)</u> | <u>(10,196,094)</u> |
| Net cash flow from financing activities | <u>(1,162,520)</u> | <u>(10,280,740)</u> |
| CHANGE IN CASH | 992,031 | (1,579,563) |
| CASH - beginning of year | <u>1,987,069</u> | <u>3,566,632</u> |
| CASH - end of year | <u>\$ 2,979,100</u> | <u>\$ 1,987,069</u> |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION: | | |
| Cash paid during the year for interest | <u>\$ 76,849</u> | <u>\$ 5,219</u> |

Specialists One-Day Surgery, LLC (SOD)

| | | Prior | | | |
|----------------------------|-----------------------------------|---------------------|----------------------|-----------------------|----------------|
| | | Year to Date | Year to Date | Variance | Var % |
| Assets | | | | | |
| Cash | | | | | |
| 1102-00-00 | Cash - M&T Operating | 3,405,007.97 | 1,633,343.58 | (1,771,664.39) | (52.03) |
| 1104-00-00 | M&T Credit Card-UA | 23,195.26 | 56,955.63 | 33,760.37 | 145.55 |
| 1108-00-00 | Oper Acct - AMEX-UA | (212,464.90) | (232,693.92) | (20,229.02) | 9.52 |
| 1150-00-00 | Patient Cash: UA | 200.00 | 700.00 | 500.00 | 250.00 |
| 1160-00-00 | Petty Cash: UA | 300.00 | 300.00 | 0.00 | 0.00 |
| Total Cash: | | 3,216,238.33 | 1,458,605.29 | (1,757,633.04) | (54.65) |
| Receivables | | | | | |
| 1278-00-00 | Due From SOS | 722.89 | 3,186.87 | 2,463.98 | 340.85 |
| Total Receivables: | | 722.89 | 3,186.87 | 2,463.98 | 340.85 |
| Fixed Assets | | | | | |
| 1565-01-00 | Const in Progress:E Taft Rd-UA | 1,665,022.58 | 150.00 | (1,664,872.58) | (99.99) |
| 1570-00-00 | Leasehold Imp | 22,173.94 | 22,173.94 | 0.00 | 0.00 |
| 1570-01-00 | Leasehold Imp:E Taft Rd-UA | 0.00 | 11,368,566.50 | 11,368,566.50 | 0.00 |
| 1577-01-00 | Loan Acq Costs:E Taft Rd-UA | 0.00 | 78,350.00 | 78,350.00 | 0.00 |
| 1670-00-00 | A/D-Leasehold Imp | (13,768.38) | (14,717.45) | (949.07) | 6.89 |
| 1670-01-00 | A/D:E Taft Rd-UA | 0.00 | (55,791.11) | (55,791.11) | 0.00 |
| 1677-01-00 | A/D Loan Acq Costs:E Taft Rd-UA | 0.00 | (2,304.41) | (2,304.41) | 0.00 |
| 1750-00-00 | Furn Fix & Equip - Office | 141,400.99 | 141,400.99 | 0.00 | 0.00 |
| 1750-00-66 | Furn Fix & Equip-PM | 16,319.20 | 16,319.20 | 0.00 | 0.00 |
| 1750-01-00 | Furn Fix & Equip:E Taft Rd-UA | 0.00 | 54,477.43 | 54,477.43 | 0.00 |
| 1751-00-00 | Payout Retiring Mem-UA | 4,776.00 | 4,776.00 | 0.00 | 0.00 |
| 1760-00-00 | Furn Fix & Equip - D/P | 102,911.45 | 73,770.48 | (29,140.97) | (28.32) |
| 1760-01-00 | Furn Fix & Equip:E Taft Rd-UA | 0.00 | 80,195.14 | 80,195.14 | 0.00 |
| 1780-00-00 | Furn Fix & Equip-UA | 3,038,152.56 | 3,050,656.80 | 12,504.24 | 0.41 |
| 1780-00-66 | Furn Fix & Equip-PM | 146,692.88 | 146,692.88 | 0.00 | 0.00 |
| 1780-01-00 | Furn Fix & Equip:E Taft Rd-UA | 0.00 | 1,481,242.23 | 1,481,242.23 | 0.00 |
| 1781-00-00 | Payout Retiring Mem-UA | 65,900.00 | 65,900.00 | 0.00 | 0.00 |
| 1785-00-00 | Furn Fix & Equip - Instrument | 733,627.19 | 733,627.19 | 0.00 | 0.00 |
| 1786-00-00 | Payout Retiring Mem-UA | 24,832.00 | 24,832.00 | 0.00 | 0.00 |
| 1790-00-00 | Furn Fix & Equip - Other | 2,876.68 | 2,876.68 | 0.00 | 0.00 |
| 1792-00-00 | Software | 70,565.81 | 70,565.81 | 0.00 | 0.00 |
| 1792-00-87 | Software-EHR | 179,582.40 | 179,582.40 | 0.00 | 0.00 |
| 1850-00-00 | A/D Furn Fix & Equip - Office | (141,401.80) | (141,401.80) | 0.00 | 0.00 |
| 1850-00-66 | A/D Furn Fix & Equip-PM | (16,319.53) | (16,319.53) | 0.00 | 0.00 |
| 1850-01-00 | A/D Furn Fix & Equip:E Taft Rd-UA | 0.00 | (2,594.94) | (2,594.94) | 0.00 |
| 1860-00-00 | A/D Furn Fix & Equip - D/P | (102,911.08) | (73,770.11) | 29,140.97 | (28.32) |
| 1860-01-00 | A/D Furn Fix & Equip:E Taft Rd-UA | 0.00 | (5,346.34) | (5,346.34) | 0.00 |
| 1880-00-00 | A/D Furn Fix & Equip - Equip | (3,038,153.51) | (3,050,657.75) | (12,504.24) | 0.41 |
| 1880-00-66 | A/D Furn Fix & Equip-PM | (146,692.88) | (146,692.88) | 0.00 | 0.00 |
| 1880-01-00 | A/D Furn Fix & Equip:E Taft Rd-UA | 0.00 | (91,538.60) | (91,538.60) | 0.00 |
| 1885-00-00 | A/D Furn Fix & Equip - Instru | (733,627.40) | (733,627.40) | 0.00 | 0.00 |
| 1890-00-00 | A/D Furn Fix & Equip - Other | (2,876.68) | (2,876.68) | 0.00 | 0.00 |
| 1891-00-00 | A/D Payout Retirees-UA | (60,488.39) | (66,855.59) | (6,367.20) | 10.53 |
| 1892-00-00 | A/A - Software | (70,565.78) | (70,565.78) | 0.00 | 0.00 |
| 1892-00-87 | A/A:Software-EHR | (139,472.84) | (179,568.44) | (40,095.60) | 28.75 |
| Total Fixed Assets: | | 1,748,555.41 | 12,941,526.86 | 11,192,971.45 | 640.13 |
| Total Assets: | | 4,965,516.63 | 14,403,319.02 | 9,437,802.39 | 190.07 |

| | | Prior | | | |
|-------------------------------------|-------------------------------------|--------------|---------------|---------------|------------|
| | | Year to Date | Year to Date | Variance | Var % |
| Liabilities | | | | | |
| Payables | | | | | |
| 2239-00-00 | W/H HSA EE-UA | 0.00 | 500.00 | 500.00 | 0.00 |
| Total Payables: | | 0.00 | 500.00 | 500.00 | 0.00 |
| Current Liabilities | | | | | |
| 2114-00-00 | M&TEquip Lease#3CArm-C/P | 28,412.73 | 29,710.05 | 1,297.32 | 4.57 |
| 2150-00-00 | M&T \$12.05M Loan - C/P | 0.00 | 24,647.73 | 24,647.73 | 0.00 |
| Total Current Liabilities: | | 28,412.73 | 54,357.78 | 25,945.05 | 91.31 |
| Accruals | | | | | |
| 2210-00-00 | W/H Federal Income Tax | (0.01) | 0.00 | 0.01 | (100.00) |
| 2212-00-00 | W/H FICA | 0.00 | 12.62 | 12.62 | 0.00 |
| 2213-00-00 | W/H FICA Med | 0.00 | 2.95 | 2.95 | 0.00 |
| 2215-00-00 | W/H NYS Income Tax | (0.03) | 0.00 | 0.03 | (100.00) |
| 2223-00-00 | W/H Life Ins | (31.06) | (2.89) | 28.17 | (90.70) |
| 2224-00-00 | W/H Supp Ins | (16.20) | 219.56 | 235.76 | (1,455.31) |
| 2225-00-00 | W/H 401(k) | 19,997.79 | 24,153.28 | 4,155.49 | 20.78 |
| 2227-00-00 | W/H Flex Med | 983.50 | 1,530.93 | 547.43 | 55.66 |
| 2235-00-00 | W/H NY PFL:UA | 906.71 | 1,423.13 | 516.42 | 56.96 |
| 2236-00-00 | W/H Disability | 447.06 | 633.54 | 186.48 | 41.71 |
| 2237-00-00 | W/H - United Way | 184.00 | 169.60 | (14.40) | (7.83) |
| 2250-00-00 | Accrued FICA | 0.00 | 12.62 | 12.62 | 0.00 |
| 2252-00-00 | Accrued FICA Med | 0.00 | 2.95 | 2.95 | 0.00 |
| 2255-00-00 | Accrued SUI | 873.97 | 807.70 | (66.27) | (7.58) |
| 2256-00-00 | Accrued FUTA | 188.39 | 274.99 | 86.60 | 45.97 |
| Total Accruals: | | 23,534.12 | 29,240.98 | 5,706.86 | 24.25 |
| Long-Term Liabilities | | | | | |
| 2511-00-00 | M&TEquipLease #6 L/T:UA | 0.00 | 179,400.89 | 179,400.89 | 0.00 |
| 2512-00-00 | M&TEquipLease #5 - L/T | 0.00 | 1,025,679.72 | 1,025,679.72 | 0.00 |
| 2513-00-00 | M&TEquipLease #4 L/T:UA | 0.00 | 300,680.74 | 300,680.74 | 0.00 |
| 2514-00-00 | M&TEquipLease #3 L/T:UA | 41,454.31 | 11,102.84 | (30,351.47) | (73.22) |
| 2550-00-00 | M&T \$12.05M Loan - L/T | 1,364,261.82 | 10,327,799.36 | 8,963,537.54 | 657.02 |
| 2551-00-00 | M&TEquipLease #7 L/T:Unallocated-UA | 0.00 | 385,874.64 | 385,874.64 | 0.00 |
| Total Long-Term Liabilities: | | 1,405,716.13 | 12,230,538.19 | 10,824,822.06 | 770.06 |
| Total Liabilities: | | 1,457,662.98 | 12,314,636.95 | 10,856,973.97 | 744.82 |
| Equity | | | | | |
| 2630-00-01 | Shareholder Draw:NGE | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-02 | Shareholder Draw:JAV | (69,600.00) | 0.00 | 69,600.00 | (100.00) |
| 2630-00-03 | Shareholder Draw:MGF | (13,468.77) | (127,333.00) | (113,864.23) | 845.39 |
| 2630-00-04 | Shareholder Draw:JAI | (13,468.77) | (127,333.00) | (113,864.23) | 845.39 |
| 2630-00-20 | Shareholder Draw:GBA | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-22 | Shareholder Draw:BBG | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-23 | Shareholder Draw:SSG | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-24 | Shareholder Draw:ND | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-26 | Shareholder Draw:DJM | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-27 | Shareholder Draw:AJB | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-28 | Shareholder Draw:WEW | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-29 | Shareholder Draw:WHS | (131,900.00) | (150,019.00) | (18,119.00) | 13.74 |
| 2630-00-30 | Shareholder Draw:THI | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-32 | Shareholder Draw:CPC | (131,900.00) | (231,211.00) | (99,311.00) | 75.29 |

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year to Date | Year to Date | Variance | Var % |
|------------|---------------------------------|-----------------------|--------------|--------------|----------|
| 2630-00-33 | Shareholder Draw: SPB | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-34 | Shareholder Draw: IMV | (131,900.00) | (150,019.00) | (18,119.00) | 13.74 |
| 2630-00-35 | Shareholder Draw: PJN | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-36 | Shareholder Draw: RGZ | (194,145.00) | 0.00 | 194,145.00 | (100.00) |
| 2630-00-37 | Shareholder Draw-BSR | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-38 | Shareholder Draw: JJC | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-40 | Shareholder Draw-JL | (69,600.00) | (113,372.00) | (43,772.00) | 62.89 |
| 2630-00-44 | Shareholder Draw: JFF | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-45 | Shareholder Draw: DCW | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-47 | Shareholder Draw: RJD | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-49 | Shareholder Draw-JFP | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-50 | Shareholder Draw-MTC | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-51 | Shareholder Draw-RLT | (69,600.00) | (113,425.87) | (43,825.87) | 62.97 |
| 2630-00-52 | Shareholder Draw-JAC | (69,600.00) | (113,372.00) | (43,772.00) | 62.89 |
| 2630-00-53 | Shareholder Draw-FRL | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-54 | Shareholder Draw-TRH | (219,224.00) | 0.00 | 219,224.00 | (100.00) |
| 2630-00-55 | Shareholder Draw-TCB | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-56 | Shareholder Draw-EAT | (69,600.00) | (113,372.00) | (43,772.00) | 62.89 |
| 2630-00-57 | Shareholder Draw-JAL | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-60 | Shareholder Draw-LRS | (139,200.00) | (150,019.00) | (10,819.00) | 7.77 |
| 2630-00-61 | Shareholder Draw-MCT | (69,600.00) | (113,372.00) | (43,772.00) | 62.89 |
| 2650-00-01 | Paid In Capital:NGE | (150,900.00) | (182,798.45) | (31,898.45) | 21.14 |
| 2650-00-02 | Paid In Capital:Unallocated-JAV | (235,167.00) | (257,546.00) | (22,379.00) | 9.52 |
| 2650-00-03 | Paid In Capital:Unallocated-MGF | 317,600.00 | 160,800.00 | (156,800.00) | (49.37) |
| 2650-00-04 | Paid In Capital:Unallocated-JAI | 317,600.00 | 160,800.00 | (156,800.00) | (49.37) |
| 2650-00-20 | Paid In Capital: GBA | (741,657.98) | (682,711.09) | 58,946.89 | (7.95) |
| 2650-00-22 | Paid In Capital: BBG | (741,655.98) | (682,708.09) | 58,947.89 | (7.95) |
| 2650-00-23 | Paid In Capital: SSG | (741,658.98) | (682,720.09) | 58,938.89 | (7.95) |
| 2650-00-24 | Paid In Capital-ND | (224,055.00) | (165,121.00) | 58,934.00 | (26.30) |
| 2650-00-26 | Paid In Capital: DJM | (662,954.98) | (604,017.04) | 58,937.94 | (8.89) |
| 2650-00-27 | Paid In Capital-AJB | (316,533.94) | (257,601.00) | 58,932.94 | (18.62) |
| 2650-00-28 | Paid In Capital: WEW | (662,741.98) | (603,802.04) | 58,939.94 | (8.89) |
| 2650-00-29 | Paid In Capital: WHS | (779,177.98) | (712,939.04) | 66,238.94 | (8.50) |
| 2650-00-30 | Paid In Capital: THI | (741,660.78) | (682,719.09) | 58,941.69 | (7.95) |
| 2650-00-32 | Paid In Capital: CPC | (696,624.98) | (630,386.09) | 66,238.89 | (9.51) |
| 2650-00-33 | Paid In Capital: SPB | (741,661.98) | (682,721.09) | 58,940.89 | (7.95) |
| 2650-00-34 | Paid In Capital: IMV | (696,625.98) | (630,385.09) | 66,240.89 | (9.51) |
| 2650-00-35 | Paid In Capital: PJN | (741,654.98) | (682,714.09) | 58,940.89 | (7.95) |
| 2650-00-36 | Paid In Capital: RGZ | (686,965.98) | (537,278.04) | 149,687.94 | (21.79) |
| 2650-00-37 | Paid In Capital-BSR | (310,078.67) | (251,140.00) | 58,938.67 | (19.01) |
| 2650-00-38 | Paid In Capital: JJC | (741,658.98) | (682,718.09) | 58,940.89 | (7.95) |
| 2650-00-40 | Paid In Capital-JL | (242,040.96) | (236,810.99) | 5,229.97 | (2.16) |
| 2650-00-43 | Paid In Capital: NAL | (780,753.94) | (436,914.05) | 343,839.89 | (44.04) |
| 2650-00-44 | Paid In Capital: JFF | (741,658.98) | (682,721.09) | 58,937.89 | (7.95) |
| 2650-00-45 | Paid In Capital: DCW | (741,666.98) | (682,727.06) | 58,939.92 | (7.95) |
| 2650-00-47 | Paid In Capital: RJD | (287,730.98) | (228,799.04) | 58,931.94 | (20.48) |
| 2650-00-49 | Paid In Capital-JFP | (572,695.98) | (513,756.04) | 58,939.94 | (10.29) |
| 2650-00-50 | Paid In Capital-MTC | (556,286.98) | (497,348.04) | 58,938.94 | (10.60) |
| 2650-00-51 | Paid In Capital-RLT | (177,301.25) | (172,070.28) | 5,230.97 | (2.95) |
| 2650-00-52 | Paid In Capital-JAC | (177,341.25) | (172,116.28) | 5,224.97 | (2.95) |
| 2650-00-53 | Paid In Capital-FRL | (528,841.98) | (469,903.04) | 58,938.94 | (11.14) |

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year to Date | Year to Date | Variance | Var % |
|------------|----------------------------------------|-----------------------|----------------------|-----------------------|----------------|
| 2650-00-54 | Paid In Capital-TRH | (483,813.97) | (359,199.03) | 124,614.94 | (25.76) |
| 2650-00-55 | Paid In Capital-TCB | (417,135.97) | (358,197.03) | 58,938.94 | (14.13) |
| 2650-00-56 | Paid In Capital-EAT | 49,543.76 | 54,769.73 | 5,225.97 | 10.55 |
| 2650-00-57 | Paid In Capital-JAL | (301,954.97) | (243,016.03) | 58,938.94 | (19.52) |
| 2650-00-59 | Paid In Capital-CBH | 209,497.92 | 0.00 | (209,497.92) | (100.00) |
| 2650-00-60 | Paid In Capital-LRS | (227,600.97) | (168,668.03) | 58,932.94 | (25.89) |
| 2650-00-61 | Paid In Capital-MCT | (256,543.27) | (251,311.30) | 5,231.97 | (2.04) |
| 2680-00-00 | Retained Earnings Pr Year | 19,410,702.91 | 18,280,934.31 | (1,129,768.60) | (5.82) |
| 2680-00-00 | Retained Earnings-Current Year | 4,625,720.18 | 3,170,207.65 | (1,455,512.53) | (31.47) |
| | Total Equity: | 3,507,853.65 | 2,088,682.07 | (1,419,171.58) | (40.46) |
| | Total Liabilities & Equity: | 4,965,516.63 | 14,403,319.02 | 9,437,802.39 | 190.07 |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Project# 192051
BFA Attachment- B cont

Specialists One-Day Surgery, LLC (SOD)

| | | Period to Date | Prior Year Period to Date | Variance | Var % | Year to Date | Prior Year to Date | Variance | Var % |
|-----------------------|----------------------------------|---------------------|------------------------------|------------------|-------------|----------------------|-----------------------|---------------------|--------------|
| Revenue | | | | | | | | | |
| 3500-00-00 | FFS Revenue: UA | 1,409,127.58 | 1,353,382.58 | 55,745.00 | 4.12 | 9,972,798.55 | 8,953,348.47 | 1,019,450.08 | 11.39 |
| 3500-00-66 | FFS Revenue: PM&R | 389,207.67 | 355,743.66 | 33,464.01 | 9.41 | 2,427,925.95 | 2,021,299.76 | 406,626.19 | 20.12 |
| 3500-00-67 | FFS Revenue: UA:Unallocated-CAC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.00 | (2,000.00) | (100.00) |
| 3500-00-68 | FFS Revenue: UA:Unallocated-ANE | 32,122.96 | 50,456.66 | (18,333.70) | (36.34) | 240,291.56 | 319,844.09 | (79,552.53) | (24.87) |
| 3520-00-62 | Refunds: SRG | (17,637.42) | (20,490.30) | 2,852.88 | 13.92 | (150,865.23) | (63,924.05) | (86,941.18) | (136.01) |
| 3520-00-70 | Refunds: UA:Unallocated-OPS | 0.00 | 0.00 | 0.00 | 0.00 | (250.00) | 0.00 | (250.00) | 0.00 |
| Total Revenue: | | 1,812,820.79 | 1,739,092.60 | 73,728.19 | 4.24 | 12,489,900.83 | 11,232,568.27 | 1,257,332.56 | 11.19 |
| Cost of Sales | | | | | | | | | |
| 5100-00-62 | Sal & Wages: SRG | 15,009.75 | 115,414.73 | 100,404.98 | 86.99 | 479,914.14 | 740,190.56 | 260,276.42 | 35.16 |
| 5100-00-64 | Sal & Wages: REC | 24,426.19 | 96,628.38 | 72,202.19 | 74.72 | 509,714.89 | 614,331.78 | 104,616.89 | 17.03 |
| 5100-00-66 | Sal & Wages: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 35,638.43 | 0.00 | (35,638.43) | 0.00 |
| 5100-00-68 | Sal & Wages: UA-ANESTH | 0.00 | 4,145.75 | 4,145.75 | 100.00 | 20,027.05 | 26,650.27 | 6,623.22 | 24.85 |
| 5100-01-62 | Sal & Wages: UA:E Taft Rd-SRG | 135,964.82 | 0.00 | (135,964.82) | 0.00 | 399,642.65 | 0.00 | (399,642.65) | 0.00 |
| 5100-01-64 | Sal & Wages: UA:E Taft Rd-REC | 98,555.40 | 0.00 | (98,555.40) | 0.00 | 290,250.96 | 0.00 | (290,250.96) | 0.00 |
| 5100-01-68 | Sal & Wages: UA:E Taft Rd-ANESTH | 4,780.23 | 0.00 | (4,780.23) | 0.00 | 16,599.14 | 0.00 | (16,599.14) | 0.00 |
| 5102-00-62 | Overtime Wages-SRG | 65.65 | 778.02 | 712.37 | 91.56 | 3,936.66 | 5,781.44 | 1,844.78 | 31.91 |
| 5102-00-64 | Overtime Wages-REC | 34.54 | 265.95 | 231.41 | 87.01 | 2,348.66 | 2,279.41 | (69.25) | (3.04) |
| 5102-00-66 | Overtime Wages-PM | 0.00 | 0.00 | 0.00 | 0.00 | 285.50 | 0.00 | (285.50) | 0.00 |
| 5102-00-68 | Overtime Wages-ANESTH | 0.00 | 77.25 | 77.25 | 100.00 | 237.96 | 386.26 | 148.30 | 38.39 |
| 5102-01-62 | Overtime Wages:E Taft Rd-SRG | 2,412.70 | 0.00 | (2,412.70) | 0.00 | 10,065.67 | 0.00 | (10,065.67) | 0.00 |
| 5102-01-64 | Overtime Wages:E Taft Rd-REC | 1,903.39 | 0.00 | (1,903.39) | 0.00 | 6,436.29 | 0.00 | (6,436.29) | 0.00 |
| 5102-01-68 | Overtime Wages:E Taft Rd-ANESTH | 183.86 | 0.00 | (183.86) | 0.00 | 1,173.41 | 0.00 | (1,173.41) | 0.00 |
| 5105-00-62 | FICA Exp: SRG | 889.95 | 6,863.20 | 5,973.25 | 87.03 | 28,737.56 | 44,197.97 | 15,460.41 | 34.98 |
| 5105-00-64 | FICA Exp: REC | 1,454.83 | 5,781.04 | 4,326.21 | 74.83 | 30,554.05 | 36,865.44 | 6,311.39 | 17.12 |
| 5105-00-66 | FICA Exp:UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 2,142.52 | 0.00 | (2,142.52) | 0.00 |
| 5105-00-68 | FICA Exp:UA-ANESTH | 0.00 | 250.74 | 250.74 | 100.00 | 1,218.23 | 1,611.91 | 393.68 | 24.42 |
| 5105-01-62 | FICA Exp:UA:E Taft Rd-SRG | 8,210.11 | 0.00 | (8,210.11) | 0.00 | 24,342.46 | 0.00 | (24,342.46) | 0.00 |
| 5105-01-64 | FICA Exp:UA:E Taft Rd-REC | 5,961.80 | 0.00 | (5,961.80) | 0.00 | 17,634.66 | 0.00 | (17,634.66) | 0.00 |
| 5105-01-68 | FICA Exp:UA:E Taft Rd-ANESTH | 296.85 | 0.00 | (296.85) | 0.00 | 1,069.13 | 0.00 | (1,069.13) | 0.00 |
| 5110-00-62 | FICA Med Exp: SRG | 208.14 | 1,605.06 | 1,396.92 | 87.03 | 6,720.71 | 10,336.39 | 3,615.68 | 34.98 |
| 5110-00-64 | FICA Med Exp: REC | 340.23 | 1,352.01 | 1,011.78 | 74.84 | 7,145.81 | 8,621.70 | 1,475.89 | 17.12 |
| 5110-00-66 | FICA Med Exp: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 501.06 | 0.00 | (501.06) | 0.00 |
| 5110-00-68 | FICA Med Exp: UA-ANESTH | 0.00 | 58.64 | 58.64 | 100.00 | 284.90 | 376.97 | 92.07 | 24.42 |
| 5110-01-62 | FICA Med Exp: UA:E Taft Rd-SRG | 1,920.10 | 0.00 | (1,920.10) | 0.00 | 5,692.96 | 0.00 | (5,692.96) | 0.00 |
| 5110-01-64 | FICA Med Exp: UA:E Taft Rd-REC | 1,394.30 | 0.00 | (1,394.30) | 0.00 | 4,124.24 | 0.00 | (4,124.24) | 0.00 |
| 5110-01-68 | FICA Med Exp: UA:E Taft Rd-ANES | 69.43 | 0.00 | (69.43) | 0.00 | 250.05 | 0.00 | (250.05) | 0.00 |
| 5112-00-62 | FUTA Exp: SRG | 0.00 | 6.59 | 6.59 | 100.00 | 1,327.01 | 1,293.08 | (33.93) | (2.62) |

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G/L Date: 7/1/2019

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**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

| | | Prior Year | | | | Prior | | | |
|------------|------------------------------------|----------------|----------------|-------------|--------|--------------|--------------|-------------|---------|
| | | Period to Date | Period to Date | Variance | Var % | Year to Date | Year to Date | Variance | Var % |
| 5112-00-64 | FUTA Exp: REC | 3.86 | 39.93 | 36.07 | 90.33 | 1,348.95 | 1,232.51 | (116.44) | (9.45) |
| 5112-00-66 | FUTA Exp: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 84.11 | 0.00 | (84.11) | 0.00 |
| 5112-00-68 | FUTA Exp: UA-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 64.56 | 42.01 | (22.55) | (53.68) |
| 5112-01-62 | FUTA Exp: UA:E Taft Rd-SRG | 7.96 | 0.00 | (7.96) | 0.00 | 34.17 | 0.00 | (34.17) | 0.00 |
| 5112-01-64 | FUTA Exp: UA:E Taft Rd-REC | 37.02 | 0.00 | (37.02) | 0.00 | 119.32 | 0.00 | (119.32) | 0.00 |
| 5112-01-68 | FUTA Exp: UA:E Taft Rd-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 17.00 | 0.00 | (17.00) | 0.00 |
| 5114-00-62 | SUI Exp: SRG | 0.00 | 23.42 | 23.42 | 100.00 | 2,850.86 | 3,935.46 | 1,084.60 | 27.56 |
| 5114-00-64 | SUI Exp: REC | 15.86 | 142.83 | 126.97 | 88.90 | 2,846.55 | 3,522.00 | 675.45 | 19.18 |
| 5114-00-66 | SUI Exp: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 137.44 | 0.00 | (137.44) | 0.00 |
| 5114-00-68 | SUI Exp: UA-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 128.28 | 133.79 | 5.51 | 4.12 |
| 5114-01-62 | SUI Exp: UA:E Taft Rd-SRG | 28.96 | 0.00 | (28.96) | 0.00 | 230.02 | 0.00 | (230.02) | 0.00 |
| 5114-01-64 | SUI Exp: UA:E Taft Rd-REC | 39.31 | 0.00 | (39.31) | 0.00 | 262.37 | 0.00 | (262.37) | 0.00 |
| 5114-01-68 | SUI Exp: UA:E Taft Rd-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 17.00 | 0.00 | (17.00) | 0.00 |
| 5120-00-62 | HSA Contributions-SRG | 113.12 | 455.00 | 341.88 | 75.14 | 575.75 | 2,275.00 | 1,699.25 | 74.69 |
| 5120-00-64 | HSA Contributions-REC | 183.54 | 260.00 | 76.46 | 29.41 | 943.92 | 1,560.00 | 616.08 | 39.49 |
| 5120-01-62 | HSA Contributions:E Taft Rd-SRG | 1,038.43 | 0.00 | (1,038.43) | 0.00 | 5,147.79 | 0.00 | (5,147.79) | 0.00 |
| 5120-01-64 | HSA Contributions:E Taft Rd-REC | 754.04 | 0.00 | (754.04) | 0.00 | 3,628.75 | 0.00 | (3,628.75) | 0.00 |
| 5120-01-68 | HSA Contributions:E Taft Rd-ANESTH | 37.30 | 0.00 | (37.30) | 0.00 | 185.69 | 0.00 | (185.69) | 0.00 |
| 5122-00-62 | NYS Dbl Ins: SRG | 0.00 | 99.91 | 99.91 | 100.00 | 719.51 | 828.44 | 108.93 | 13.15 |
| 5122-00-64 | NYS Dbl Ins: REC | 0.00 | 83.32 | 83.32 | 100.00 | 792.60 | 675.32 | (117.28) | (17.37) |
| 5122-00-66 | NYS Dbl Ins: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 125.93 | 0.00 | (125.93) | 0.00 |
| 5122-00-68 | NYS Dbl Ins: UA-ANESTH | 0.00 | 3.63 | 3.63 | 100.00 | 26.41 | 29.50 | 3.09 | 10.47 |
| 5122-01-62 | NYS Dbl Ins: UA:E Taft Rd-SRG | 0.00 | 0.00 | 0.00 | 0.00 | 713.45 | 0.00 | (713.45) | 0.00 |
| 5122-01-64 | NYS Dbl Ins: UA:E Taft Rd-REC | 0.00 | 0.00 | 0.00 | 0.00 | 532.45 | 0.00 | (532.45) | 0.00 |
| 5122-01-68 | NYS Dbl Ins: UA:E Taft Rd-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 41.47 | 0.00 | (41.47) | 0.00 |
| 5125-00-62 | L/T Dbl Ins-SRG | 6.76 | 0.00 | (6.76) | 0.00 | 338.59 | 491.63 | 153.04 | 31.13 |
| 5125-00-64 | L/T Dbl Ins-REC | 10.97 | 0.00 | (10.97) | 0.00 | 365.27 | 403.50 | 38.23 | 9.47 |
| 5125-00-66 | L/T Dbl Ins-PM | 0.00 | 0.00 | 0.00 | 0.00 | 19.95 | 0.00 | (19.95) | 0.00 |
| 5125-00-68 | L/T Dbl Ins-ANESTH | 0.00 | 0.00 | 0.00 | 0.00 | 12.36 | 17.75 | 5.39 | 30.37 |
| 5125-01-62 | L/T Dbl Ins:E Taft Rd-SRG | 62.08 | 0.00 | (62.08) | 0.00 | 354.82 | 0.00 | (354.82) | 0.00 |
| 5125-01-64 | L/T Dbl Ins:E Taft Rd-REC | 45.08 | 0.00 | (45.08) | 0.00 | 255.15 | 0.00 | (255.15) | 0.00 |
| 5125-01-68 | L/T Dbl Ins:E Taft Rd-ANESTH | 2.23 | 0.00 | (2.23) | 0.00 | 15.29 | 0.00 | (15.29) | 0.00 |
| 5172-00-62 | Health Ins: SRG | 1,824.47 | 15,663.33 | 13,838.86 | 88.35 | 47,314.06 | 88,679.60 | 41,365.54 | 46.65 |
| 5172-00-64 | Health Ins: REC | 2,960.30 | 13,061.99 | 10,101.69 | 77.34 | 50,800.59 | 72,936.63 | 22,136.04 | 30.35 |
| 5172-00-66 | Health Ins: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 5,112.81 | 0.00 | (5,112.81) | 0.00 |
| 5172-00-68 | Health Ins: UA-ANESTH | 0.00 | 569.04 | 569.04 | 100.00 | 2,224.41 | 3,203.83 | 979.42 | 30.57 |
| 5172-01-62 | Health Ins: UA:E Taft Rd-SRG | 16,748.67 | 0.00 | (16,748.67) | 0.00 | 50,908.08 | 0.00 | (50,908.08) | 0.00 |
| 5172-01-64 | Health Ins: UA:E Taft Rd-REC | 12,161.78 | 0.00 | (12,161.78) | 0.00 | 36,842.86 | 0.00 | (36,842.86) | 0.00 |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Project# 192051

BFA Attachment-B cont

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year | | | | Prior | | | |
|-----------------------------|-----------------------------------|---------------------|---------------------|--------------------|----------------|----------------------|---------------------|---------------------|----------------|
| | | Period to Date | Period to Date | Variance | Var % | Year to Date | Year to Date | Variance | Var % |
| 5172-01-68 | Health Ins: UA:E Taft Rd-ANESTH | 601.56 | 0.00 | (601.56) | 0.00 | 2,204.55 | 0.00 | (2,204.55) | 0.00 |
| 5176-00-62 | Dental Ins: SRG | 131.30 | 870.34 | 739.04 | 84.91 | 3,137.02 | 3,962.22 | 825.20 | 20.83 |
| 5176-00-64 | Dental Ins: REC | 213.04 | 725.79 | 512.75 | 70.65 | 3,363.06 | 3,357.17 | (5.89) | (0.18) |
| 5176-00-66 | Dental Ins: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 250.37 | 0.00 | (250.37) | 0.00 |
| 5176-00-68 | Dental Ins: UA-ANESTH | 0.00 | 31.62 | 31.62 | 100.00 | 149.11 | 143.56 | (5.55) | (3.87) |
| 5176-01-62 | Dental Ins: UA:E Taft Rd-SRG | 1,205.35 | 0.00 | (1,205.35) | 0.00 | 3,478.58 | 0.00 | (3,478.58) | 0.00 |
| 5176-01-64 | Dental Ins: UA:E Taft Rd-REC | 875.25 | 0.00 | (875.25) | 0.00 | 2,514.61 | 0.00 | (2,514.61) | 0.00 |
| 5176-01-68 | Dental Ins: UA:E Taft Rd-ANESTH | 43.29 | 0.00 | (43.29) | 0.00 | 148.50 | 0.00 | (148.50) | 0.00 |
| 5178-00-62 | Grp Life Ins: SRG | 17.17 | (261.78) | (278.95) | (106.56) | 235.24 | 16.51 | (218.73) | (1,324.83) |
| 5178-00-64 | Grp Life Ins: REC | 27.85 | (218.30) | (246.15) | (112.76) | 247.52 | 11.62 | (235.90) | (2,030.12) |
| 5178-00-66 | Grp Life Ins: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 8.47 | 0.00 | (8.47) | 0.00 |
| 5178-00-68 | Grp Life Ins: UA-ANESTH | 0.00 | (9.51) | (9.51) | (100.00) | 10.86 | 0.48 | (10.38) | (2,162.50) |
| 5178-01-62 | Grp Life Ins: UA:E Taft Rd-SRG | 157.58 | 0.00 | (157.58) | 0.00 | 232.50 | 0.00 | (232.50) | 0.00 |
| 5178-01-64 | Grp Life Ins: UA:E Taft Rd-REC | 114.43 | 0.00 | (114.43) | 0.00 | 166.84 | 0.00 | (166.84) | 0.00 |
| 5178-01-68 | Grp Life Ins: UA:E Taft Rd-ANESTH | 5.66 | 0.00 | (5.66) | 0.00 | 8.37 | 0.00 | (8.37) | 0.00 |
| 5310-00-64 | Med Supply: REC | 1,569.50 | 13,859.09 | 12,289.59 | 88.68 | 40,393.84 | 50,806.20 | 10,412.36 | 20.49 |
| 5310-00-66 | Med Supply: PM | 13,255.48 | 18,380.82 | 5,125.34 | 27.88 | 129,401.52 | 91,994.94 | (37,406.58) | (40.66) |
| 5310-01-64 | Med Supply: UA:E Taft Rd-REC | 9,793.36 | 0.00 | (9,793.36) | 0.00 | 23,294.80 | 0.00 | (23,294.80) | 0.00 |
| 5310-01-66 | Med Supply: UA:E Taft Rd-PM | 0.00 | 0.00 | 0.00 | 0.00 | 2,971.39 | 0.00 | (2,971.39) | 0.00 |
| 5310-01-70 | Med Supply: UA:E Taft Rd-OPS | (2,811.99) | 0.00 | 2,811.99 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5312-00-66 | Med Supply Imp: PM | 219.24 | 0.00 | (219.24) | 0.00 | 4,883.76 | 17,088.84 | 12,205.08 | 71.42 |
| 5328-00-00 | Laundry Exp: UA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 750.06 | 750.06 | 100.00 |
| 5533-00-66 | Instrument Exp: PM-PM | 3,283.20 | 0.00 | (3,283.20) | 0.00 | 4,957.20 | 0.00 | (4,957.20) | 0.00 |
| 5792-00-62 | Outside Service: SRG | 0.00 | 375.00 | 375.00 | 100.00 | 1,125.00 | 1,635.00 | 510.00 | 31.19 |
| 5792-00-66 | Outside Service: UA-PM | 1,081.00 | 2,010.00 | 929.00 | 46.22 | 7,124.00 | 5,890.00 | (1,234.00) | (20.95) |
| 5792-00-68 | Outside Service: UA-ANESTH | 0.00 | 3,581.25 | 3,581.25 | 100.00 | 8,593.75 | 3,581.25 | (5,012.50) | (139.97) |
| 5792-01-62 | Outside Service: UA:E Taft Rd-SRG | 465.00 | 0.00 | (465.00) | 0.00 | 465.00 | 0.00 | (465.00) | 0.00 |
| 5792-01-68 | Outside Service: UA:E Taft Rd-ANE | 0.00 | 0.00 | 0.00 | 0.00 | 5,512.50 | 0.00 | (5,512.50) | 0.00 |
| 5793-00-68 | Anesth admin costs:Unallocated-AN | 833.33 | 7,083.33 | 6,250.00 | 88.24 | 36,249.98 | 55,831.23 | 19,581.25 | 35.07 |
| 5810-00-66 | O&U Equip Maint: UA-PM | 1,620.00 | 0.00 | (1,620.00) | 0.00 | 1,620.00 | 0.00 | (1,620.00) | 0.00 |
| 5811-00-66 | O&U Equip Service: U-PM | 253.80 | 1,637.28 | 1,383.48 | 84.50 | 9,383.79 | 7,367.76 | (2,016.03) | (27.36) |
| 5818-00-00 | O&U Med Waste Disposal: UA | 0.00 | 545.40 | 545.40 | 100.00 | 0.00 | 545.40 | 545.40 | 100.00 |
| 5872-00-66 | O&U Depr Equip: UA-PM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12,545.00 | 12,545.00 | 100.00 |
| 5996-00-00 | Unalloc Admin Exp: UA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 38.00 | 38.00 | 100.00 |
| Total Cost of Sales: | | 373,118.41 | 312,240.09 | (60,878.32) | (19.50) | 2,416,287.48 | 1,928,455.39 | (487,832.09) | (25.30) |
| Gross Profit: | | 1,439,702.38 | 1,426,852.51 | 12,849.87 | 0.90 | 10,073,613.35 | 9,304,112.88 | 769,500.47 | 8.27 |
| Expenses | | | | | | | | | |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Project# 192051
BFA Attachmnet-B cont

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year | | | | Prior | | | |
|---------------------------|---------------------------------|----------------|----------------|-------------|--------|--------------|--------------|-------------|----------|
| | | Period to Date | Period to Date | Variance | Var % | Year to Date | Year to Date | Variance | Var % |
| Operation Expenses | | | | | | | | | |
| 6100-00-70 | Sal & Wages: OPS | 4,978.72 | 15,956.09 | 10,977.37 | 68.80 | 72,313.01 | 106,294.07 | 33,981.06 | 31.97 |
| 6100-00-84 | Sal & Wages: MC | 0.00 | 0.00 | 0.00 | 0.00 | 4,146.92 | 0.00 | (4,146.92) | 0.00 |
| 6100-01-70 | Sal & Wages: UA:E Taft Rd-OPS | 13,833.28 | 0.00 | (13,833.28) | 0.00 | 43,967.18 | 0.00 | (43,967.18) | 0.00 |
| 6100-01-84 | Sal & Wages: UA:E Taft Rd-MC | 5,384.60 | 0.00 | (5,384.60) | 0.00 | 16,153.81 | 0.00 | (16,153.81) | 0.00 |
| 6102-00-70 | Overtime Wages-OPS | 5.51 | 215.13 | 209.62 | 97.44 | 1,286.78 | 626.28 | (660.50) | (105.46) |
| 6102-01-70 | Overtime Wages:E Taft Rd-OPS | 275.44 | 0.00 | (275.44) | 0.00 | 1,633.00 | 0.00 | (1,633.00) | 0.00 |
| 6105-00-70 | FICA Exp: OPS | 297.40 | 916.67 | 619.27 | 67.56 | 4,249.74 | 6,109.12 | 1,859.38 | 30.44 |
| 6105-00-84 | FICA Exp: MC | 0.00 | 0.00 | 0.00 | 0.00 | 257.10 | 0.00 | (257.10) | 0.00 |
| 6105-01-70 | FICA Exp: UA:E Taft Rd-OPS | 807.56 | 0.00 | (807.56) | 0.00 | 2,619.61 | 0.00 | (2,619.61) | 0.00 |
| 6105-01-84 | FICA Exp: UA:E Taft Rd-MC | 328.04 | 0.00 | (328.04) | 0.00 | 984.12 | 0.00 | (984.12) | 0.00 |
| 6110-00-70 | FICA Med Exp: OPS | 69.56 | 214.39 | 144.83 | 67.55 | 993.94 | 1,428.84 | 434.90 | 30.44 |
| 6110-00-84 | FICA Med Exp: MC | 0.00 | 0.00 | 0.00 | 0.00 | 60.13 | 0.00 | (60.13) | 0.00 |
| 6110-01-70 | FICA Med Exp: UA:E Taft Rd-OPS | 188.89 | 0.00 | (188.89) | 0.00 | 612.69 | 0.00 | (612.69) | 0.00 |
| 6110-01-84 | FICA Med Exp: UA:E Taft Rd-MC | 76.72 | 0.00 | (76.72) | 0.00 | 230.16 | 0.00 | (230.16) | 0.00 |
| 6112-00-70 | FUTA Exp: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 212.51 | 211.26 | (1.25) | (0.59) |
| 6112-00-84 | FUTA Exp: MC | 0.00 | 0.00 | 0.00 | 0.00 | 24.88 | 0.00 | (24.88) | 0.00 |
| 6112-01-84 | FUTA Exp: UA:E Taft Rd-MC | 0.00 | 0.00 | 0.00 | 0.00 | 17.11 | 0.00 | (17.11) | 0.00 |
| 6114-00-70 | SUI Exp: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 431.17 | 632.44 | 201.27 | 31.82 |
| 6114-00-84 | SUI Exp: MC | 0.00 | 0.00 | 0.00 | 0.00 | 24.88 | 0.00 | (24.88) | 0.00 |
| 6114-01-70 | SUI Exp: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 36.41 | 0.00 | (36.41) | 0.00 |
| 6114-01-84 | SUI Exp: UA:E Taft Rd-MC | 0.00 | 0.00 | 0.00 | 0.00 | 43.51 | 0.00 | (43.51) | 0.00 |
| 6120-00-70 | HSA Contributions-OPS | 37.30 | 260.00 | 222.70 | 85.65 | 189.57 | 1,300.00 | 1,110.43 | 85.42 |
| 6120-01-70 | HSA Contributions:E Taft Rd-OPS | 106.00 | 0.00 | (106.00) | 0.00 | 545.35 | 0.00 | (545.35) | 0.00 |
| 6120-01-84 | HSA Contributions:E Taft Rd-MC | 40.49 | 0.00 | (40.49) | 0.00 | 205.37 | 0.00 | (205.37) | 0.00 |
| 6122-00-70 | NYS Dbl Ins: OPS | 0.00 | 13.90 | 13.90 | 100.00 | 112.33 | 122.15 | 9.82 | 8.04 |
| 6122-01-70 | NYS Dbl Ins: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 89.22 | 0.00 | (89.22) | 0.00 |
| 6122-01-84 | NYS Dbl Ins: UA:E Taft Rd-MC | 0.00 | 0.00 | 0.00 | 0.00 | 27.87 | 0.00 | (27.87) | 0.00 |
| 6125-00-70 | L/T Dbl Ins-OPS | 2.23 | 0.00 | (2.23) | 0.00 | 54.61 | 71.87 | 17.26 | 24.02 |
| 6125-01-70 | L/T Dbl Ins:E Taft Rd-OPS | 6.34 | 0.00 | (6.34) | 0.00 | 39.69 | 0.00 | (39.69) | 0.00 |
| 6125-01-84 | L/T Dbl Ins:E Taft Rd-MC | 2.42 | 0.00 | (2.42) | 0.00 | 14.04 | 0.00 | (14.04) | 0.00 |
| 6127-00-70 | Mal Prac Ins: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 21,947.00 | 82,312.36 | 60,365.36 | 73.34 |
| 6172-00-70 | Heath Ins: OPS | 601.56 | 2,178.62 | 1,577.06 | 72.39 | 7,192.81 | 12,862.17 | 5,669.36 | 44.08 |
| 6172-00-84 | Heath Ins: MC | 0.00 | 0.00 | 0.00 | 0.00 | 1,079.24 | 0.00 | (1,079.24) | 0.00 |
| 6172-01-70 | Heath Ins: UA:E Taft Rd-OPS | 1,709.69 | 0.00 | (1,709.69) | 0.00 | 5,666.41 | 0.00 | (5,666.41) | 0.00 |
| 6172-01-84 | Heath Ins: UA:E Taft Rd-MC | 653.01 | 0.00 | (653.01) | 0.00 | 2,005.84 | 0.00 | (2,005.84) | 0.00 |
| 6174-00-70 | Emp Medical Exp-OPS | 0.00 | 272.54 | 272.54 | 100.00 | 161.46 | 681.35 | 519.89 | 76.30 |
| 6176-00-70 | Dental Ins: OPS | 43.29 | 121.06 | 77.77 | 64.24 | 413.89 | 551.33 | 137.44 | 24.93 |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

| | | Period to Date | Prior Year Period to Date | Variance | Var % | Year to Date | Prior Year to Date | Variance | Var % |
|---------------------------|------------------------------------|----------------|------------------------------|--------------|----------|--------------|-----------------------|--------------|----------|
| Operation Expenses | | | (Continued) | | | | | | |
| 6176-00-84 | Dental Ins: MC | 0.00 | 0.00 | 0.00 | 0.00 | 32.60 | 0.00 | (32.60) | 0.00 |
| 6176-01-70 | Dental Ins: UA:E Taft Rd-OPS | 123.04 | 0.00 | (123.04) | 0.00 | 385.15 | 0.00 | (385.15) | 0.00 |
| 6176-01-84 | Dental Ins: UA:E Taft Rd-MC | 46.99 | 0.00 | (46.99) | 0.00 | 137.08 | 0.00 | (137.08) | 0.00 |
| 6178-00-70 | Grp Life Ins: OPS | 5.66 | (36.41) | (42.07) | (115.55) | 35.41 | 3.77 | (31.64) | (839.26) |
| 6178-00-84 | Grp Life Ins: MC | 0.00 | 0.00 | 0.00 | 0.00 | 4.25 | 0.00 | (4.25) | 0.00 |
| 6178-01-70 | Grp Life Ins: UA:E Taft Rd-OPS | 16.09 | 0.00 | (16.09) | 0.00 | 24.10 | 0.00 | (24.10) | 0.00 |
| 6178-01-84 | Grp Life Ins: UA:E Taft Rd-MC | 6.14 | 0.00 | (6.14) | 0.00 | 9.15 | 0.00 | (9.15) | 0.00 |
| 6258-00-70 | Trng & Seminars: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 986.95 | 1,510.00 | 523.05 | 34.64 |
| 6258-01-70 | Trng & Seminars: UA:E Taft Rd-OP: | 0.00 | 0.00 | 0.00 | 0.00 | 505.00 | 0.00 | (505.00) | 0.00 |
| 6260-00-70 | Med Conferences: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 1,518.51 | 0.00 | (1,518.51) | 0.00 |
| 6260-01-70 | Med Conferences: UA:E Taft Rd-OF | 1,005.60 | 0.00 | (1,005.60) | 0.00 | 1,105.60 | 0.00 | (1,105.60) | 0.00 |
| 6264-01-70 | Travel: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 718.05 | 0.00 | (718.05) | 0.00 |
| 6267-00-70 | Mileage: OPS | 0.00 | 30.52 | 30.52 | 100.00 | 902.72 | 222.29 | (680.43) | (306.10) |
| 6267-01-70 | Mileage: UA:E Taft Rd-OPS | 282.93 | 0.00 | (282.93) | 0.00 | 612.71 | 0.00 | (612.71) | 0.00 |
| 6310-00-00 | Med Supply: UA | (20.52) | 0.00 | 20.52 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6310-00-70 | Med Supply: UA-OPS | (1,819.90) | 170,311.64 | 172,131.54 | 101.07 | 580,312.00 | 820,699.81 | 240,387.81 | 29.29 |
| 6310-01-70 | Med Supply: UA:E Taft Rd-OPS | 165,648.37 | 0.00 | (165,648.37) | 0.00 | 624,112.58 | 0.00 | (624,112.58) | 0.00 |
| 6312-00-70 | Med Supply Implants:-OPS | 157.43 | 194,458.39 | 194,300.96 | 99.92 | 679,641.08 | 1,047,213.33 | 367,572.25 | 35.10 |
| 6312-01-70 | Med Supply Implants::E Taft Rd-OP | 149,331.97 | 0.00 | (149,331.97) | 0.00 | 419,114.07 | 0.00 | (419,114.07) | 0.00 |
| 6313-00-70 | MedSup Spine Implant-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 219.24 | 0.00 | (219.24) | 0.00 |
| 6313-01-70 | MedSup Spine Implant:E Taft Rd-OI | 0.00 | 0.00 | 0.00 | 0.00 | 8,700.00 | 0.00 | (8,700.00) | 0.00 |
| 6314-00-70 | Med SupImp-allograft-OPS | 0.00 | 13,051.45 | 13,051.45 | 100.00 | 51,900.60 | 86,690.30 | 34,789.70 | 40.13 |
| 6314-01-70 | Med SupImp-allograft:E Taft Rd-OP | 2,469.99 | 0.00 | (2,469.99) | 0.00 | 28,597.99 | 0.00 | (28,597.99) | 0.00 |
| 6315-00-70 | Pharmacy Supply: OPS | 11,777.52 | 23,906.03 | 12,128.51 | 50.73 | 169,991.74 | 205,615.75 | 35,624.01 | 17.33 |
| 6315-01-70 | Pharmacy Supply: UA:E Taft Rd-OP | 35,145.64 | 0.00 | (35,145.64) | 0.00 | 88,032.00 | 0.00 | (88,032.00) | 0.00 |
| 6316-00-70 | Med Sup Joint Implt-OPS | 0.00 | 24,177.39 | 24,177.39 | 100.00 | 96,564.94 | 52,214.84 | (44,350.10) | (84.94) |
| 6316-01-70 | Med Sup Joint Implt:E Taft Rd-OPS | 88,519.69 | 0.00 | (88,519.69) | 0.00 | 115,618.39 | 0.00 | (115,618.39) | 0.00 |
| 6320-00-70 | Anesthesia Supply: U-OPS | 4,372.57 | 15,282.17 | 10,909.60 | 71.39 | 68,919.50 | 102,571.40 | 33,651.90 | 32.81 |
| 6320-01-70 | Anesthesia Supply: U:E Taft Rd-OP: | 14,240.51 | 0.00 | (14,240.51) | 0.00 | 37,533.36 | 0.00 | (37,533.36) | 0.00 |
| 6322-01-70 | Anesthesia Pharmacy:E Taft Rd-OP | 0.00 | 0.00 | 0.00 | 0.00 | 3,809.09 | 0.00 | (3,809.09) | 0.00 |
| 6328-00-70 | Laundry Exp: OPS | 3,502.85 | 8,866.91 | 5,364.06 | 60.50 | 45,288.97 | 52,516.61 | 7,227.64 | 13.76 |
| 6328-01-70 | Laundry Exp: UA:E Taft Rd-OPS | 5,127.03 | 0.00 | (5,127.03) | 0.00 | 9,665.61 | 0.00 | (9,665.61) | 0.00 |
| 6330-00-70 | Nutrition Exp: OPS | 493.50 | 649.44 | 155.94 | 24.01 | 6,618.57 | 5,818.25 | (800.32) | (13.76) |
| 6330-01-70 | Nutrition Exp: UA:E Taft Rd-OPS | 482.23 | 0.00 | (482.23) | 0.00 | 1,713.67 | 0.00 | (1,713.67) | 0.00 |
| 6332-00-66 | Instrument Exp: UA-PM | (513.00) | 0.00 | 513.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6332-00-70 | Instrument Exp: OPS | 4,807.02 | 6,931.70 | 2,124.68 | 30.65 | 37,561.51 | 25,883.80 | (11,677.71) | (45.12) |
| 6332-01-70 | Instrument Exp: UA:E Taft Rd-OPS | 12,658.83 | 0.00 | (12,658.83) | 0.00 | 124,365.24 | 0.00 | (124,365.24) | 0.00 |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Project# 192051
BFA Attachmnet-B cont

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year | | | | Prior | | | |
|---------------------------|------------------------------------|----------------|----------------|-------------|----------|--------------|--------------|--------------|--------------|
| | | Period to Date | Period to Date | Variance | Var % | Year to Date | Year to Date | Variance | Var % |
| Operation Expenses | | (Continued) | | | | | | | |
| 6333-00-70 | Instrument Exp Rep:OPS | 0.00 | 4,047.00 | 4,047.00 | 100.00 | 39,124.55 | 46,173.00 | 7,048.45 | 15.27 |
| 6333-01-70 | Instrument Exp Rep:E Taft Rd-OPS | 4,992.05 | 0.00 | (4,992.05) | 0.00 | 12,999.00 | 0.00 | (12,999.00) | 0.00 |
| 6348-00-70 | Office Supply: UA-OPS | 2,091.01 | 1,008.65 | (1,082.36) | (107.31) | 14,303.95 | 7,024.63 | (7,279.32) | (103.63) |
| 6348-00-88 | Office Supply: MIS | 0.00 | 0.00 | 0.00 | 0.00 | 1,848.00 | 0.00 | (1,848.00) | 0.00 |
| 6348-01-70 | Office Supply: UA:E Taft Rd-OPS | 1,100.05 | 0.00 | (1,100.05) | 0.00 | 6,133.96 | 0.00 | (6,133.96) | 0.00 |
| 6364-00-70 | Janitorial Supply: OPS | 0.00 | 581.45 | 581.45 | 100.00 | 4,141.32 | 5,068.82 | 927.50 | 18.30 |
| 6364-01-70 | Janitorial Supply: U:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 16,012.37 | 0.00 | (16,012.37) | 0.00 |
| 6530-00-70 | Postage: OPS | 0.00 | 349.96 | 349.96 | 100.00 | 3,263.71 | 3,146.08 | (117.63) | (3.74) |
| 6530-01-70 | Postage: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 466.72 | 0.00 | (466.72) | 0.00 |
| 6532-00-70 | Delivery Service: OPS | 0.00 | 52.25 | 52.25 | 100.00 | 411.10 | 353.05 | (58.05) | (16.44) |
| 6535-00-70 | Printing Exp: OPS | 317.53 | 664.20 | 346.67 | 52.19 | 8,405.57 | 7,776.60 | (628.97) | (8.09) |
| 6535-01-70 | Printing Exp: UA:E Taft Rd-OPS | 600.24 | 0.00 | (600.24) | 0.00 | 1,298.84 | 0.00 | (1,298.84) | 0.00 |
| 6539-00-70 | Periodicals: OPS | 474.00 | 0.00 | (474.00) | 0.00 | 474.00 | 376.40 | (97.60) | (25.93) |
| 6540-00-70 | Books & Pubs: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 132.66 | 448.21 | 315.55 | 70.40 |
| 6540-01-70 | Books & Pubs: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 2,065.22 | 0.00 | (2,065.22) | 0.00 |
| 6552-00-70 | Dues & Member: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 750.00 | 0.00 | (750.00) | 0.00 |
| 6556-00-70 | License Fees: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 751.10 | 1,126.00 | 374.90 | 33.29 |
| 6556-01-70 | License Fees: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.00 | 0.00 | (2,000.00) | 0.00 |
| 6565-00-70 | Office Exp: OPS | 1,452.59 | 1,209.89 | (242.70) | (20.06) | 11,588.06 | 7,036.91 | (4,551.15) | (64.68) |
| 6565-01-70 | Office Exp: UA:E Taft Rd-OPS | 2,594.41 | 0.00 | (2,594.41) | 0.00 | 148,552.15 | 0.00 | (148,552.15) | 0.00 |
| 6568-00-00 | Mobil/Telephone: UA | 38.48 | (7.68) | (46.16) | (601.04) | 115.48 | 0.08 | (115.40) | (144,250.00) |
| 6568-00-70 | Mobil/Telephone: OPS | 1,075.47 | 1,995.61 | 920.14 | 46.11 | 4,253.98 | 6,563.42 | 2,309.44 | 35.19 |
| 6568-01-70 | Mobil/Telephone: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 848.40 | 0.00 | (848.40) | 0.00 |
| 6572-01-70 | Communications Servi:E Taft Rd-OF | 3,985.10 | 0.00 | (3,985.10) | 0.00 | 11,853.00 | 0.00 | (11,853.00) | 0.00 |
| 6720-00-70 | General Ins: OPS | 820.85 | 820.85 | 0.00 | 0.00 | 4,104.25 | 4,104.25 | 0.00 | 0.00 |
| 6742-00-70 | Computer Parts & Supplies-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 651.02 | 1,952.64 | 1,301.62 | 66.66 |
| 6742-01-70 | Computer Part & Supp:E Taft Rd-OF | 355.83 | 0.00 | (355.83) | 0.00 | 123,268.39 | 0.00 | (123,268.39) | 0.00 |
| 6792-00-70 | Outside Service: OPS | 17,598.05 | 3,062.99 | (14,535.06) | (474.54) | 78,031.08 | 30,158.89 | (47,872.19) | (158.73) |
| 6792-00-82 | Outside Service: BC | 98,626.00 | 89,017.00 | (9,609.00) | (10.79) | 588,296.00 | 534,102.00 | (54,194.00) | (10.15) |
| 6792-00-84 | Outside Service: MC | 2,284.00 | 2,202.00 | (82.00) | (3.72) | 13,624.00 | 13,212.00 | (412.00) | (3.12) |
| 6792-00-88 | Outside Service: MIS | 11,423.00 | 11,013.00 | (410.00) | (3.72) | 68,138.00 | 66,078.00 | (2,060.00) | (3.12) |
| 6792-00-89 | Outside Service: UA-RAD | 8,250.00 | 8,260.00 | 10.00 | 0.12 | 61,179.68 | 49,560.00 | (11,619.68) | (23.45) |
| 6792-00-90 | Outside Service: UA:Unallocated-AI | (586.40) | 0.00 | 586.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6792-01-70 | Outside Service: UA:E Taft Rd-OPS | 1,297.81 | 0.00 | (1,297.81) | 0.00 | 15,485.69 | 0.00 | (15,485.69) | 0.00 |
| 6792-01-89 | Outside Service: UA:E Taft Rd-RAD | 21,719.11 | 0.00 | (21,719.11) | 0.00 | 38,219.11 | 0.00 | (38,219.11) | 0.00 |
| 6810-00-70 | O&U Equip Maint: UA-OPS | 0.00 | 5,699.02 | 5,699.02 | 100.00 | 16,662.09 | 14,222.26 | (2,439.83) | (17.16) |
| 6810-01-70 | O&U Equip Maint: UA:E Taft Rd-OP | 405.00 | 0.00 | (405.00) | 0.00 | 6,589.67 | 0.00 | (6,589.67) | 0.00 |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Specialists One-Day Surgery, LLC (SOD)

| | | Prior Year | | | | Prior | | | |
|----------------------------------|-----------------------------------|---------------------|-------------------|---------------------|----------------|---------------------|---------------------|-----------------------|----------------|
| | | Period to Date | Period to Date | Variance | Var % | Year to Date | Year to Date | Variance | Var % |
| Operation Expenses | | (Continued) | | | | | | | |
| 6811-00-70 | O&U Equip Service: OPS | 2,589.25 | 11,568.96 | 8,979.71 | 77.62 | 24,747.72 | 67,840.86 | 43,093.14 | 63.52 |
| 6811-01-70 | O&U Equip Service: U:E Taft Rd-OF | 981.72 | 0.00 | (981.72) | 0.00 | 23,092.29 | 0.00 | (23,092.29) | 0.00 |
| 6812-00-70 | O&U Ofc Equip Maint: OPS | 292.76 | 593.90 | 301.14 | 50.71 | 6,534.07 | 4,156.84 | (2,377.23) | (57.19) |
| 6812-01-70 | O&U Ofc Equip Maint::E Taft Rd-OF | 3,094.54 | 0.00 | (3,094.54) | 0.00 | 3,183.03 | 0.00 | (3,183.03) | 0.00 |
| 6813-01-70 | O&U Equip Maint:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 28,104.00 | 0.00 | (28,104.00) | 0.00 |
| 6814-00-70 | O&U Anesth Equip Maint-OPS | 1,637.28 | 0.00 | (1,637.28) | 0.00 | 13,430.88 | 11,793.60 | (1,637.28) | (13.88) |
| 6814-01-70 | O&U Anesth Equip Mai:E Taft Rd-O | 3,670.76 | 0.00 | (3,670.76) | 0.00 | 3,670.76 | 0.00 | (3,670.76) | 0.00 |
| 6815-00-00 | O&U Cmptr Maint: UA | (2,920.00) | 0.00 | 2,920.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6815-00-70 | O&U Cmptr Maint: OPS | 3,224.60 | 0.00 | (3,224.60) | 0.00 | 3,793.08 | 347.75 | (3,445.33) | (990.75) |
| 6815-00-86 | O&U Cmptr Maint: TRN | 4,516.25 | 4,891.46 | 375.21 | 7.67 | 33,707.96 | 28,244.33 | (5,463.63) | (19.34) |
| 6815-00-87 | O&U Cmptr Maint: UA-EHR | 34,574.76 | 15,901.69 | (18,673.07) | (117.43) | 34,574.76 | 47,705.07 | 13,130.31 | 27.52 |
| 6815-01-70 | O&U Cmptr Maint: UA:E Taft Rd-OF | 155.00 | 0.00 | (155.00) | 0.00 | 1,569.32 | 0.00 | (1,569.32) | 0.00 |
| 6818-00-70 | O&U Med Waste Disposal: OPS | 914.05 | 415.80 | (498.25) | (119.83) | 5,293.45 | 415.80 | (4,877.65) | (1,173.08) |
| 6820-00-70 | O&U Bldgs & Grounds:-OPS | 28,261.92 | 33,867.23 | 5,605.31 | 16.55 | 206,431.20 | 217,695.56 | 11,264.36 | 5.17 |
| 6820-01-70 | O&U Bldgs & Grounds::E Taft Rd-O | 51,491.50 | 8,788.44 | (42,703.06) | (485.90) | 296,214.93 | (33,454.40) | (329,669.33) | (985.43) |
| 6826-00-70 | O&U Rent: OPS | 53,438.75 | 53,438.75 | 0.00 | 0.00 | 320,632.50 | 320,632.50 | 0.00 | 0.00 |
| 6826-01-70 | O&U Rent: UA:E Taft Rd-OPS | 33,637.56 | 0.00 | (33,637.56) | 0.00 | 199,754.86 | 50,000.00 | (149,754.86) | (299.51) |
| 6835-00-70 | O&U Equip Rent: OPS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,609.36 | 3,609.36 | 100.00 |
| 6838-00-70 | O&U Opr Lease: OPS | 460.77 | 460.77 | 0.00 | 0.00 | 2,962.91 | 3,160.03 | 197.12 | 6.24 |
| 6838-01-70 | O&U Opr Lease: UA:E Taft Rd-OPS | 0.00 | 0.00 | 0.00 | 0.00 | 198.29 | 0.00 | (198.29) | 0.00 |
| 6840-00-70 | O&U Files&Equip Stor: OPS | 250.00 | 0.00 | (250.00) | 0.00 | 1,500.00 | 1,000.00 | (500.00) | (50.00) |
| 6846-01-70 | O&U Amort Software:E Taft Rd-OPS | 768.14 | 0.00 | (768.14) | 0.00 | 2,304.41 | 0.00 | (2,304.41) | 0.00 |
| 6847-00-87 | O&U Amort Software-EHR | 0.00 | 4,988.40 | 4,988.40 | 100.00 | 10,165.20 | 29,930.40 | 19,765.20 | 66.04 |
| 6864-00-70 | O&U Depr Lhld Imp: OPS | 79.10 | 79.10 | 0.00 | 0.00 | 474.53 | 474.53 | 0.00 | 0.00 |
| 6864-01-70 | O&U Depr Lhld Imp: U:E Taft Rd-OF | 22,553.59 | 0.00 | (22,553.59) | 0.00 | 55,791.11 | 0.00 | (55,791.11) | 0.00 |
| 6872-00-70 | O&U Depr Equip: OPS | 366.11 | 366.11 | 0.00 | 0.00 | 2,196.66 | 2,196.66 | 0.00 | 0.00 |
| 6872-01-70 | O&U Depr Equip: UA:E Taft Rd-OPS | 31,086.91 | 0.00 | (31,086.91) | 0.00 | 91,538.60 | 0.00 | (91,538.60) | 0.00 |
| 6874-00-70 | O&U Depr Instr: OPS | 137.96 | 137.96 | 0.00 | 0.00 | 827.73 | 827.73 | 0.00 | 0.00 |
| 6882-01-70 | O&U Depr D/P: UA:E Taft Rd-OPS | 1,782.11 | 0.00 | (1,782.11) | 0.00 | 5,346.34 | 0.00 | (5,346.34) | 0.00 |
| 6884-00-70 | O&U Depr Office: OPS | 26.54 | 26.54 | 0.00 | 0.00 | 159.20 | 159.20 | 0.00 | 0.00 |
| 6884-01-70 | O&U Depr Office: UA:E Taft Rd-OPS | 864.98 | 0.00 | (864.98) | 0.00 | 2,594.94 | 0.00 | (2,594.94) | 0.00 |
| 6920-01-70 | Interest Exp:E Taft Rd-OPS | 50,139.66 | 0.00 | (50,139.66) | 0.00 | 99,382.78 | 0.00 | (99,382.78) | 0.00 |
| 6980-00-70 | Rebates&Refunds Exp-OPS | 0.00 | 0.00 | 0.00 | 0.00 | (70,307.27) | (51,852.04) | 18,455.23 | 35.59 |
| 6980-01-70 | Rebates&Refunds Exp:E Taft Rd-OI | (5,330.00) | 0.00 | 5,330.00 | 0.00 | (5,330.00) | 0.00 | 5,330.00 | 0.00 |
| Total Operation Expenses: | | 1,030,976.98 | 743,278.93 | (287,698.05) | (38.71) | 6,105,883.15 | 4,117,530.41 | (1,988,352.74) | (48.29) |
| Administration Expenses | | | | | | | | | |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

| | | Period to Date | Prior Year Period to Date | Variance | Var % | Year to Date | Prior Year to Date | Variance | Var % |
|--------------------------------|---------------------------------|----------------|------------------------------|-------------|----------|--------------|-----------------------|--------------|----------|
| Administration Expenses | | (Continued) | | | | | | | |
| 7100-00-90 | Sal & Wages: ADM | 0.00 | 7,752.74 | 7,752.74 | 100.00 | 45,245.62 | 75,388.24 | 30,142.62 | 39.98 |
| 7100-01-90 | Sal & Wages: UA:E Taft Rd-ADM | 19,138.20 | 0.00 | (19,138.20) | 0.00 | 93,869.18 | 0.00 | (93,869.18) | 0.00 |
| 7105-00-90 | FICA Exp: ADM | 0.00 | 474.68 | 474.68 | 100.00 | 5,194.97 | 4,650.64 | (544.33) | (11.70) |
| 7105-01-90 | FICA Exp: UA:E Taft Rd-ADM | 1,145.67 | 0.00 | (1,145.67) | 0.00 | 3,137.10 | 0.00 | (3,137.10) | 0.00 |
| 7110-00-90 | FICA Med Exp: ADM | 0.00 | 111.02 | 111.02 | 100.00 | 1,214.93 | 1,087.68 | (127.25) | (11.70) |
| 7110-01-90 | FICA Med Exp: UA:E Taft Rd-ADM | 267.93 | 0.00 | (267.93) | 0.00 | 733.65 | 0.00 | (733.65) | 0.00 |
| 7112-00-90 | FUTA Exp: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 84.00 | 42.00 | (42.00) | (100.00) |
| 7112-01-90 | FUTA Exp:UA:E Taft Rd-ADM | 0.00 | 0.00 | 0.00 | 0.00 | 42.00 | 0.00 | (42.00) | 0.00 |
| 7114-00-90 | SUI Exp: ADM | 0.00 | 0.00 | 0.00 | 0.00 | (1,651.67) | (1,715.09) | (63.42) | (3.70) |
| 7114-01-90 | SUI Exp: UA:E Taft Rd-ADM | 0.00 | 0.00 | 0.00 | 0.00 | 68.39 | 0.00 | (68.39) | 0.00 |
| 7120-01-90 | HSA Contributions:E Taft Rd-ADM | 143.53 | 0.00 | (143.53) | 0.00 | 730.31 | 0.00 | (730.31) | 0.00 |
| 7122-00-90 | NYS Dbl Ins: ADM | 0.00 | 6.65 | 6.65 | 100.00 | 75.96 | 120.76 | 44.80 | 37.10 |
| 7122-01-90 | NYS Dbl Ins: UA:E Taft Rd-ADM | 0.00 | 0.00 | 0.00 | 0.00 | 72.57 | 0.00 | (72.57) | 0.00 |
| 7125-00-90 | L/T Dbl Ins-ADM | 0.00 | 0.00 | 0.00 | 0.00 | 29.00 | 59.31 | 30.31 | 51.10 |
| 7125-01-90 | L/T Dbl Ins:E Taft Rd-ADM | 8.58 | 0.00 | (8.58) | 0.00 | 45.73 | 0.00 | (45.73) | 0.00 |
| 7172-00-90 | Health Ins: ADM | 0.00 | 1,043.79 | 1,043.79 | 100.00 | 5,249.43 | 9,900.37 | 4,650.94 | 46.98 |
| 7172-01-90 | Health Ins: UA:E Taft Rd-ADM | 2,315.22 | 0.00 | (2,315.22) | 0.00 | 6,503.41 | 0.00 | (6,503.41) | 0.00 |
| 7173-00-90 | Wellness Program Exp:UA-ADM | 250.00 | 0.00 | (250.00) | 0.00 | 3,500.00 | 6,475.00 | 2,975.00 | 45.95 |
| 7175-00-90 | EE Assist Prog-ADM | 0.00 | 0.00 | 0.00 | 0.00 | 3,952.80 | 0.00 | (3,952.80) | 0.00 |
| 7176-00-90 | Dental Ins: ADM | 0.00 | 57.99 | 57.99 | 100.00 | 200.58 | 352.15 | 151.57 | 43.04 |
| 7176-01-90 | Dental Ins: UA:E Taft Rd-ADM | 166.63 | 0.00 | (166.63) | 0.00 | 448.07 | 0.00 | (448.07) | 0.00 |
| 7178-00-90 | Grp Life Ins: ADM | 0.00 | (17.45) | (17.45) | (100.00) | 21.58 | 16.25 | (5.33) | (32.80) |
| 7178-01-90 | Grp Life Ins: UA:E Taft Rd-ADM | 21.78 | 0.00 | (21.78) | 0.00 | 32.47 | 0.00 | (32.47) | 0.00 |
| 7265-00-90 | Entertainment: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 3,876.00 | 0.00 | (3,876.00) | 0.00 |
| 7267-00-90 | Mileage: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 157.18 | 0.00 | (157.18) | 0.00 |
| 7268-00-90 | Meals: ADM | 331.14 | 0.00 | (331.14) | 0.00 | 10,080.34 | 0.00 | (10,080.34) | 0.00 |
| 7525-00-90 | Employee Recruitment: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 20.00 | 0.00 | (20.00) | 0.00 |
| 7552-00-90 | Dues & Member: ADM | 0.00 | 45.00 | 45.00 | 100.00 | 0.00 | 45.00 | 45.00 | 100.00 |
| 7556-00-90 | License Fees: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 4,385.00 | 0.00 | (4,385.00) | 0.00 |
| 7565-00-90 | Office Exp: ADM | 250.00 | 37.96 | (212.04) | (558.59) | 5,105.14 | 1,606.60 | (3,498.54) | (217.76) |
| 7565-01-90 | Office Exp: UA:E Taft Rd-ADM | 20.99 | 0.00 | (20.99) | 0.00 | 1,344.91 | 0.00 | (1,344.91) | 0.00 |
| 7568-00-90 | Mobil/Telephone: ADM | 96.16 | 50.00 | (46.16) | (92.32) | 576.96 | 300.00 | (276.96) | (92.32) |
| 7580-00-90 | Marketing Exp: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 1,009.80 | 0.00 | (1,009.80) | 0.00 |
| 7580-01-90 | Marketing Exp: UA:E Taft Rd-ADM | 355.48 | 0.00 | (355.48) | 0.00 | 1,872.77 | 0.00 | (1,872.77) | 0.00 |
| 7710-00-90 | Accounting Fees: ADM | 0.00 | 0.00 | 0.00 | 0.00 | 21,825.00 | 20,200.00 | (1,625.00) | (8.04) |
| 7730-00-90 | Legal Fees: ADM | 0.00 | 175.00 | 175.00 | 100.00 | 11,929.41 | 2,253.51 | (9,675.90) | (429.37) |
| 7792-00-90 | Outside Service: ADM | 28,614.50 | 42,045.00 | 13,430.50 | 31.94 | 418,261.63 | 297,762.12 | (120,499.51) | (40.47) |

**Income Statement - Current Year vs Prior Year
For The 6 Periods Ended 6/30/2019**

Project# 192051

BFA Attachment- B cont

Specialists One-Day Surgery, LLC (SOD)

| | | Period to Date | Prior Year Period to Date | Variance | Var % | Year to Date | Prior Year to Date | Variance | Var % |
|----------------------------------------|-----------------------------------|---------------------|------------------------------|---------------------|----------------|---------------------|-----------------------|-----------------------|----------------|
| Administration Expenses | | (Continued) | | | | | | | |
| 7792-01-90 | Outside Service: UA:E Taft Rd-ADM | 15,741.40 | 0.00 | (15,741.40) | 0.00 | 19,635.27 | 0.00 | (19,635.27) | 0.00 |
| 7903-00-90 | Management Fee: ADM | 6,000.00 | 6,000.00 | 0.00 | 0.00 | 36,000.00 | 36,000.00 | 0.00 | 0.00 |
| 7910-00-90 | Bank Charges Exp: UA-ADM | 1,747.47 | 1,848.07 | 100.60 | 5.44 | 9,732.34 | 11,738.85 | 2,006.51 | 17.09 |
| 7920-00-90 | Interest Exp: ADM | 161.35 | 385.36 | 224.01 | 58.13 | 1,152.42 | 4,528.59 | 3,376.17 | 74.55 |
| 7975-00-90 | Misc Exp: ADM | 0.00 | 777.15 | 777.15 | 100.00 | 0.02 | 777.15 | 777.13 | 100.00 |
| 7980-00-90 | Penalties | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,195.00 | 6,195.00 | 100.00 |
| Total Administration Expenses: | | 76,776.03 | 60,792.96 | (15,983.07) | (26.29) | 715,764.27 | 477,784.13 | (237,980.14) | (49.81) |
| Total Expenses: | | 1,107,753.01 | 804,071.89 | (303,681.12) | (37.77) | 6,821,647.42 | 4,595,314.54 | (2,226,332.88) | (48.45) |
| Net Income from Operations: | | 331,949.37 | 622,780.62 | (290,831.25) | (46.70) | 3,251,965.93 | 4,708,798.34 | (1,456,832.41) | (30.94) |
| Other Income and Expense | | | | | | | | | |
| 9320-00-00 | NYS LLC Fee | 0.00 | 0.00 | 0.00 | 0.00 | (3,000.00) | (3,000.00) | 0.00 | 0.00 |
| 9325-00-00 | NYS Sales Tax | (8,160.48) | (5,592.40) | (2,568.08) | (45.92) | (14,329.28) | (9,580.16) | (4,749.12) | (49.57) |
| 9350-00-00 | Public Goods Pool Surcharge | (12,263.00) | (9,809.00) | (2,454.00) | (25.02) | (64,429.00) | (70,498.00) | 6,069.00 | 8.61 |
| Total Other Income and Expense: | | (20,423.48) | (15,401.40) | (5,022.08) | (32.61) | (81,758.28) | (83,078.16) | 1,319.88 | 1.59 |
| Earnings before Income Tax: | | 311,525.89 | 607,379.22 | (295,853.33) | (48.71) | 3,170,207.65 | 4,625,720.18 | (1,455,512.53) | (31.47) |
| Net Income (Loss): | | 311,525.89 | 607,379.22 | (295,853.33) | (48.71) | 3,170,207.65 | 4,625,720.18 | (1,455,512.53) | (31.47) |

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2017

Assets

Current Assets

| | | |
|-------------------------------------------------------------------------|----|-----------|
| Cash Accounts | \$ | 3,774 |
| Accounts Receivable (Net Allowance of Doubtful Accounts \$9,067,106) | | 7,672,499 |
| Due From Members | | 7,347,058 |
| Prepaid Expenses | | 158,892 |

Total Current Assets 15,182,223

Property and Equipment

| | | |
|-------------------------------|--|-------------|
| Equipment | | 656,568 |
| Leasehold Improvement | | 879,935 |
| Deferred Software Costs | | 192,610 |
| Less Accumulated Depreciation | | (1,089,896) |

Net Property and Equipment 639,217

Non Current Assets

| | | |
|--------------------------|--|-----------|
| Organization Costs | | 759,410 |
| Accumulated Amortization | | (759,410) |
| Security Deposit | | 61,298 |

Total Non Current Assets 61,298

Total Assets \$ 15,882,738

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2017

Liabilities and Members' Equity

Current Liabilities

| | | |
|---------------------|----|------------|
| Credit Card Payable | \$ | 91,330 |
| Accounts Payable | | 12,959,898 |
| Accrued Expenses | | 71,320 |
| Accrued Payroll | | 212,354 |

Total Current Liabilities 13,334,902

Long-Term Liabilities

| | | |
|-----------------------|--|---------|
| Loans Payable-Members | | 705,817 |
| Medicare Retro | | 800,000 |

Total Long-Term Liabilities 1,505,817

Total Liabilities 14,840,719

Partners' Equity

| | | |
|---------------------|--|-----------|
| Capital Withdrawals | | (510,358) |
| Members' Equity | | 1,552,377 |

Total Partners' Equity 1,042,019

Total Liabilities and Partners' Equity \$ 15,882,738

Excellent Home Care Services, LLC
Income Statement

12 Months Ended
December 31, 2017

| | |
|---------------------------------------|-------------------|
| Sales | |
| Patient Service Revenue | \$ 38,604,510 |
| Total Sales | <u>38,604,510</u> |
| Direct Costs | |
| Direct Payroll | 3,339,024 |
| Contracted Services - Direct | 22,799,698 |
| Employee Benefits - Direct | 424,271 |
| Payroll Taxes - Direct | 272,363 |
| Supplies | <u>140,066</u> |
| Total Cost of Goods Sold | <u>26,975,422</u> |
| Gross Profit | <u>11,629,088</u> |
| Operating Expenses | |
| Advertising | 201,303 |
| Outsourcing Services | 121,031 |
| Conference & Seminars | 5,500 |
| Auto Expense | 61,504 |
| Equipment Rental | 95,067 |
| Bank Charges | 3,698 |
| Donation | 458,452 |
| Depreciation | 36,639 |
| Dues and Subscriptions | 33,262 |
| Entertainment | 27,475 |
| Interest Expenses | 2,663 |
| Insurance | 74,944 |
| Maintenance and Repairs | 50,216 |
| Miscellaneous Expenses | 3,596 |
| Computer Services | 409,958 |
| Salaries | 7,293,951 |
| Postage | 6,674 |
| Rent | 649,161 |
| State LLC Fee | 4,500 |
| Health Assessment Tax | 106,256 |
| Other Taxes | 3,777 |
| FICA Expense | 484,243 |
| State Unemployment | 11,986 |
| Federal Unemployment | 4,439 |
| MCTMT | 24,765 |
| Medical & Office Supplies | 211,591 |
| Professional Fees | 809,570 |
| Telephone | 60,479 |
| Travel Expense | 2,771 |
| Utilities | <u>63,203</u> |
| Total Operating Expenses | <u>11,322,674</u> |
| Operating Income (Loss) | <u>306,414</u> |
| Other Income (Expenses) | <u></u> |
| Total Other Income (Expenses) | <u>0</u> |
| Net Income (Loss) Before Taxes | <u>306,414</u> |

Excellent Home Care Services, LLC
Income Statement

12 Months Ended
December 31, 2017

| | |
|--------------------------|--------------------------|
| NYC UBT | <u>83,500</u> |
| Net Income (Loss) | <u>\$ 222,914</u> |

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2018

Assets

Current Assets

| | | |
|----------------------------------------------------------------------|----|-----------|
| Cash Accounts | \$ | 501 |
| Accounts Receivable (Net Allowance of Doubtful Accounts \$91,241) | | 9,032,867 |
| Due From Members | | 7,883,469 |
| Prepaid Expenses | | 39,622 |

Total Current Assets

16,956,459

Property and Equipment

| | | |
|-------------------------------|--|-------------|
| Equipment | | 656,568 |
| Leasehold Improvement | | 879,935 |
| Deferred Software Costs | | 192,610 |
| Less Accumulated Depreciation | | (1,113,543) |

Net Property and Equipment

615,570

Non Current Assets

| | | |
|--------------------------|--|-----------|
| Organization Costs | | 759,410 |
| Accumulated Amortization | | (759,410) |
| Security Deposit | | 61,298 |

Total Non Current Assets

61,298

Total Assets

\$ 17,633,327

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2018

Liabilities and Members' Equity

Current Liabilities

| | | |
|----------------------------------|----|------------|
| Medicare Retro - Current Portion | \$ | 374,629 |
| Credit Card Payable | | 98,299 |
| Accounts Payable | | 11,627,566 |
| Medicare TPL | | 251,219 |
| Deferred Tax Liability | | 49,088 |
| Accrued Expenses | | 43,705 |
| Accrued Payroll | | 222,480 |

Total Current Liabilities 12,666,986

Long-Term Liabilities

| | | |
|--------------------------------------|--|-----------|
| Loans Payable - Members | | 2,779,532 |
| Medicare Retro | | 1,084,628 |
| Less: Medicare Retro Current Portion | | (374,629) |

Total Long-Term Liabilities 3,489,531

Total Liabilities 16,156,517

Members' Equity 1,476,810

Total Liabilities and Members' Equity \$ 17,633,327

**Excellent Home Care Services, LLC
Statement of Members' Equity
Year Ended December 31, 2018**

| | | |
|------------------------------------|-----------|--------------------------------|
| Members' Equity Beginning of Year | \$ | 1,042,020 |
| Net Income | | <u>600,011</u> |
| Distributions | | (165,221) |
| Members' Equity End of Year | \$ | <u><u>1,476,810</u></u> |

Excellent Home Care Services, LLC
Income Statement
Year Ended December 31, 2018

| | |
|---------------------------------------|-------------------|
| Sales | |
| Patient Service Revenue | \$ 40,811,152 |
| Total Sales | <u>40,811,152</u> |
| Direct Costs | |
| Direct Payroll | 4,180,889 |
| Contracted Services - Direct | 25,074,219 |
| Employee Benefits - Direct | 369,508 |
| Payroll Taxes - Direct | 339,616 |
| Supplies | 247,152 |
| Total Cost of Goods Sold | <u>30,211,384</u> |
| Gross Profit | <u>10,599,768</u> |
| Operating Expenses | |
| Advertising | 185,859 |
| Outsourcing Services | 147,172 |
| Auto Expense | 87,055 |
| Equipment Rental | 97,146 |
| Bank Charges | 1,701 |
| Donation | 485,760 |
| Depreciation | 23,647 |
| Dues and Subscriptions | 13,625 |
| Interest Expenses | 38,469 |
| Insurance | 82,771 |
| Maintenance and Repairs | 79,947 |
| Computer Services | 489,576 |
| Salaries | 5,771,267 |
| Postage | 92,626 |
| Rent | 399,964 |
| State LLC Fee | 4,500 |
| Health Assessment Tax | 123,785 |
| Other Taxes | 5,391 |
| Payroll Tax Expense | 302,681 |
| Disability | 3,814 |
| Medical & Office Supplies | 165,932 |
| Professional Fees | 1,009,840 |
| Telephone | 103,600 |
| Utilities | 77,029 |
| Total Operating Expenses | <u>9,793,157</u> |
| Operating Income (Loss) | <u>806,611</u> |
| Other Income (Expenses) | |
| Other Income (Expense) | 459 |
| Total Other Income (Expenses) | <u>459</u> |
| Net Income (Loss) Before Taxes | <u>807,070</u> |
| NYC UBT | <u>207,059</u> |
| Net Income (Loss) | <u>\$ 600,011</u> |

Excellent Home Care Services, LLC
Balance Sheet
As of July 31, 2019

CON 121223
BFA Attachment B

Accrual Basis

Jul 31, 19

ASSETS

Current Assets

Checking/Savings

| | |
|-----------------------------------|--------------|
| 1001 · Amalgamated Bank Operating | 229,450.88 |
| 1002 · Amalgamated Bank Payroll | -34,704.76 |
| 1003 · Apple Bank | 1,000.00 |
| 1005 · Signature Bank - Operating | 243,213.14 |
| 1006 · Signature Bank - Payroll | -3,958.67 |
| 1007 · Signature Bank - Savings | 1,000,000.00 |

Total Checking/Savings 1,435,000.59

Accounts Receivable

| | |
|---------------------------------------|----------|
| 1200 · Accounts Receivables | |
| 1298 · A/R - Non Patient Care-Records | 5,627.91 |

Total 1200 · Accounts Receivables 5,627.91

1290 · A/R Prior Year - Cerner

| | |
|----------------------------------------|--------------|
| 1292 · 1210 - AR- Medicaid EPS | 2,160,899.79 |
| 1294 · 1215 - AR Comm Ins | 1,178,849.85 |
| 1295 · 1230 - AR-Medicare | 1,190,867.08 |
| 1299 · Allowance for doubtful accounts | -91,241.08 |
| 1290 · A/R Prior Year - Cerner - Other | 4,593,490.78 |

Total 1290 · A/R Prior Year - Cerner 9,032,866.42

Total Accounts Receivable 9,038,494.33

Other Current Assets

1300 · Current Asset

| | |
|---------------------------------|--------------|
| 1310 · Prepaid Expenses | 39,621.77 |
| 1320 · Loans to Employees | 101,883.45 |
| 1330 · Retroactive Billing | 1,950,000.00 |
| 1340 · Current Escrow | 717,809.53 |
| 1370 · Due from Members | 6,469,283.43 |
| 1380 · Loans & Exchange - Other | 1,506,464.63 |

Total 1300 · Current Asset 10,785,062.81

Total Other Current Assets 10,785,062.81

Total Current Assets 21,258,557.73

Fixed Assets

1400 · Fixed Asset

| | |
|---------------------------------------|-------------|
| 1410 · Office Equipment | 158,462.64 |
| 1420 · Computer Equipment | 85,967.46 |
| 1430 · Furniture & Fixtures | 473,436.17 |
| 1440 · Leasehold Improvements | 879,935.29 |
| 1490 · Less Accum Depr-Leasehold Impr | -920,932.62 |

Total 1400 · Fixed Asset 676,868.94

Total Fixed Assets 676,868.94

Other Assets

1500 · Other Assets

| | |
|----------------------------------|-------------|
| 1510 · Long Term Note Receivable | 600,000.00 |
| 1520 · Security Deposit | 61,298.33 |
| 1530 · Start-up Cost | 758,486.13 |
| 1590 · Accumulated Amortization | -759,410.00 |

Total 1500 · Other Assets 660,374.46

Total Other Assets 660,374.46

TOTAL ASSETS 22,595,801.13

LIABILITIES & EQUITY

Excellent Home Care Services, LLC
Balance Sheet
As of July 31, 2019

CON 121223
BFA Attachment B-Cont.

Accrual Basis

| | |
|------------------------------------------|----------------------|
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 2000 · Accounts Payable | 9,355,802.56 |
| Total Accounts Payable | 9,355,802.56 |
| Credit Cards | |
| 2100 · Company Credit Cards | |
| 2110 · American Express | 36,494.67 |
| 2120 · Alliant Visa | 48,913.14 |
| Total 2100 · Company Credit Cards | 85,407.81 |
| Total Credit Cards | 85,407.81 |
| Other Current Liabilities | |
| 2300 · Current Liabilities | |
| 2310 · Short Term Notes | 2,700,000.00 |
| 2330 · Accrued Expenses | 43,705.00 |
| 2340 · Accrued Payroll | 211,847.13 |
| 2345 · Accrued Payroll Tax | 10,632.63 |
| 2350 · Deferred Tax Liability | 49,088.00 |
| Total 2300 · Current Liabilities | 3,015,272.76 |
| 2800 · Medicare Balance for TPL | 351,255.66 |
| Total Other Current Liabilities | 3,366,528.42 |
| Total Current Liabilities | 12,807,738.79 |
| Long Term Liabilities | |
| 2900 · Old QB Liabilites | |
| 2910 · Due to Medicare L3346152 Loan | 1,084,628.16 |
| Total 2900 · Old QB Liabilites | 1,084,628.16 |
| 2990 · Due to CP | 4,093,105.85 |
| Total Long Term Liabilities | 5,177,734.01 |
| Total Liabilities | 17,985,472.80 |
| Equity | |
| Member's Distrb - Geno Guttman | -7,993,398.02 |
| Member's Distrb - Ben Landa | -1,073,000.00 |
| 3000 · Opening Balance Equity | 2,078,999.38 |
| 3200 · Retained Earnings | 8,490,613.00 |
| Net Income | 3,107,113.97 |
| Total Equity | 4,610,328.33 |
| TOTAL LIABILITIES & EQUITY | 22,595,801.13 |

Excellent Home Care Services, LLC
Profit & Loss

CON 121223
BFA Attachment B-Cont.

Accrual Basis

January through July 2019

Jan - Jul 19

Ordinary Income/Expense

| | |
|--------------------------------------------------------|----------------------|
| Income | |
| 4000 · Income / Homecare Services | |
| 4010 · Revenue - Medicaid EPS | 6,145,599.32 |
| 4020 · Revenue - Medicaid FFS | 17,201,483.42 |
| 4030 · Revenue - Medicare | 2,659,276.69 |
| 4040 · Revenue - Commercial Insurance | 1,520,559.29 |
| 4070 · Revenue - Self Pay & Surplus | 47,234.35 |
| Total 4000 · Income / Homecare Services | 27,574,153.07 |
| 4100 · Income / Non-Homecare | |
| 4110 · Medical Records & Abstracts | 3,583.00 |
| Total 4100 · Income / Non-Homecare | 3,583.00 |
| 4200 · Prior Year Income | 717,809.53 |
| Total Income | 28,295,545.60 |
| Cost of Goods Sold | |
| 5000 · DME & Medical Supplies | 59,855.28 |
| 5100 · Payroll - Direct Care | |
| 5101 · Payroll - Direct Care - HHA | 41,496.00 |
| 5102 · Payroll - Direct Care - RN | 1,941,143.14 |
| 5103 · Payroll - Direct Care - PT | 113,050.00 |
| 5104 · Payroll - Direct Care - OT | 39,200.00 |
| 5105 · Payroll - Direct Care - ST | 193,315.00 |
| 5106 · Payroll - Direct Care - MSW | 10,780.00 |
| Total 5100 · Payroll - Direct Care | 2,338,984.14 |
| 5500 · Contracted Services | |
| 5501 · Contracted Services - HHA | 16,194,843.17 |
| 5502 · Contracted Services - RN | 54,807.75 |
| 5503 · Contracted Services - PT | 534,020.00 |
| 5504 · Contracted Services - OT | 345,438.00 |
| 5505 · Contracted Services - ST | 99,857.00 |
| Total 5500 · Contracted Services | 17,228,965.92 |
| 5800 · Payroll Taxes - Direct Care | |
| 5820 · Payroll Taxes - Direct - RN | 129,915.49 |
| 5840 · Payroll Taxes - Direct - OT | 13.29 |
| 5850 · Payroll Taxes - Direct - ST | 1,560.53 |
| 5860 · Payroll Taxes - Direct - MSW | 453.28 |
| Total 5800 · Payroll Taxes - Direct Care | 131,942.59 |
| Total COGS | 19,759,747.93 |
| Gross Profit | 8,535,797.67 |
| Expense | |
| Auto - Gasoline & Tolls | 58.78 |
| 6100 · Payroll Admin - Professional | |
| 6101 · Payroll - Admin / DPS - RN | 224,429.75 |
| 6102 · Payroll - Admin - RN Supervisor | 345,596.96 |
| 6120 · Payroll Admin - RN | 642,040.10 |
| Total 6100 · Payroll Admin - Professional | 1,212,066.81 |
| 6200 · Payroll - Managers & Directors | |
| 6210 · Owners, Directors, CEO | 288,461.40 |
| 6220 · Department Managers | 557,359.05 |
| Total 6200 · Payroll - Managers & Directors | 845,820.45 |
| 6300 · Payroll - Admin - Clerical | |
| 6310 · Payroll Clinical Assistant -HHA | 107,877.15 |
| 6320 · PRL Clinical Assistant NRSING | 291,606.34 |
| 6380 · Payroll - Finance & Billing | 123,737.69 |
| 6390 · Payroll - Clerical | 129,274.81 |
| Total 6300 · Payroll - Admin - Clerical | 652,495.99 |
| 6400 · Payroll - Marketing & Business | |
| 6410 · Marketing | 41,703.80 |
| 6420 · Consulting | 130,443.45 |
| Total 6400 · Payroll - Marketing & Business | 172,147.25 |
| 6800 · Payroll Taxes | |
| 6810 · Payroll Taxes - Admin - Profess | |
| 6813 · Employer FUTA | -0.99 |
| 6814 · Employer NY UNEMP | -1,910.49 |
| 6810 · Payroll Taxes - Admin - Profess - Other | 96,184.38 |
| Total 6810 · Payroll Taxes - Admin - Profess | 94,272.90 |
| 6820 · Payroll Taxes - Management & D | 64,514.98 |

**Excellent Home Care Services, LLC
Profit & Loss**

CON 121223
BFA Attachment B-Cont.

Accrual Basis

January through July 2019

| | Jan - Jul 19 |
|---------------------------------------------------------|-------------------|
| 6830 · Payroll Taxes - Admin Clerical | 53,998.49 |
| 6840 · Payroll Taxes - Marketing & Bus | 15,409.93 |
| Total 6800 · Payroll Taxes | 228,196.30 |
| 6900 · Employee Insurance & Benefits | |
| 6920 · Workers Comp - Admin | 110,593.00 |
| 6930 · Disability Insurance | -1,588.58 |
| Total 6900 · Employee Insurance & Benefits | 109,004.42 |
| 7000 · Legal & Professional | |
| 7010 · Accounting | 5,000.00 |
| 7020 · Legal | 167,756.01 |
| 7030 · Consulting | 238,126.54 |
| 7040 · Answering Services | 4,485.26 |
| 7050 · Language & Interpreter Services | 1,362.79 |
| 7080 · Background Check | 1,125.33 |
| 7090 · Clerical Outsourcing | 68,821.45 |
| Total 7000 · Legal & Professional | 486,677.38 |
| 7200 · Rent & Lease | |
| 7210 · Rent | 224,000.00 |
| 7220 · Rent - Parking | 12,289.03 |
| Total 7200 · Rent & Lease | 236,289.03 |
| 7300 · Transportation & Auto Expenses | |
| 7310 · Auto Lease | 24,424.19 |
| 7320 · Transportation for RNs | 1,656.29 |
| 7330 · Travel Expenses & Reimbursement | 1,000.00 |
| 7340 · Parking (Not Rent) | 157.00 |
| 7350 · Gasoline | 4,577.88 |
| 7360 · Tolls | 3,535.99 |
| 7370 · Car Service | 7,928.55 |
| 7380 · Auto Repairs | 847.26 |
| 7390 · Messenger for DRs Orders, etc. | 8,732.00 |
| 7300 · Transportation & Auto Expenses - Other | 2,063.95 |
| Total 7300 · Transportation & Auto Expenses | 54,923.11 |
| 7400 · Plant Operations & Maintenance | |
| 7410 · Utilities | 29,736.99 |
| 7420 · Cleaning & Waste Removal | 17,889.80 |
| 7430 · Repairs and Maintenance | 4,649.21 |
| 7440 · Low Voltage, Alarm Systems, etc | 430.06 |
| 7460 · Alarm System Monitoring | 783.90 |
| Total 7400 · Plant Operations & Maintenance | 53,489.96 |
| 8100 · Telephone & Communications | |
| 8110 · Telephone | 31,413.23 |
| 8120 · Cell Phone & Tablets for RNs | 17,369.27 |
| 8130 · Internet Service Expense | 2,693.03 |
| Total 8100 · Telephone & Communications | 51,475.53 |
| 8200 · Trade Software - Hosted & Cloud | |
| 8210 · SAAS - Homecare Software, HHA | 20,391.01 |
| 8220 · SAAS - Operations & Billing | 142,331.39 |
| 8230 · SAAS - Billing Clearinghouse | 24,970.00 |
| 8240 · SAAS - Referral Management | 1,543.72 |
| 8250 · CAHPS Surveys & OASIS Outcomes | 3,217.50 |
| Total 8200 · Trade Software - Hosted & Cloud | 192,453.62 |
| 8300 · Office Supplies & Equipment | |
| 8310 · Office Supplies | 55,230.58 |
| 8320 · Lease of Office Equipment | 11,633.45 |
| 8330 · Computers & Tablets | 1,012.02 |
| 8340 · Minor Office Equipment | 164.76 |
| 8350 · Printing & Copy Service | 53,626.19 |
| 8360 · Computer & IT Service Calls | 5,333.16 |
| 8370 · Office Expense | 6,977.03 |
| 8390 · Petty & Minor Expenses | 500.00 |
| Total 8300 · Office Supplies & Equipment | 134,477.19 |
| 8400 · Other General Administrative Ex | |
| 8410 · Payroll Service Costs | 9,411.97 |
| 8411 · Outsourced HR Benefits Admin | 2,245.90 |
| 8420 · Bank Service Charge | 1,183.94 |
| 8430 · Dues & Subsc Trade Related | 109.74 |
| 8450 · Postage and Delivery | 3,507.73 |
| 8460 · Licenses and Permits | 200.00 |
| 8490 · Fines and Penalties | 2,761.74 |
| Total 8400 · Other General Administrative Ex | 19,421.02 |
| 8500 · Marketing & Advertising | |
| 8510 · Advertising & Classified | 681.74 |
| 8530 · Meals & Entertainment | 13,771.24 |

Excellent Home Care Services, LLC
Profit & Loss

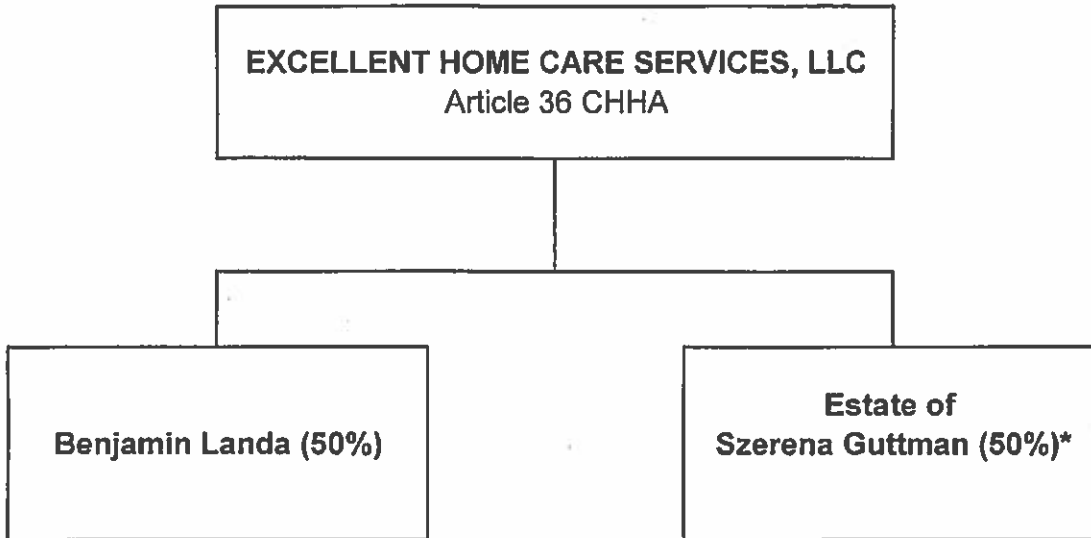
CON 121223
BFA Attachment B-Cont.

Accrual Basis

January through July 2019

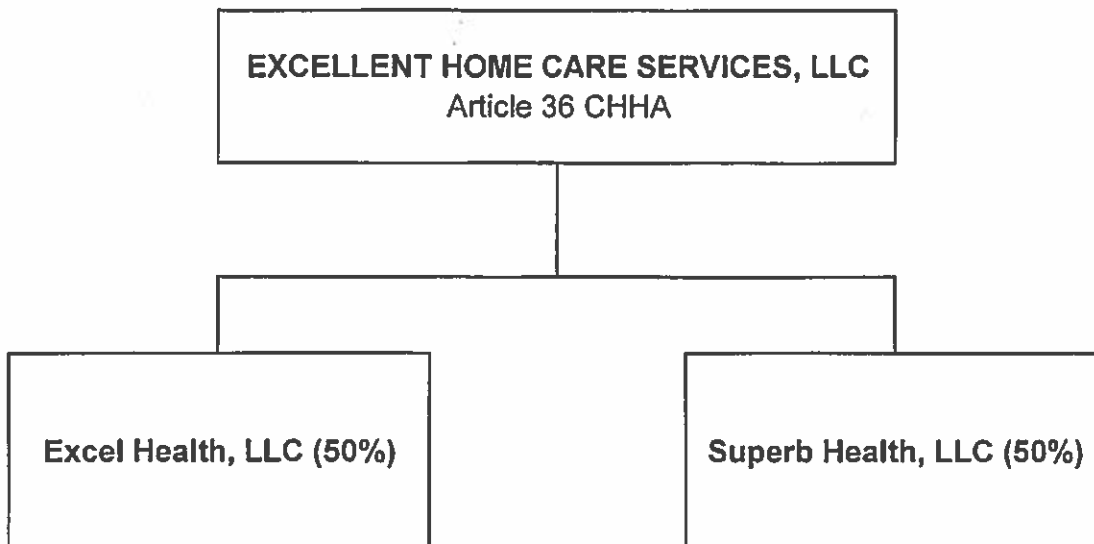
| | Jan - Jul 19 |
|-----------------------------------------------------|---------------------|
| 8540 · Corporate Gifts | 2,269.00 |
| 8500 · Marketing & Advertising - Other | 2,500.00 |
| Total 8500 · Marketing & Advertising | 19,221.98 |
| 8590 · Marketing Costs | 65,401.95 |
| 8800 · Contributions/Community Goodwil | 410,550.00 |
| 8900 · Insurance (Except Workers Comp) | |
| 8910 · Liability Insurance | 41,768.00 |
| 8920 · Health Insurance | 77,094.48 |
| 8940 · Insurance - Auto Insurance | 12,490.68 |
| Total 8900 · Insurance (Except Workers Comp) | 131,353.16 |
| 9100 · Taxes, Non Payroll Related | |
| 9120 · NYS Corporate Income Tax | 4,500.00 |
| 9190 · Health Facility Asses (HFCAP) | 81,154.00 |
| Total 9100 · Taxes, Non Payroll Related | 85,654.00 |
| Total Expense | 5,161,177.93 |
| Net Ordinary Income | 3,374,619.74 |
| Other Income/Expense | |
| Other Expense | |
| 9800 · Ask My Accountant | 275,226.06 |
| Total Other Expense | 275,226.06 |
| Net Other Income | -275,226.06 |
| Net Income | 3,099,393.68 |

ORGANIZATIONAL CHART - CURRENT



*The executor of the Estate of Szerena Guttman (Estate) is Ryvkie Goldberger. The Estate is the successor party to the Estate of Jenó Guttman.

ORGANIZATIONAL CHART - PROPOSED



The sole member of Excel Health, LLC is Joseph Goldberger. The members of Superb Health, LLC are Ryvkie Goldberger (8%) and Samuel Rosenbaum (92%).

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2017

Assets

Current Assets

| | | |
|-------------------------------------------------------------------------|----|-----------|
| Cash Accounts | \$ | 3,774 |
| Accounts Receivable (Net Allowance of Doubtful Accounts \$9,067,106) | | 7,672,499 |
| Due From Members | | 7,347,058 |
| Prepaid Expenses | | 158,892 |

Total Current Assets 15,182,223

Property and Equipment

| | | |
|-------------------------------|--|-------------|
| Equipment | | 656,568 |
| Leasehold Improvement | | 879,935 |
| Deferred Software Costs | | 192,610 |
| Less Accumulated Depreciation | | (1,089,896) |

Net Property and Equipment 639,217

Non Current Assets

| | | |
|--------------------------|--|-----------|
| Organization Costs | | 759,410 |
| Accumulated Amortization | | (759,410) |
| Security Deposit | | 61,298 |

Total Non Current Assets 61,298

Total Assets \$ 15,882,738

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2017

Liabilities and Members' Equity

Current Liabilities

| | | |
|---------------------|----|------------|
| Credit Card Payable | \$ | 91,330 |
| Accounts Payable | | 12,959,898 |
| Accrued Expenses | | 71,320 |
| Accrued Payroll | | 212,354 |

Total Current Liabilities 13,334,902

Long-Term Liabilities

| | | |
|-----------------------|--|---------|
| Loans Payable-Members | | 705,817 |
| Medicare Retro | | 800,000 |

Total Long-Term Liabilities 1,505,817

Total Liabilities 14,840,719

Partners' Equity

| | | |
|---------------------|--|-----------|
| Capital Withdrawals | | (510,358) |
| Members' Equity | | 1,552,377 |

Total Partners' Equity 1,042,019

Total Liabilities and Partners' Equity \$ 15,882,738

Excellent Home Care Services, LLC
Income Statement

12 Months Ended
December 31, 2017

| | |
|---------------------------------------|-------------------|
| Sales | |
| Patient Service Revenue | \$ 38,604,510 |
| Total Sales | <u>38,604,510</u> |
| Direct Costs | |
| Direct Payroll | 3,339,024 |
| Contracted Services - Direct | 22,799,698 |
| Employee Benefits - Direct | 424,271 |
| Payroll Taxes - Direct | 272,363 |
| Supplies | <u>140,066</u> |
| Total Cost of Goods Sold | <u>26,975,422</u> |
| Gross Profit | <u>11,629,088</u> |
| Operating Expenses | |
| Advertising | 201,303 |
| Outsourcing Services | 121,031 |
| Conference & Seminars | 5,500 |
| Auto Expense | 61,504 |
| Equipment Rental | 95,067 |
| Bank Charges | 3,698 |
| Donation | 458,452 |
| Depreciation | 36,639 |
| Dues and Subscriptions | 33,262 |
| Entertainment | 27,475 |
| Interest Expenses | 2,663 |
| Insurance | 74,944 |
| Maintenance and Repairs | 50,216 |
| Miscellaneous Expenses | 3,596 |
| Computer Services | 409,958 |
| Salaries | 7,293,951 |
| Postage | 6,674 |
| Rent | 649,161 |
| State LLC Fee | 4,500 |
| Health Assessment Tax | 106,256 |
| Other Taxes | 3,777 |
| FICA Expense | 484,243 |
| State Unemployment | 11,986 |
| Federal Unemployment | 4,439 |
| MCTMT | 24,765 |
| Medical & Office Supplies | 211,591 |
| Professional Fees | 809,570 |
| Telephone | 60,479 |
| Travel Expense | 2,771 |
| Utilities | <u>63,203</u> |
| Total Operating Expenses | <u>11,322,674</u> |
| Operating Income (Loss) | <u>306,414</u> |
| Other Income (Expenses) | <u></u> |
| Total Other Income (Expenses) | <u>0</u> |
| Net Income (Loss) Before Taxes | <u>306,414</u> |

Excellent Home Care Services, LLC
Income Statement

12 Months Ended
December 31, 2017

| | |
|--------------------------|--------------------------|
| NYC UBT | <u>83,500</u> |
| Net Income (Loss) | <u>\$ 222,914</u> |

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2018

Assets

Current Assets

| | | |
|----------------------------------------------------------------------|----|-----------|
| Cash Accounts | \$ | 501 |
| Accounts Receivable (Net Allowance of Doubtful Accounts \$91,241) | | 9,032,867 |
| Due From Members | | 7,883,469 |
| Prepaid Expenses | | 39,622 |

Total Current Assets

16,956,459

Property and Equipment

| | | |
|-------------------------------|--|-------------|
| Equipment | | 656,568 |
| Leasehold Improvement | | 879,935 |
| Deferred Software Costs | | 192,610 |
| Less Accumulated Depreciation | | (1,113,543) |

Net Property and Equipment

615,570

Non Current Assets

| | | |
|--------------------------|--|-----------|
| Organization Costs | | 759,410 |
| Accumulated Amortization | | (759,410) |
| Security Deposit | | 61,298 |

Total Non Current Assets

61,298

Total Assets

\$ 17,633,327

Excellent Home Care Services, LLC
Balance Sheet
As of December 31, 2018

Liabilities and Members' Equity

Current Liabilities

| | | |
|----------------------------------|----|------------|
| Medicare Retro - Current Portion | \$ | 374,629 |
| Credit Card Payable | | 98,299 |
| Accounts Payable | | 11,627,566 |
| Medicare TPL | | 251,219 |
| Deferred Tax Liability | | 49,088 |
| Accrued Expenses | | 43,705 |
| Accrued Payroll | | 222,480 |

Total Current Liabilities

12,666,986

Long-Term Liabilities

| | | |
|--------------------------------------|--|-----------|
| Loans Payable - Members | | 2,779,532 |
| Medicare Retro | | 1,084,628 |
| Less: Medicare Retro Current Portion | | (374,629) |

Total Long-Term Liabilities

3,489,531

Total Liabilities

16,156,517

Members' Equity

1,476,810

Total Liabilities and Members' Equity

\$ 17,633,327

**Excellent Home Care Services, LLC
Statement of Members' Equity
Year Ended December 31, 2018**

| | | |
|-----------------------------------|----|-------------------------|
| Members' Equity Beginning of Year | \$ | 1,042,020 |
| Net Income | | <u>600,011</u> |
| Distributions | | (165,221) |
| Members' Equity End of Year | \$ | <u><u>1,476,810</u></u> |

Excellent Home Care Services, LLC
Income Statement
Year Ended December 31, 2018

| | |
|---------------------------------------|-------------------|
| Sales | |
| Patient Service Revenue | \$ 40,811,152 |
| Total Sales | <u>40,811,152</u> |
| Direct Costs | |
| Direct Payroll | 4,180,889 |
| Contracted Services - Direct | 25,074,219 |
| Employee Benefits - Direct | 369,508 |
| Payroll Taxes - Direct | 339,616 |
| Supplies | <u>247,152</u> |
| Total Cost of Goods Sold | <u>30,211,384</u> |
| Gross Profit | <u>10,599,768</u> |
| Operating Expenses | |
| Advertising | 185,859 |
| Outsourcing Services | 147,172 |
| Auto Expense | 87,055 |
| Equipment Rental | 97,146 |
| Bank Charges | 1,701 |
| Donation | 485,760 |
| Depreciation | 23,647 |
| Dues and Subscriptions | 13,625 |
| Interest Expenses | 38,469 |
| Insurance | 82,771 |
| Maintenance and Repairs | 79,947 |
| Computer Services | 489,576 |
| Salaries | 5,771,267 |
| Postage | 92,626 |
| Rent | 399,964 |
| State LLC Fee | 4,500 |
| Health Assessment Tax | 123,785 |
| Other Taxes | 5,391 |
| Payroll Tax Expense | 302,681 |
| Disability | 3,814 |
| Medical & Office Supplies | 165,932 |
| Professional Fees | 1,009,840 |
| Telephone | 103,600 |
| Utilities | <u>77,029</u> |
| Total Operating Expenses | <u>9,793,157</u> |
| Operating Income (Loss) | <u>806,611</u> |
| Other Income (Expenses) | |
| Other Income (Expense) | <u>459</u> |
| Total Other Income (Expenses) | <u>459</u> |
| Net Income (Loss) Before Taxes | <u>807,070</u> |
| NYC UBT | <u>207,059</u> |
| Net Income (Loss) | <u>\$ 600,011</u> |

Excellent Home Care Services, LLC
Balance Sheet
As of July 31, 2019

CON 191075
BFA Attachment D

Accrual Basis

Jul 31, 19

ASSETS

Current Assets

Checking/Savings

| | |
|-----------------------------------|--------------|
| 1001 · Amalgamated Bank Operating | 229,450.88 |
| 1002 · Amalgamated Bank Payroll | -34,704.76 |
| 1003 · Apple Bank | 1,000.00 |
| 1005 · Signature Bank - Operating | 243,213.14 |
| 1006 · Signature Bank - Payroll | -3,958.67 |
| 1007 · Signature Bank - Savings | 1,000,000.00 |

Total Checking/Savings 1,435,000.59

Accounts Receivable

| | |
|---------------------------------------|----------|
| 1200 · Accounts Receivables | |
| 1298 · A/R - Non Patient Care-Records | 5,627.91 |

Total 1200 · Accounts Receivables 5,627.91

1290 · A/R Prior Year - Cerner

| | |
|----------------------------------------|--------------|
| 1292 · 1210 - AR- Medicaid EPS | 2,160,899.79 |
| 1294 · 1215 - AR Comm Ins | 1,178,849.85 |
| 1295 · 1230 - AR-Medicare | 1,190,867.08 |
| 1299 · Allowance for doubtful accounts | -91,241.08 |
| 1290 · A/R Prior Year - Cerner - Other | 4,593,490.78 |

Total 1290 · A/R Prior Year - Cerner 9,032,866.42

Total Accounts Receivable 9,038,494.33

Other Current Assets

1300 · Current Asset

| | |
|---------------------------------|--------------|
| 1310 · Prepaid Expenses | 39,621.77 |
| 1320 · Loans to Employees | 101,883.45 |
| 1330 · Retroactive Billing | 1,950,000.00 |
| 1340 · Current Escrow | 717,809.53 |
| 1370 · Due from Members | 6,469,283.43 |
| 1380 · Loans & Exchange - Other | 1,506,464.63 |

Total 1300 · Current Asset 10,785,062.81

Total Other Current Assets 10,785,062.81

Total Current Assets 21,258,557.73

Fixed Assets

1400 · Fixed Asset

| | |
|---------------------------------------|-------------|
| 1410 · Office Equipment | 158,462.64 |
| 1420 · Computer Equipment | 85,967.46 |
| 1430 · Furniture & Fixtures | 473,436.17 |
| 1440 · Leasehold Improvements | 879,935.29 |
| 1490 · Less Accum Depr-Leasehold Impr | -920,932.62 |

Total 1400 · Fixed Asset 676,868.94

Total Fixed Assets 676,868.94

Other Assets

1500 · Other Assets

| | |
|----------------------------------|-------------|
| 1510 · Long Term Note Receivable | 600,000.00 |
| 1520 · Security Deposit | 61,298.33 |
| 1530 · Start-up Cost | 758,486.13 |
| 1590 · Accumulated Amortization | -759,410.00 |

Total 1500 · Other Assets 660,374.46

Total Other Assets 660,374.46

TOTAL ASSETS 22,595,801.13

LIABILITIES & EQUITY

Excellent Home Care Services, LLC
Balance Sheet
As of July 31, 2019

CON 191075
BFA Attachment D-Cont.

Accrual Basis

| | |
|------------------------------------------|----------------------|
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 2000 · Accounts Payable | 9,355,802.56 |
| Total Accounts Payable | 9,355,802.56 |
| Credit Cards | |
| 2100 · Company Credit Cards | |
| 2110 · American Express | 36,494.67 |
| 2120 · Alliant Visa | 48,913.14 |
| Total 2100 · Company Credit Cards | 85,407.81 |
| Total Credit Cards | 85,407.81 |
| Other Current Liabilities | |
| 2300 · Current Liabilities | |
| 2310 · Short Term Notes | 2,700,000.00 |
| 2330 · Accrued Expenses | 43,705.00 |
| 2340 · Accrued Payroll | 211,847.13 |
| 2345 · Accrued Payroll Tax | 10,632.63 |
| 2350 · Deferred Tax Liability | 49,088.00 |
| Total 2300 · Current Liabilities | 3,015,272.76 |
| 2800 · Medicare Balance for TPL | 351,255.66 |
| Total Other Current Liabilities | 3,366,528.42 |
| Total Current Liabilities | 12,807,738.79 |
| Long Term Liabilities | |
| 2900 · Old QB Liabilites | |
| 2910 · Due to Medicare L3346152 Loan | 1,084,628.16 |
| Total 2900 · Old QB Liabilites | 1,084,628.16 |
| 2990 · Due to CP | 4,093,105.85 |
| Total Long Term Liabilities | 5,177,734.01 |
| Total Liabilities | 17,985,472.80 |
| Equity | |
| Member's Distrb - Geno Guttman | -7,993,398.02 |
| Member's Distrb - Ben Landa | -1,073,000.00 |
| 3000 · Opening Balance Equity | 2,078,999.38 |
| 3200 · Retained Earnings | 8,490,613.00 |
| Net Income | 3,107,113.97 |
| Total Equity | 4,610,328.33 |
| TOTAL LIABILITIES & EQUITY | 22,595,801.13 |

Excellent Home Care Services, LLC
Profit & Loss

CON 191075
BFA Attachment D-Cont.

Accrual Basis

January through July 2019

Jan - Jul 19

Ordinary Income/Expense

| | |
|--------------------------------------------------------|----------------------|
| Income | |
| 4000 · Income / Homecare Services | |
| 4010 · Revenue - Medicaid EPS | 6,145,599.32 |
| 4020 · Revenue - Medicaid FFS | 17,201,483.42 |
| 4030 · Revenue - Medicare | 2,659,276.69 |
| 4040 · Revenue - Commercial Insurance | 1,520,559.29 |
| 4070 · Revenue - Self Pay & Surplus | 47,234.35 |
| Total 4000 · Income / Homecare Services | 27,574,153.07 |
| 4100 · Income / Non-Homecare | |
| 4110 · Medical Records & Abstracts | 3,583.00 |
| Total 4100 · Income / Non-Homecare | 3,583.00 |
| 4200 · Prior Year Income | 717,809.53 |
| Total Income | 28,295,545.60 |
| Cost of Goods Sold | |
| 5000 · DME & Medical Supplies | 59,855.28 |
| 5100 · Payroll - Direct Care | |
| 5101 · Payroll - Direct Care - HHA | 41,496.00 |
| 5102 · Payroll - Direct Care - RN | 1,941,143.14 |
| 5103 · Payroll - Direct Care - PT | 113,050.00 |
| 5104 · Payroll - Direct Care - OT | 39,200.00 |
| 5105 · Payroll - Direct Care - ST | 193,315.00 |
| 5106 · Payroll - Direct Care - MSW | 10,780.00 |
| Total 5100 · Payroll - Direct Care | 2,338,984.14 |
| 5500 · Contracted Services | |
| 5501 · Contracted Services - HHA | 16,194,843.17 |
| 5502 · Contracted Services - RN | 54,807.75 |
| 5503 · Contracted Services - PT | 534,020.00 |
| 5504 · Contracted Services - OT | 345,438.00 |
| 5505 · Contracted Services - ST | 99,857.00 |
| Total 5500 · Contracted Services | 17,228,965.92 |
| 5800 · Payroll Taxes - Direct Care | |
| 5820 · Payroll Taxes - Direct - RN | 129,915.49 |
| 5840 · Payroll Taxes - Direct - OT | 13.29 |
| 5850 · Payroll Taxes - Direct - ST | 1,560.53 |
| 5860 · Payroll Taxes - Direct - MSW | 453.28 |
| Total 5800 · Payroll Taxes - Direct Care | 131,942.59 |
| Total COGS | 19,759,747.93 |
| Gross Profit | 8,535,797.67 |
| Expense | |
| Auto - Gasoline & Tolls | 58.78 |
| 6100 · Payroll Admin - Professional | |
| 6101 · Payroll - Admin / DPS - RN | 224,429.75 |
| 6102 · Payroll - Admin - RN Supervisor | 345,596.96 |
| 6120 · Payroll Admin - RN | 642,040.10 |
| Total 6100 · Payroll Admin - Professional | 1,212,066.81 |
| 6200 · Payroll - Managers & Directors | |
| 6210 · Owners, Directors, CEO | 288,461.40 |
| 6220 · Department Managers | 557,359.05 |
| Total 6200 · Payroll - Managers & Directors | 845,820.45 |
| 6300 · Payroll - Admin - Clerical | |
| 6310 · Payroll Clinical Assistant -HHA | 107,877.15 |
| 6320 · PRL Clinical Assistant NRSING | 291,606.34 |
| 6380 · Payroll - Finance & Billing | 123,737.69 |
| 6390 · Payroll - Clerical | 129,274.81 |
| Total 6300 · Payroll - Admin - Clerical | 652,495.99 |
| 6400 · Payroll - Marketing & Business | |
| 6410 · Marketing | 41,703.80 |
| 6420 · Consulting | 130,443.45 |
| Total 6400 · Payroll - Marketing & Business | 172,147.25 |
| 6800 · Payroll Taxes | |
| 6810 · Payroll Taxes - Admin - Profess | |
| 6813 · Employer FUTA | -0.99 |
| 6814 · Employer NY UNEMP | -1,910.49 |
| 6810 · Payroll Taxes - Admin - Profess - Other | 96,184.38 |
| Total 6810 · Payroll Taxes - Admin - Profess | 94,272.90 |
| 6820 · Payroll Taxes - Management & D | 64,514.98 |

Excellent Home Care Services, LLC
Profit & Loss

CON 191075
BFA Attachment D-Cont.

Accrual Basis

January through July 2019

| | Jan - Jul 19 |
|---------------------------------------------------------|-------------------|
| 6830 · Payroll Taxes - Admin Clerical | 53,998.49 |
| 6840 · Payroll Taxes - Marketing & Bus | 15,409.93 |
| Total 6800 · Payroll Taxes | 228,196.30 |
| 6900 · Employee Insurance & Benefits | |
| 6920 · Workers Comp - Admin | 110,593.00 |
| 6930 · Disability Insurance | -1,588.58 |
| Total 6900 · Employee Insurance & Benefits | 109,004.42 |
| 7000 · Legal & Professional | |
| 7010 · Accounting | 5,000.00 |
| 7020 · Legal | 167,756.01 |
| 7030 · Consulting | 238,126.54 |
| 7040 · Answering Services | 4,485.26 |
| 7050 · Language & Interpreter Services | 1,362.79 |
| 7080 · Background Check | 1,125.33 |
| 7090 · Clerical Outsourcing | 68,821.45 |
| Total 7000 · Legal & Professional | 486,677.38 |
| 7200 · Rent & Lease | |
| 7210 · Rent | 224,000.00 |
| 7220 · Rent - Parking | 12,289.03 |
| Total 7200 · Rent & Lease | 236,289.03 |
| 7300 · Transportation & Auto Expenses | |
| 7310 · Auto Lease | 24,424.19 |
| 7320 · Transportation for RNs | 1,656.29 |
| 7330 · Travel Expenses & Reimbursement | 1,000.00 |
| 7340 · Parking (Not Rent) | 157.00 |
| 7350 · Gasoline | 4,577.88 |
| 7360 · Tolls | 3,535.99 |
| 7370 · Car Service | 7,928.55 |
| 7380 · Auto Repairs | 847.26 |
| 7390 · Messenger for DRs Orders, etc. | 8,732.00 |
| 7300 · Transportation & Auto Expenses - Other | 2,063.95 |
| Total 7300 · Transportation & Auto Expenses | 54,923.11 |
| 7400 · Plant Operations & Maintenance | |
| 7410 · Utilities | 29,736.99 |
| 7420 · Cleaning & Waste Removal | 17,889.80 |
| 7430 · Repairs and Maintenance | 4,649.21 |
| 7440 · Low Voltage, Alarm Systems, etc | 430.06 |
| 7460 · Alarm System Monitoring | 783.90 |
| Total 7400 · Plant Operations & Maintenance | 53,489.96 |
| 8100 · Telephone & Communications | |
| 8110 · Telephone | 31,413.23 |
| 8120 · Cell Phone & Tablets for RNs | 17,369.27 |
| 8130 · Internet Service Expense | 2,693.03 |
| Total 8100 · Telephone & Communications | 51,475.53 |
| 8200 · Trade Software - Hosted & Cloud | |
| 8210 · SAAS - Homecare Software, HHA | 20,391.01 |
| 8220 · SAAS - Operations & Billing | 142,331.39 |
| 8230 · SAAS - Billing Clearinghouse | 24,970.00 |
| 8240 · SAAS - Referral Management | 1,543.72 |
| 8250 · CAHPS Surveys & OASIS Outcomes | 3,217.50 |
| Total 8200 · Trade Software - Hosted & Cloud | 192,453.62 |
| 8300 · Office Supplies & Equipment | |
| 8310 · Office Supplies | 55,230.58 |
| 8320 · Lease of Office Equipment | 11,633.45 |
| 8330 · Computers & Tablets | 1,012.02 |
| 8340 · Minor Office Equipment | 164.76 |
| 8350 · Printing & Copy Service | 53,626.19 |
| 8360 · Computer & IT Service Calls | 5,333.16 |
| 8370 · Office Expense | 6,977.03 |
| 8390 · Petty & Minor Expenses | 500.00 |
| Total 8300 · Office Supplies & Equipment | 134,477.19 |
| 8400 · Other General Administrative Ex | |
| 8410 · Payroll Service Costs | 9,411.97 |
| 8411 · Outsourced HR Benefits Admin | 2,245.90 |
| 8420 · Bank Service Charge | 1,183.94 |
| 8430 · Dues & Subsc Trade Related | 109.74 |
| 8450 · Postage and Delivery | 3,507.73 |
| 8460 · Licenses and Permits | 200.00 |
| 8490 · Fines and Penalties | 2,761.74 |
| Total 8400 · Other General Administrative Ex | 19,421.02 |
| 8500 · Marketing & Advertising | |
| 8510 · Advertising & Classified | 681.74 |
| 8530 · Meals & Entertainment | 13,771.24 |

Excellent Home Care Services, LLC
Profit & Loss

CON 191075
BFA Attachment D-Cont.

Accrual Basis

January through July 2019

| | Jan - Jul 19 |
|-----------------------------------------------------|---------------------|
| 8540 · Corporate Gifts | 2,269.00 |
| 8500 · Marketing & Advertising - Other | 2,500.00 |
| Total 8500 · Marketing & Advertising | 19,221.98 |
| 8590 · Marketing Costs | 65,401.95 |
| 8800 · Contributions/Community Goodwil | 410,550.00 |
| 8900 · Insurance (Except Workers Comp) | |
| 8910 · Liability Insurance | 41,768.00 |
| 8920 · Health Insurance | 77,094.48 |
| 8940 · Insurance - Auto Insurance | 12,490.68 |
| Total 8900 · Insurance (Except Workers Comp) | 131,353.16 |
| 9100 · Taxes, Non Payroll Related | |
| 9120 · NYS Corporate Income Tax | 4,500.00 |
| 9190 · Health Facility Asses (HFCAP) | 81,154.00 |
| Total 9100 · Taxes, Non Payroll Related | 85,654.00 |
| Total Expense | 5,161,177.93 |
| Net Ordinary Income | 3,374,619.74 |
| Other Income/Expense | |
| Other Expense | |
| 9800 · Ask My Accountant | 275,226.06 |
| Total Other Expense | 275,226.06 |
| Net Other Income | -275,226.06 |
| Net Income | 3,099,393.68 |

EXCELLENT HOME CARE SERVICES, LLC

CON 191075
BFA Attachment E

PRO FORMA BALANCE SHEET (After change of ownership)

ASSETS

Current Assets

| | |
|--------------------------------------------------------------------------|---------------------|
| Cash Accounts | \$1,435,001 |
| Accounts Receivable (Net of allowance for doubtful accounts of \$91,241) | \$9,038,494 |
| Due from members | \$6,469,283 |
| Retroactive Billing | \$1,950,000 |
| Current Escrow | \$717,809 |
| Other current assets | \$1,647,971 |
| Total Current Assets | \$21,258,558 |

Fixed Assets

| | |
|-------------------------------|------------------|
| Equipment | \$717,867 |
| Leasehold Improvement | \$879,935 |
| Less Accumulated Depreciation | (\$920,933) |
| Total Fixed Assets | \$676,869 |

Other Assets

| | |
|---------------------------|------------------|
| Long Term Note Receivable | \$600,000 |
| Security Deposit | \$61,298 |
| Start-up Cost | \$758,486 |
| Accumulated Amortization | (\$759,410) |
| Total Other Assets | \$660,374 |

TOTAL ASSETS

\$22,595,801

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

| | |
|----------------------------------|--------------------|
| Accounts Payable | \$9,355,803 |
| Credit Card Payable | \$85,408 |
| Total Current Liabilities | \$9,441,211 |

Other Current Liabilities

| | |
|----------------------------------------|--------------------|
| Short Term Notes | \$2,700,000 |
| Other Current Liabilities | \$315,273 |
| Medicare Balnce for TPL | \$351,256 |
| Total Other Current Liabilities | \$3,366,529 |

Long-Term Liabilities

| | |
|------------------------------------|--------------------|
| Old QuickBooks Liabilities | \$1,084,628 |
| Due to Caring Professionals | \$4,093,106 |
| Total Long-Term Liabilities | \$5,177,734 |

TOTAL LIABILITIES

\$17,985,474

TOTAL MEMBERS' EQUITY

\$4,610,327

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$22,595,801

| <u>NAME</u> | <u>Status</u> | <u>Amount</u> | <u>Notes</u> |
|-------------------------|---------------|-------------------|----------------------|
| Balm of Gilead | Open | \$50,000 | In Negotiations |
| Oriska | Open | Unknown | In Negotiations |
| Cora Oxley | Open | \$20,000 | Awaiting Outcome |
| Medicaid Liabilities * | Open | \$1,365,022 | See Footnote |
| Medicare Liabilities ** | Agreement | <u>\$ 774,957</u> | Payable over 3 Years |
| | | \$2,209,979 | |

* Medicaid Liabilities consist of 3 OMIG Audits as follows:

- 1) #11-6186 : Final determination = \$404,561 plus interest (if applicable); Stipulation and Settlement Agreement requires repayment of \$15,000 per week; payments are underway; balance due at 9/5/19 = \$328,162.73
- 2) #18-7945: Final issued = \$610,119.45 posted to eMedNY on 7/15/19; recoupment at 50% as no response from provider or their legal; subsequently their legal claimed they were not copied; placed on hold pending legal response due in early October.
- 3) #19-3459 : Final issued = \$426,739.94 posted to eMedNY on 7/29/19; recoupment at 50% as no response from provider or their legal firm; they now request reissue of drafts; placed on hold pending legal response due in early October.

** APROV-CLA-935: Medicare liability = \$774,957.67 balance due as of 10/1/19. Per the CMS agreement terms for extended repayment, monthly payments of \$38,565.32 are to be withheld automatically by Medicare on the 1st of each month for the 3 year period.

06001-337424-1881708642-EXCELLENT HOME CARE SERVICES, L
 APROV-CLA-935
 L3346152 – NETTING LOAN
 6001034248
 9.625%

CON 191075
 BFA Attachment G

REPAYMENT SCHEDULE

| Payment Number | Date | Beginning Balance | Payment | Principal | Interest | Ending Balance |
|----------------|----------|-------------------|-----------|-----------|----------|----------------|
| 1 | 09/01/18 | 1,201,733.38 | 38,565.32 | 28,926.42 | 9,638.90 | 1,172,806.96 |
| 2 | 10/01/18 | 1,172,806.96 | 38,565.32 | 29,158.43 | 9,406.89 | 1,143,648.53 |
| 3 | 11/01/18 | 1,143,648.53 | 38,565.32 | 29,392.31 | 9,173.01 | 1,114,256.22 |
| 4 | 12/01/18 | 1,114,256.22 | 38,565.32 | 29,628.06 | 8,937.26 | 1,084,628.16 |
| 5 | 01/01/19 | 1,084,628.16 | 38,565.32 | 29,865.70 | 8,699.62 | 1,054,762.46 |
| 6 | 02/01/19 | 1,054,762.46 | 38,565.32 | 30,105.25 | 8,460.07 | 1,024,657.21 |
| 7 | 03/01/19 | 1,024,657.21 | 38,565.32 | 30,346.72 | 8,218.60 | 994,310.49 |
| 8 | 04/01/19 | 994,310.49 | 38,565.32 | 30,590.12 | 7,975.20 | 963,720.37 |
| 9 | 05/01/19 | 963,720.37 | 38,565.32 | 30,835.48 | 7,729.84 | 932,884.89 |
| 10 | 06/01/19 | 932,884.89 | 38,565.32 | 31,082.81 | 7,482.51 | 901,802.08 |
| 11 | 07/01/19 | 901,802.08 | 38,565.32 | 31,332.12 | 7,233.20 | 870,469.96 |
| 12 | 08/01/19 | 870,469.96 | 38,565.32 | 31,583.43 | 6,981.89 | 838,886.53 |
| 13 | 09/01/19 | 838,886.53 | 38,565.32 | 31,836.75 | 6,728.57 | 807,049.78 |
| 14 | 10/01/19 | 807,049.78 | 38,565.32 | 32,092.11 | 6,473.21 | 774,957.67 |
| 15 | 11/01/19 | 774,957.67 | 38,565.32 | 32,349.51 | 6,215.81 | 742,608.16 |
| 16 | 12/01/19 | 742,608.16 | 38,565.32 | 32,608.98 | 5,956.34 | 709,999.18 |
| 17 | 01/01/20 | 709,999.18 | 38,565.32 | 32,870.53 | 5,694.79 | 677,128.65 |
| 18 | 02/01/20 | 677,128.65 | 38,565.32 | 33,134.18 | 5,431.14 | 643,994.47 |
| 19 | 03/01/20 | 643,994.47 | 38,565.32 | 33,399.95 | 5,165.37 | 610,594.52 |
| 20 | 04/01/20 | 610,594.52 | 38,565.32 | 33,667.84 | 4,897.48 | 576,926.68 |
| 21 | 05/01/20 | 576,926.68 | 38,565.32 | 33,937.89 | 4,627.43 | 542,988.79 |
| 22 | 06/01/20 | 542,988.79 | 38,565.32 | 34,210.10 | 4,355.22 | 508,778.69 |
| 23 | 07/01/20 | 508,778.69 | 38,565.32 | 34,484.49 | 4,080.83 | 474,294.20 |
| 24 | 08/01/20 | 474,294.20 | 38,565.32 | 34,761.09 | 3,804.23 | 439,533.11 |
| 25 | 09/01/20 | 439,533.11 | 38,565.32 | 35,039.90 | 3,525.42 | 404,493.21 |
| 26 | 10/01/20 | 404,493.21 | 38,565.32 | 35,320.95 | 3,244.37 | 369,172.26 |
| 27 | 11/01/20 | 369,172.26 | 38,565.32 | 35,604.25 | 2,961.07 | 333,568.01 |
| 28 | 12/01/20 | 333,568.01 | 38,565.32 | 35,889.83 | 2,675.49 | 297,678.18 |
| 29 | 01/01/21 | 297,678.18 | 38,565.32 | 36,177.69 | 2,387.63 | 261,500.49 |
| 30 | 02/01/21 | 261,500.49 | 38,565.32 | 36,467.87 | 2,097.45 | 225,032.62 |
| 31 | 03/01/21 | 225,032.62 | 38,565.32 | 36,760.37 | 1,804.95 | 188,272.25 |
| 32 | 04/01/21 | 188,272.25 | 38,565.32 | 37,055.22 | 1,510.10 | 151,217.03 |
| 33 | 05/01/21 | 151,217.03 | 38,565.32 | 37,352.43 | 1,212.89 | 113,864.60 |
| 34 | 06/01/21 | 113,864.60 | 38,565.32 | 37,652.03 | 913.29 | 76,212.57 |
| 35 | 07/01/21 | 76,212.57 | 38,565.32 | 37,954.03 | 611.29 | 38,258.54 |
| 36 | 08/01/21 | 38,258.54 | 38,565.41 | 38,258.54 | 306.87 | - |

Financial Summary- Park Gardens Rehabilitation & Nursing Center LLC

| | FISCAL PERIOD ENDED | | |
|-----------------------------|---------------------|-------------------|-------------------|
| | <u>12/31/16</u> | <u>12/31/17</u> | <u>12/31/18</u> |
| ASSETS - CURRENT | \$3,680,000 | \$3,541,681 | \$3,890,465 |
| ASSETS - FIXED AND OTHER | 3,277,000 | 3,974,991 | \$3,506,993 |
| LIABILITIES - CURRENT | 6,162,000 | 6,402,493 | \$5,315,212 |
| LIABILITIES - LONG-TERM | <u>346,000</u> | <u>296,467</u> | <u>\$782,540</u> |
| EQUITY | \$449,000 | \$817,712 | \$1,299,706 |
| <hr/> | | | |
| INCOME | 21,766,000 | \$22,373,712 | \$22,990,463 |
| EXPENSE | <u>21,744,000</u> | <u>22,584,323</u> | <u>22,485,149</u> |
| NET INCOME/LOSS | \$22,000 | (\$210,611) | \$505,314 |
| <hr/> | | | |
| NUMBER OF BEDS | 200 | 200 | 200 |
| PERCENT OF OCCUPANCY (DAYS) | 96.20% | 96.80% | 96.50% |
| <hr/> | | | |
| Medicaid | 75.20% | 69.85% | 65.50% |
| Medicare | 5.20% | 3.50% | 4.20% |
| Private Pay/Other | 19.60% | 26.70% | 30.30% |

PREFERRED CERTIFIED, LLC

PRO FORMA BALANCE SHEET

ASSETS

Working Capital \$258,218

TOTAL ASSETS \$258,218

LIABILITIES AND NET ASSETS

LIABILITIES

Working Capital Loan \$0

Member Equity \$258,218

**TOTAL LIABILITIES AND
MEMBERS' EQUITY** \$258,218

PRE-TRANSACTION

VNA of Staten Island, Inc. (VNASI)

Visiting Nurse Association Health Care
Services, Inc. (VNAHCS)

- Certified Home Health Agency (CHHA)
- Long Term Home Health Care Program (LTHHCP)
- Early Intervention
- Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Program
- Traumatic Brain Injury (TBI) Medicaid Waiver Program

HealthWatch Lifeline, Inc. (HWL)

- Personal Emergency Response System (PERS)

Visiting Nurse Plus, Inc. (VNP)

POST-TRANSACTION

Bridge Regional Health System, Inc.

Richmond Medical Center
d/b/a Richmond University Medical Center

Visiting Nurse Association Health Care
Services, Inc. (VNAHCS)

- Certified Home Health Agency (CHHA)
- Early Intervention
- Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Program
- Traumatic Brain Injury (TBI) Medicaid Wavier Program

HealthWatch Lifeline, Inc. (HWL)

- Personal Emergency Response System (PERS)

Visiting Nurse Plus, Inc. (VNP)

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries
Consolidated Balance Sheets

| | <u>December 31,</u> | |
|-----------------------------------------------------------------------------------------------|---------------------|----------------------|
| | <u>2018</u> | <u>2017</u> |
| ASSETS | | |
| Current assets | | |
| Cash | \$ 408,588 | \$ 247,457 |
| Investments | 2,826,435 | 7,025,363 |
| Accounts receivable, net of allowance for doubtful accounts of \$1,763,228 and \$1,996,443 | 2,877,937 | 2,978,170 |
| Prepaid expenses and other current assets | <u>358,397</u> | <u>407,919</u> |
| Total Current Assets | 6,471,357 | 10,658,909 |
| Property and equipment, net | 233,565 | 610,453 |
| Property and equipment held for sale, net | <u>356,944</u> | <u>-</u> |
| | <u>\$ 7,061,866</u> | <u>\$ 11,269,362</u> |
| LIABILITIES AND NET ASSETS | | |
| Current Liabilities | | |
| Accounts payable and accrued expenses | \$ 2,163,429 | \$ 2,223,093 |
| Deferred revenue | 551,291 | 469,321 |
| Line of credit | - | 1,620,000 |
| Estimated amounts due to third-party payors | <u>-</u> | <u>642,115</u> |
| Total Current Liabilities | 2,714,720 | 4,954,529 |
| Estimated amounts due to third-party payors | <u>862,131</u> | <u>862,131</u> |
| Total Liabilities | <u>3,576,851</u> | <u>5,816,660</u> |
| Net Assets | | |
| Without donor restrictions | 3,116,544 | 5,078,175 |
| With donor restrictions | <u>368,471</u> | <u>374,527</u> |
| Total Net Assets | <u>3,485,015</u> | <u>5,452,702</u> |
| | <u>\$ 7,061,866</u> | <u>\$ 11,269,362</u> |

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

| | Year Ended December 31, | |
|-------------------------------------------------|-------------------------|---------------------|
| | 2018 | 2017 |
| REVENUE | | |
| Net patient service revenue | \$ 10,192,293 | \$ 9,107,384 |
| Grant revenue | 203,000 | 350,000 |
| Contributions and other revenue | 492,074 | 160,961 |
| Net assets released from restrictions | 41,440 | - |
| Total Revenue | <u>10,928,807</u> | <u>9,618,345</u> |
| EXPENSES | | |
| Salaries and employee benefits | 7,341,729 | 7,331,704 |
| Contract health worker fees | 2,704,162 | 2,518,716 |
| Other operating expenses | <u>2,590,261</u> | <u>2,510,194</u> |
| Total Expenses | <u>12,636,152</u> | <u>12,360,614</u> |
| Operating Loss Before Other Changes | (1,707,345) | (2,742,269) |
| OTHER CHANGES | | |
| Investment return | <u>(254,286)</u> | <u>1,114,133</u> |
| Change in Net Assets Without Donor Restrictions | (1,961,631) | (1,628,136) |
| NET ASSETS WITHOUT DONOR RESTRICTIONS | | |
| Beginning of year | 5,078,175 | 6,706,311 |
| End of year | <u>3,116,544</u> | <u>5,078,175</u> |
| NET ASSETS WITH DONOR RESTRICTIONS | | |
| Beginning of year | 374,527 | 291,524 |
| Contributions and other revenue | 35,384 | 83,003 |
| Net assets released from restrictions | <u>(41,440)</u> | <u>-</u> |
| End of year | <u>368,471</u> | <u>374,527</u> |
| Total Change in Net Assets | (1,967,687) | (1,545,133) |
| NET ASSETS | | |
| Beginning of year | <u>5,452,702</u> | <u>6,997,835</u> |
| End of year | <u>\$ 3,485,015</u> | <u>\$ 5,452,702</u> |

**VISITING NURSE ASSOCIATION OF STATEN ISLAND, INC.
BALANCE SHEETS
JUNE 30, 2019 and DECEMBER 31, 2018**

| | <u>2019</u> | <u>2018</u> | <u>Variance</u> |
|-----------------------------------------|------------------|------------------|-----------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash | 7,712 | 50,537 | (42,825) |
| Investments - Total | 1,961,226 | 2,803,788 | (842,562) |
| Intercompany Receivables | 4,580,545 | 3,638,557 | 941,988 |
| Investment in Subsidiary | 46,000 | 46,000 | 0 |
| Other Receivables | 7,260 | 7,560 | (300) |
| Prepaid Expenses | 0 | 0 | 0 |
| | <hr/> | <hr/> | <hr/> |
| TOTAL CURRENT ASSETS | 6,602,743 | 6,546,442 | 56,301 |
| Property, Plant & Equipment - Net | 227,140 | 233,564 | (6,424) |
| | <hr/> | <hr/> | <hr/> |
| TOTAL ASSETS | 6,829,883 | 6,780,006 | 49,877 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| LIABILITIES AND NET ASSETS | | | |
| CURRENT LIABILITIES | | | |
| Intercompany Payables | 846,548 | 783,555 | 62,993 |
| Accrued Expenses/Deferred Income | 3,382 | 3,382 | 0 |
| | <hr/> | <hr/> | <hr/> |
| TOTAL CURRENT LIABILITIES | 849,930 | 786,937 | 62,993 |
| TOTAL NET ASSETS | 5,979,953 | 5,993,069 | (13,116) |
| | <hr/> | <hr/> | <hr/> |
| TOTAL LIABILITIES AND NET ASSETS | 6,829,883 | 6,780,006 | 49,877 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

VISITING NURSE ASSOCIATION OF STATEN ISLAND, INC.
STATEMENT OF OPERATIONS
Month of June & June YTD 2019

| | <u>June</u> <u>Actual</u> | <u>June</u> <u>YTD</u> |
|---------------------------------------------|------------------------------|---------------------------|
| FUND RAISING REVENUE | | |
| United Way/EarthShare | 0 | 0 |
| Bequests & Foundations | 0 | 403 |
| Special Events | 0 | 300 |
| | <hr/> | <hr/> |
| TOTAL FUND RAISING REVENUE | 0 | 703 |
| FUND RAISING EXPENSES | | |
| Fund Raising Allocation | 0 | 0 |
| Special Events | 0 | 0 |
| | <hr/> | <hr/> |
| TOTAL FUND RAISING EXPENSES | 0 | 0 |
| NET FUND RAISING REVENUE | 0 | 703 |
| RENTAL REVENUE | | |
| Income | 0 | 60,000 |
| Depreciation | (1,074) | (6,444) |
| | <hr/> | <hr/> |
| NET RENTAL REVENUE | (1,074) | 53,556 |
| OTHER EXPENSES | | |
| Accounting Fees | 1,250 | 7,500 |
| Management Fees | 5,000 | 30,000 |
| Allocated Costs | 5,571 | 33,459 |
| Donor 2 | 280 | 1,400 |
| Legal | 0 | 4,543 |
| | <hr/> | <hr/> |
| TOTAL OTHER EXPENSES | 12,101 | 76,902 |
| INCOME (LOSS) FROM OPERATIONS | (13,175) | (22,643) |
| NON-OPERATING INCOME | | |
| Interest Income From Bank Accounts | 2 | 23 |
| Interest & Dividend Income From Investments | 6,011 | 23,879 |
| Less: Management Fees - MLIM | (2,396) | (14,375) |
| | <hr/> | <hr/> |
| TOTAL NON-OPERATING INCOME | 3,617 | 9,527 |
| INCREASE (DECREASE) IN NET ASSETS | (9,558) | (13,116) |

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries
 Supplemental Consolidating Balance Sheets
 December 31, 2018

| | Visiting Nurse Association of Staten Island, Inc. | Visiting Nurse Association Health Care Services, Inc. | Health Watch - Lifeline, Inc. | Visiting Nurse Plus, Inc. | Eliminations | Consolidated |
|----------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|------------------------------|-----------------------|---------------------|
| ASSETS | | | | | | |
| Current Assets | | | | | | |
| Cash | \$ 27,889 | \$ 368,496 | \$ 9,727 | \$ 2,476 | \$ - | \$ 408,588 |
| Investments | 2,872,435 | - | - | - | (46,000) | 2,826,435 |
| Accounts receivable, net | 567,560 | 2,885,441 | 5,229 | 25,667 | (605,960) | 2,877,937 |
| Due from affiliate | 3,078,557 | 774,433 | - | - | (3,852,990) | - |
| Prepaid expenses and other current assets | - | 358,397 | - | - | - | 358,397 |
| Total Current Assets | <u>6,546,441</u> | <u>4,386,767</u> | <u>14,956</u> | <u>28,143</u> | <u>(4,504,950)</u> | <u>6,471,357</u> |
| Property and equipment, net | 233,565 | - | - | - | - | 233,565 |
| Property and equipment held for sale, net | - | 356,944 | - | - | - | 356,944 |
| | <u>\$ 6,780,006</u> | <u>\$ 4,743,711</u> | <u>\$ 14,956</u> | <u>\$ 28,143</u> | <u>\$ (4,504,950)</u> | <u>\$ 7,061,866</u> |
| LIABILITIES AND NET ASSETS | | | | | | |
| Current Liabilities | | | | | | |
| Accounts payable and accrued expenses | \$ 786,940 | \$ 2,632,234 | \$ 59,667 | \$ 28,143 | \$ (1,343,555) | \$ 2,163,429 |
| Deferred revenue | - | 551,291 | - | - | - | 551,291 |
| Total Current Liabilities | <u>786,940</u> | <u>3,183,525</u> | <u>59,667</u> | <u>28,143</u> | <u>(1,343,555)</u> | <u>2,714,720</u> |
| Due to affiliate | - | 3,085,102 | 30,293 | - | (3,115,395) | - |
| Estimated amounts due to third-party payors | - | 862,131 | - | - | - | 862,131 |
| Total Liabilities | <u>786,940</u> | <u>7,130,758</u> | <u>89,960</u> | <u>28,143</u> | <u>(4,458,950)</u> | <u>3,576,851</u> |
| Net Assets | | | | | | |
| Common stock outstanding | - | - | 1 | - | (1) | - |
| Additional paid-in capital | - | - | 45,999 | - | (45,999) | - |
| Net assets without donor restrictions (deficiency) | 5,624,595 | (2,387,047) | (121,004) | - | - | 3,116,544 |
| Net assets with donor restrictions | 368,471 | - | - | - | - | 368,471 |
| Total Net Assets | <u>5,993,066</u> | <u>(2,387,047)</u> | <u>(75,004)</u> | <u>-</u> | <u>(46,000)</u> | <u>3,485,015</u> |
| | <u>\$ 6,780,006</u> | <u>\$ 4,743,711</u> | <u>\$ 14,956</u> | <u>\$ 28,143</u> | <u>\$ (4,504,950)</u> | <u>\$ 7,061,866</u> |

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries
Supplemental Consolidating Statements of Operations and Changes in Net Assets
Year Ended December 31, 2018

| | Visiting Nurse Association of Staten Island, Inc. | Visiting Nurse Association Health Care Services, Inc. | Health Watch - Lifeline, Inc. | Eliminations | Consolidated |
|-------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|------------------|---------------------|
| REVENUE | | | | | |
| Net patient service revenue | \$ - | \$ 10,173,761 | \$ 18,932 | \$ (400) | \$ 10,192,293 |
| Grant revenue | - | 203,000 | - | - | 203,000 |
| Contributions and other revenue | 268,464 | 463,610 | - | (240,000) | 492,074 |
| Net assets released from restrictions | 41,440 | - | - | - | 41,440 |
| Total Revenue | <u>309,904</u> | <u>10,840,371</u> | <u>18,932</u> | <u>(240,400)</u> | <u>10,928,807</u> |
| EXPENSES | | | | | |
| Salaries and employee benefits | 449,101 | 7,341,672 | - | (449,044) | 7,341,729 |
| Contract health worker fees | - | 2,704,162 | - | - | 2,704,162 |
| Other operating expenses | 69,068 | 2,242,729 | 69,820 | 208,644 | 2,590,261 |
| Total Expenses | <u>518,169</u> | <u>12,288,563</u> | <u>69,820</u> | <u>(240,400)</u> | <u>12,638,152</u> |
| Operating Loss Before Other Changes | (208,265) | (1,448,192) | (50,888) | - | (1,707,345) |
| OTHER CHANGES | | | | | |
| Investment return | (254,771) | 485 | - | - | (254,286) |
| Equity transfer | <u>(2,500,000)</u> | <u>2,500,000</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| Change in Net Assets Without Donor Restrictions | <u>(2,963,036)</u> | <u>1,052,293</u> | <u>(50,888)</u> | <u>-</u> | <u>(1,961,631)</u> |
| NET ASSETS WITHOUT DONOR RESTRICTIONS | | | | | |
| Beginning of year | 8,587,631 | (3,439,340) | (70,116) | - | 5,078,175 |
| End of year | <u>5,624,595</u> | <u>(2,387,047)</u> | <u>(121,004)</u> | <u>-</u> | <u>3,116,544</u> |
| NET ASSETS WITH DONOR RESTRICTIONS | | | | | |
| Beginning of year | 374,527 | - | - | - | 374,527 |
| Contributions and other revenue | 35,384 | - | - | - | 35,384 |
| Net assets released from restrictions | (41,440) | - | - | - | (41,440) |
| End of year | <u>368,471</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>368,471</u> |
| Total Change in Net Assets | <u>(2,969,092)</u> | <u>1,052,293</u> | <u>(50,888)</u> | <u>-</u> | <u>(1,967,687)</u> |
| NET ASSETS | | | | | |
| Beginning of year | 8,962,158 | (3,439,340) | (70,116) | - | 5,452,702 |
| End of year | <u>\$ 5,993,066</u> | <u>\$ (2,387,047)</u> | <u>\$ (121,004)</u> | <u>\$ -</u> | <u>\$ 3,485,015</u> |

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries

Supplemental Consolidating Balance Sheets
December 31, 2017

| | Visiting Nurse Association of Staten Island, Inc. | Visiting Nurse Association Health Care Services, Inc. | Health Watch - Lifeline, Inc. | Visiting Nurse Plus, Inc. | Eliminations | Consolidated |
|---------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|------------------------------|-----------------------|----------------------|
| ASSETS | | | | | | |
| Current Assets | | | | | | |
| Cash | \$ 28,328 | \$ 208,518 | \$ 8,135 | \$ 2,476 | \$ - | \$ 247,457 |
| Investments | 7,071,363 | - | - | - | (46,000) | 7,025,363 |
| Accounts receivable, net | 348,835 | 3,288,024 | 6,055 | 25,667 | (690,411) | 2,978,170 |
| Due from affiliate | 1,540,000 | 29,988 | - | - | (1,569,988) | - |
| Prepaid expenses and other current assets | 100,000 | 307,919 | - | - | - | 407,919 |
| Total Current Assets | 9,088,526 | 3,834,449 | 14,190 | 28,143 | (2,306,399) | 10,658,909 |
| Property and equipment, net | 231,983 | 378,470 | - | - | - | 610,453 |
| | <u>\$ 9,320,509</u> | <u>\$ 4,212,919</u> | <u>\$ 14,190</u> | <u>\$ 28,143</u> | <u>\$ (2,306,399)</u> | <u>\$ 11,269,362</u> |
| LIABILITIES AND NET ASSETS | | | | | | |
| Current Liabilities | | | | | | |
| Accounts payable and accrued expenses | \$ 358,351 | \$ 2,518,692 | \$ 8,318 | \$ 28,143 | \$ (690,411) | \$ 2,223,093 |
| Deferred revenue | - | 469,321 | - | - | - | 469,321 |
| Line of credit | - | 1,620,000 | - | - | - | 1,620,000 |
| Estimated amounts due to third-party payors | - | 1,142,638 | - | - | - | 1,142,638 |
| Total Current Liabilities | 358,351 | 5,750,651 | 8,318 | 28,143 | (690,411) | 5,455,052 |
| Due to affiliate | - | 1,540,000 | 29,988 | - | (1,569,988) | - |
| Estimated amounts due to third-party payors | - | 361,608 | - | - | - | 361,608 |
| Total Liabilities | <u>358,351</u> | <u>7,652,259</u> | <u>38,306</u> | <u>28,143</u> | <u>(2,260,399)</u> | <u>5,816,660</u> |
| Net Assets | | | | | | |
| Common stock outstanding | - | - | 1 | - | (1) | - |
| Additional paid-in capital | - | - | 45,999 | - | (45,999) | - |
| Unrestricted net assets (deficiency) | 8,587,631 | (3,439,340) | (70,116) | - | - | 5,078,175 |
| Temporarily restricted net assets | 374,527 | - | - | - | - | 374,527 |
| Total Net Assets | <u>8,962,158</u> | <u>(3,439,340)</u> | <u>(24,116)</u> | <u>-</u> | <u>(46,000)</u> | <u>5,452,702</u> |
| | <u>\$ 9,320,509</u> | <u>\$ 4,212,919</u> | <u>\$ 14,190</u> | <u>\$ 28,143</u> | <u>\$ (2,306,399)</u> | <u>\$ 11,269,362</u> |

Visiting Nurse Association of Staten Island, Inc. and Subsidiaries
Supplemental Consolidating Statements of Operations and Changes in Net Assets
Year Ended December 31, 2017

| | Visiting Nurse Association of Staten Island, Inc. | Visiting Nurse Association Health Care Services, Inc. | Health Watch - Lifeline, Inc. | Eliminations | Consolidated |
|------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|------------------|---------------------|
| REVENUE | | | | | |
| Net patient service revenue | \$ - | \$ 9,070,229 | \$ 37,555 | \$ (400) | \$ 9,107,384 |
| Grant revenue | - | 350,000 | - | - | 350,000 |
| Contributions and other revenue | <u>317,262</u> | <u>83,699</u> | <u>-</u> | <u>(240,000)</u> | <u>160,961</u> |
| Total Revenue | <u>317,262</u> | <u>9,503,928</u> | <u>37,555</u> | <u>(240,400)</u> | <u>9,618,345</u> |
| EXPENSES | | | | | |
| Salaries and employee benefits | 277,631 | 7,244,896 | - | (276,800) | 7,245,727 |
| Contract health worker fees | - | 2,508,476 | - | - | 2,508,476 |
| Other operating expenses | <u>164,477</u> | <u>2,327,357</u> | <u>78,177</u> | <u>36,400</u> | <u>2,606,411</u> |
| Total Expenses | <u>442,108</u> | <u>12,080,729</u> | <u>78,177</u> | <u>(240,400)</u> | <u>12,360,614</u> |
| Operating Loss Before Other Changes | (124,846) | (2,576,801) | (40,622) | - | (2,742,269) |
| OTHER CHANGES | | | | | |
| Investment return | 1,114,133 | - | - | - | 1,114,133 |
| Equity transfer | <u>(1,800,000)</u> | <u>1,800,000</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| Change in Unrestricted Net Assets | (810,713) | (776,801) | (40,622) | - | (1,628,136) |
| UNRESTRICTED NET ASSETS | | | | | |
| Beginning of year | <u>9,398,344</u> | <u>(2,662,539)</u> | <u>(29,494)</u> | <u>-</u> | <u>6,706,311</u> |
| End of year | <u>8,587,631</u> | <u>(3,439,340)</u> | <u>(70,116)</u> | <u>-</u> | <u>5,078,175</u> |
| TEMPORARILY RESTRICTED NET ASSETS | | | | | |
| Beginning of year | 291,524 | - | - | - | 291,524 |
| Contributions and other revenue | <u>83,003</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>83,003</u> |
| End of year | <u>374,527</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>374,527</u> |
| Total Change in Net Assets | <u>(727,710)</u> | <u>(776,801)</u> | <u>(40,622)</u> | <u>-</u> | <u>(1,545,133)</u> |
| NET ASSETS | | | | | |
| Beginning of year | <u>9,689,868</u> | <u>(2,662,539)</u> | <u>(29,494)</u> | <u>-</u> | <u>6,997,835</u> |
| End of year | <u>\$ 8,962,158</u> | <u>\$ (3,439,340)</u> | <u>\$ (70,116)</u> | <u>\$ -</u> | <u>\$ 5,452,702</u> |

**VISITING NURSE ASSOCIATION HEALTH CARE SERVICES, INC.
STATEMENT OF OPERATIONS
FOR THE PERIOD JANUARY 1 THROUGH JUNE 30, 2019**

| | 2019 | % to Net | 2018 | % to Net | Actual |
|------------------------------------------|--------------------|-----------------|--------------------|-----------------|-------------------|
| | Actual | Revenue | Actual | Revenue | B/(W) |
| | | | | | Prior Year |
| PATIENT REVENUE | 4,362,935 | 100.00% | 4,091,181 | 100.00% | 271,754 |
| VARIABLE EXPENSES | 2,673,960 | 61.29% | 2,562,755 | 62.64% | (111,205) |
| GROSS MARGIN | 1,688,975 | 38.71% | 1,528,426 | 37.36% | 160,549 |
| FIXED EXPENSES | 2,899,402 | 66.46% | 2,757,207 | 67.39% | (142,195) |
| INCOME (LOSS) FROM OPERATIONS | <u>(1,210,427)</u> | <u>-27.74%</u> | <u>(1,228,781)</u> | <u>-30.03%</u> | <u>18,354</u> |
| NON-OPERATING INCOME | | | | | |
| Intercompany Revenue | 65,000 | | 89,250 | | (24,250) |
| Other Revenue | 2,523 | | 3,185 | | (662) |
| DSRIP Revenue | 100,002 | | 100,000 | | 2 |
| Care Transition Recoupment | 251,135 | | 202,577 | | 48,558 |
| TOTAL NON-OPERATING INCOME | <u>418,660</u> | <u>9.60%</u> | <u>395,012</u> | <u>9.66%</u> | <u>23,648</u> |
| INCREASE (DECREASE) IN NET ASSETS | <u>(791,767)</u> | <u>-18.15%</u> | <u>(833,769)</u> | <u>-20.38%</u> | <u>42,002</u> |

**VISITING NURSE ASSOCIATION HEALTH CARE SERVICES, INC.
 STATEMENT OF VARIABLE EXPENSES
 FOR THE PERIOD JANUARY 1 THROUGH JUNE 30, 2019**

| | 2019 Actual | % to Net Revenue | 2018 Actual | % to Net Revenue | Actual B/(W) Prior Year |
|---------------------------------|------------------------|-----------------------------|------------------------|-----------------------------|----------------------------------------|
| <u>VARIABLE EXPENSES</u> | | | | | |
| Salaries, Nurses | 841,872 | 19.30% | 736,659 | 18.01% | (105,213) |
| Fringe Benefits, Nurses | 261,028 | 5.98% | 210,333 | 5.14% | (50,695) |
| Therapist Fees | 992,131 | 22.74% | 990,296 | 24.21% | (1,835) |
| HHA/PCA Services | 386,426 | 8.86% | 446,308 | 10.91% | 59,882 |
| Other Variable Expenses | 192,503 | 4.41% | 179,159 | 4.38% | (13,344) |
| TOTAL VARIABLE EXPENSES | 2,673,960 | 61.29% | 2,562,755 | 62.64% | (111,205) |
| | | | | | |
| Variable Cost Per Visit | 84.41 | | 81.79 | | |

**VISITING NURSE ASSOCIATION HEALTH CARE SERVICES, INC.
STATEMENT OF FIXED EXPENSES
FOR THE PERIOD JANUARY 1 THROUGH JUNE 30, 2019**

| FIXED EXPENSES | <u>2019 Actual</u> | <u>2018 Actual</u> | <u>Actual B/(W) Prior Year</u> |
|------------------------------|-------------------------|-------------------------|----------------------------------------|
| Salaries | 1,559,228 | # 1,676,959 | 117,731 |
| Fringe Benefits | 372,918 | 390,879 | 17,961 |
| Net Salaries/Fringe Benefits | <u>1,932,146</u> | <u>2,067,838</u> | 135,692 |
| Education | 3,334 | 2,130 | (1,204) |
| Books & Journals | 843 | 1,188 | 345 |
| Automobile Expense | 8,933 | 6,594 | (2,339) |
| Depreciation | 41,400 | 48,144 | 6,744 |
| Insurance (P&C) | 47,994 | 43,854 | (4,140) |
| Insurance (U/I) | 8,915 | 7,189 | (1,726) |
| Bad Debt Expense | 30,000 | 30,000 | 0 |
| Space Occupancy | 84,980 | 87,254 | 2,274 |
| Rent | 120,000 | 120,000 | 0 |
| Office Expense | 42,562 | 42,391 | (171) |
| Payroll Service | 12,121 | 14,918 | 2,797 |
| Automated Services | 282,000 | 0 | (282,000) |
| Postage | 9,149 | 4,340 | (4,809) |
| Information Systems | 59,188 | 46,530 | (12,658) |
| Association Dues | 17,170 | 17,502 | 332 |
| Legal Fees | 45,245 | 3,122 | (42,123) |
| Auditing & Tax Fees | 39,000 | 39,000 | 0 |
| Consultant Fees | 15,315 | 54,029 | 38,714 |
| Interest Expense | 0 | 30,250 | 30,250 |
| Public Relations | 2,025 | 13,102 | 11,077 |
| Marketing Campaign | 7,150 | 11,450 | 4,300 |
| Meetings | 2,205 | 3,325 | 1,120 |
| Telephone | 74,987 | 53,622 | (21,365) |
| Recruitment | 2,500 | 0 | (2,500) |
| Community Affairs | 8,540 | 6,585 | (1,955) |
| Employee Recognition | 50 | 0 | (50) |
| Quality Management | 1,650 | 2,850 | 1,200 |
| NET FIXED EXPENSES | <u><u>2,899,402</u></u> | <u><u>2,757,207</u></u> | <u><u>(142,195)</u></u> |

**VISITING NURSE ASSOCIATION HEALTH CARE SERVICES, INC.
BALANCE SHEETS
JUNE 30 2019 AND DECEMBER 31, 2018**

| | <u>2019</u> | <u>2018</u> | <u>Variance</u> |
|------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash | 160,606 | 368,496 | (207,890) |
| Accounts Receivable, net of allowances for doubtful accounts of \$1,860,415 and \$1,766,919 | 3,037,845 | 2,582,736 | 455,109 |
| Intercompany Receivables | 852,540 | 789,111 | 63,429 |
| Prepaid Expenses and Other Current Assets | 688,691 | 646,421 | 42,270 |
| TOTAL CURRENT ASSETS | 4,739,682 | 4,386,764 | 352,918 |
| PROPERTY, PLANT & EQUIPMENT - NET | 341,123 | 356,945 | (15,822) |
| TOTAL ASSETS | 5,080,805 | 4,743,709 | 337,096 |
| LIABILITIES AND NET ASSETS | | | |
| CURRENT LIABILITIES | | | |
| Accounts Payable | 1,090,183 | 838,188 | 251,995 |
| Accrued Payroll and Related Expenses | 270,416 | 410,669 | (140,253) |
| Accrued Expenses and Misc. Payables | 655,738 | 823,290 | (167,552) |
| Loan Management Account | 0 | 0 | 0 |
| Rate Adjustment due to Third Party Payors | 764,353 | 862,131 | (97,778) |
| Deferred Revenue | 596,186 | 551,291 | 44,895 |
| Intercompany Payables | 4,725,102 | 3,545,102 | 1,180,000 |
| TOTAL CURRENT LIABILITIES | 8,101,978 | 7,030,671 | 1,071,307 |
| NET ASSETS | (3,021,173) | (2,286,962) | (734,211) |
| TOTAL LIABILITIES AND NET ASSETS | 5,080,805 | 4,743,709 | 337,096 |
| NET ASSETS | | | |
| VNAHCS | (4,150,162) | (3,358,395) | (791,767) |
| Regional Resource Development Center | 836,569 | 779,013 | 57,556 |
| NHTD / TBI (Provider) | 292,420 | 292,420 | 0 |
| TOTAL | (3,021,173) | (2,286,962) | (734,211) |

Visiting Nurse Association Health Care Services, Inc.
Balance Sheets

| | December 31, | |
|-----------------------------------------------------------------------------------------------|---------------------|---------------------|
| | <u>2018</u> | <u>2017</u> |
| ASSETS | | |
| Current Assets | | |
| Cash | \$ 368,496 | \$ 208,518 |
| Accounts receivable, net of allowance for doubtful accounts of \$1,763,228 and \$1,996,443 | 2,885,441 | 2,993,268 |
| Due from affiliate | 774,433 | 324,744 |
| Prepaid expenses and other current assets | <u>358,397</u> | <u>307,919</u> |
| Total Current Assets | 4,386,767 | 3,834,449 |
| Property and equipment- held for sale, net | <u>356,944</u> | <u>378,470</u> |
| | <u>\$ 4,743,711</u> | <u>\$ 4,212,919</u> |
| LIABILITIES AND NET ASSETS (DEFICIENCY) | | |
| Current Liabilities | | |
| Accounts payable and accrued expenses | \$ 2,532,234 | \$ 2,517,768 |
| Deferred revenue | 551,291 | 469,321 |
| Line of credit | - | 1,620,000 |
| Estimated amounts due to third-party payors, | <u>-</u> | <u>642,115</u> |
| Total Current Liabilities | 3,083,525 | 5,249,204 |
| Due to affiliate | 3,185,102 | 1,540,924 |
| Estimated amounts due to third-party payors | <u>862,131</u> | <u>862,131</u> |
| Total Liabilities | 7,130,758 | 7,652,259 |
| Nets assets (deficiency) without donor restrictions | <u>(2,387,047)</u> | <u>(3,439,340)</u> |
| | <u>\$ 4,743,711</u> | <u>\$ 4,212,919</u> |

Visiting Nurse Association Health Care Services, Inc.
Statements of Operations and Change in Net Assets (Deficiency)

| | <u>Year Ended December 31,</u> | |
|---------------------------------------------------------------------------|--------------------------------|-----------------------|
| | <u>2018</u> | <u>2017</u> |
| REVENUE | | |
| Net patient service revenue | \$ 10,173,761 | \$ 9,070,229 |
| Grant revenue | 203,000 | 350,000 |
| Contributions and other revenue | <u>463,610</u> | <u>83,699</u> |
| Total Revenue | <u>10,840,371</u> | <u>9,503,928</u> |
| EXPENSES | | |
| Salaries and employee benefits | 7,341,672 | 7,330,873 |
| Contract health worker fees | 2,704,162 | 2,518,716 |
| Other operating expenses | <u>2,242,729</u> | <u>2,231,140</u> |
| Total Expenses | <u>12,288,563</u> | <u>12,080,729</u> |
| Operating Loss | (1,448,192) | (2,576,801) |
| OTHER CHANGES | | |
| Investment return | 485 | - |
| Equity transfer from Visiting Nurse Association of Staten Island, Inc. | <u>2,500,000</u> | <u>1,800,000</u> |
| Change in Net Assets (Deficiency) | 1,052,293 | (776,801) |
| NET ASSETS (DEFICIENCY) | | |
| Beginning of year | <u>(3,439,340)</u> | <u>(2,662,539)</u> |
| End of year | <u>\$ (2,387,047)</u> | <u>\$ (3,439,340)</u> |

RICHMOND UNIVERSITY MEDICAL CENTER
CONSOLIDATED BALANCE SHEET

| | June 30, 2019 | March 31, 2019 | December 31, 2018 | June 30, 2019 | March 31, 2019 | December 31, 2018 |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ASSETS | | | | | | |
| CURRENT ASSETS: | | | | | | |
| Cash and cash equivalents | \$ 29,721,501 | \$ 32,250,681 | \$ 29,361,306 | | | |
| Accounts receivable | 44,941,630 | 46,067,592 | 46,480,243 | | | |
| Patients, net of estimated allowance for doubtful collections of \$30,188,316 and \$29,482,178 respectively | 14,521,703 | 11,776,546 | 15,207,847 | | | |
| Other receivables | | | | | | \$1,900,160 |
| Prepaid expenses and other current assets | 4,548,040 | 3,229,186 | 1,380,656 | 52,843,687 | \$2,277,521 | 32,654,374 |
| Inventory | 7,011,382 | 6,453,136 | 6,209,659 | 38,653,053 | 37,081,087 | 37,081,087 |
| Estimated third-party payer settlements | 411,186 | | | 14,722,466 | 18,771,443 | 15,332,895 |
| Current portion of insurance recoveries receivable | 5,384,777 | 5,031,619 | | 5,384,777 | 5,131,618 | 5,031,619 |
| Pledges Receivable | 1,207,044 | 1,207,044 | 1,207,044 | 702,000 | 1,305,910 | 522,217 |
| | | | | 3,762,920 | 3,552,774 | 3,233,520 |
| Total current assets | \$ 107,747,263 | \$ 108,019,804 | \$ 104,880,374 | \$ 66,068,903 | \$ 68,120,353 | \$ 58,673,785 |
| LIABILITIES AND NET ASSETS | | | | | | |
| CURRENT LIABILITIES: | | | | | | |
| Current portion of long-term debt | | | | | | 19,310,652 |
| Accounts payable and accrued expenses | | | | | | 48,765,715 |
| Accrued employee liabilities | | | | | | 1,596,507 |
| Current portion of estimated insurance claims liability | | | | | | 12,131,032 |
| Estimated third-party payer settlements | | | | | | 20,126,474 |
| Deferred income | | | | | | 101,929,380 |
| Total current liabilities | | | | \$ 123,055,626 | \$ 119,512,874 | \$ 101,929,380 |
| LONG-TERM DEBT | | | | | | |
| ACCUMULATED PENSION COSTS | | | | 20,910,650 | 19,310,651 | 19,310,652 |
| LONG-TERM DEBT | | | | 62,665,900 | 61,929,255 | 48,765,715 |
| OTHER LIABILITIES | | | | 1,489,431 | 1,810,248 | 1,596,507 |
| ESTIMATED THIRD-PARTY PAYER SETTLEMENTS | | | | 16,450,517 | 16,640,246 | 12,131,032 |
| ESTIMATED INSURANCE CLAIMS LIABILITY | | | | 21,539,108 | 20,126,474 | 20,126,474 |
| Total long-term liabilities | | | | \$ 119,512,874 | \$ 119,512,874 | \$ 101,929,380 |
| NET ASSETS SURPLUS | | | | \$ 189,124,529 | \$ 187,633,227 | \$ 160,603,165 |
| Without Donor Restrictions | | | | \$ 56,099,822 | \$ 57,201,460 | \$ 58,205,435 |
| With Donor Restrictions | | | | 3,346,577 | 3,977,588 | 4,126,495 |
| Total net surplus | | | | \$ 59,446,399 | \$ 61,179,048 | \$ 62,331,930 |
| TOTAL | \$ 248,570,928 | \$ 248,807,275 | \$ 222,935,095 | \$ 248,570,928 | \$ 248,807,275 | \$ 222,935,095 |

RICHMOND UNIVERSITY MEDICAL CENTER

CONSOLIDATED STATEMENT OF OPERATIONS
For The Period Ended June 30, 2019

| | Qtr ending June 30, 2019 Actual | Qtr ending June 30, 2018 Actual | Jun-19 Actual YTD | Jun-18 Actual YTD |
|---------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------------|-----------------------|
| REVENUES: | | | | |
| Net patient service revenue-IP | \$ 51,636,899 | \$ 49,360,103 | \$ 103,437,153 | \$ 98,867,913 |
| Net patient service revenue-OP | 27,688,576 | 26,922,756 | 54,564,226 | 52,358,121 |
| Professional Practice Revenue | 6,330,769 | 5,763,203 | 12,373,454 | 11,773,237 |
| Provision for bad debt | (4,891,974) | (3,921,584) | (9,193,178) | (8,314,351) |
| Net patient service revenue after bad debt | \$ 80,764,270 | \$ 78,124,478 | \$ 161,181,655 | \$ 154,684,920 |
| Other revenue | 12,968,464 | 7,363,198 | 24,464,778 | 14,937,801 |
| Pool revenue | 1,371,122 | 2,226,011 | 2,821,631 | 3,811,238 |
| Capitation revenue | 16,202 | 24,104 | 32,581 | 47,964 |
| Net assets released from restrictions for operations | 8,674 | 36,754 | 18,768 | 54,619 |
| Total revenue | \$ 95,128,732 | \$ 87,774,545 | \$ 188,519,413 | \$ 173,536,542 |
| EXPENSES: | | | | |
| Salaries and wages | \$ 48,631,004 | \$ 43,031,223 | \$ 96,562,043 | \$ 85,983,202 |
| Employee benefits | 15,878,269 | 14,775,874 | 32,022,770 | 29,759,197 |
| Other compensation | 1,127,341 | 906,777 | 2,185,586 | 1,978,602 |
| Med/Surg supplies & drugs | 10,442,519 | 9,185,240 | 20,337,459 | 18,699,395 |
| Purchased services & other | 15,726,047 | 15,297,595 | 30,805,917 | 30,114,896 |
| Insurance | 2,814,459 | 1,873,731 | 5,201,094 | 3,933,658 |
| Total expenses | \$ 94,619,639 | \$ 85,070,440 | \$ 187,114,869 | \$ 170,468,950 |
| EBITDA | \$ 509,093 | \$ 2,704,105 | \$ 1,404,544 | \$ 3,067,592 |
| Interest | 146,336 | 247,432 | 291,495 | 480,532 |
| Depreciation | 2,681,697 | 2,519,549 | 5,358,245 | 5,033,992 |
| Total Operating Expense | \$ 97,447,672 | \$ 87,837,421 | \$ 192,764,609 | \$ 175,983,474 |
| Operating Income (Loss) | (2,318,940) | (62,876) | (4,245,196) | (2,446,932) |
| Beneficiary Interest in SIMHS | - | - | (3,197,000) | - |
| Mark up of SIMHS Land to FMV | - | - | 3,315,926 | - |
| Interest Income | 167,756 | 8,405 | 254,055 | 25,001 |
| Revenues (less than) in excess of expenses | \$ (2,151,184) | \$ (54,471) | \$ (3,872,215) | \$ (2,421,931) |
| Grant received for capital acquisitions | 369,142 | 2,182,948 | 506,642 | 2,503,234 |
| Net Assets released from restriction for Property & Equipment | 680,404 | 23,081 | 1,259,960 | 1,528,139 |
| Increase (Decrease) in Net assets without donor restrictions | \$ (1,101,638) | \$ 2,151,558 | \$ (2,105,613) | \$ 1,609,442 |

RICHMOND UNIVERSITY MEDICAL CENTER

CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS
June 30, 2019

| | Quarter Ending June 30, 2019 | YTD June 30, 2019 | Quarter Ending June 30, 2018 | YTD June 30, 2018 |
|-----------------------------------------------------------------|---------------------------------|-----------------------|---------------------------------|-----------------------|
| NET ASSETS WITHOUT DONOR RESTRICTIONS | | | | |
| Revenues (less than) in excess of expenses | \$ (2,151,184) | \$ (3,991,141) | \$ (54,471) | \$ (2,421,931) |
| Unrestricted Net Assets -SIMHS | 0 | 118,926 | | |
| Grant income for capital acquisitions | 369,142 | 506,642 | 2,182,948 | 2,503,234 |
| Net assets released from restriction for property and equipment | 680,404 | 1,259,960 | 23,081 | 1,528,139 |
| | <u>\$ (1,101,638)</u> | <u>\$ (2,105,613)</u> | <u>\$ 2,151,558</u> | <u>\$ 1,609,442</u> |
| Increase(Decrease) in net assets without donor restrictions | | | | |
| NET ASSETS WITH DONOR RESTRICTIONS | | | | |
| Restricted grants and contributions | \$ 432,209 | \$ 858,598 | \$ 2,342,376 | \$ 2,739,539 |
| Restricted Net Assets -SIMHS | | 146,854 | | |
| Net assets released from restriction for operations | (8,674) | (18,768) | (36,754) | (54,619) |
| Net assets released from restriction for property and equipment | (1,049,546) | (1,766,602) | (2,206,029) | (4,031,373) |
| | <u>\$ (626,011)</u> | <u>\$ (779,918)</u> | <u>\$ 99,593</u> | <u>\$ (1,346,453)</u> |
| Increase(Decrease) in assets with donor restrictions | | | | |
| INCREASE(DECREASE) IN NET ASSETS | \$ (1,727,649) | \$ (2,885,531) | \$ 2,251,151 | \$ 262,989 |
| NET ASSETS, PRIOR PERIOD | \$ 61,174,048 | \$ 62,331,930 | \$ 56,854,370 | \$ 58,842,532 |
| NET ASSETS, ENDING | <u>\$ 59,446,399</u> | <u>\$ 59,446,399</u> | <u>\$ 59,105,521</u> | <u>\$ 59,105,521</u> |

Richmond University Medical Center

Consolidated Balance Sheets
December 31, 2018 and 2017

| | 2018 | 2017 | | 2018 | 2017 |
|----------------------------------------------------|----------------|----------------|---------------------------------------------------------|----------------|----------------|
| Assets | | | | | |
| Current Assets | | | Liabilities and Net Assets | | |
| Cash and cash equivalents | \$ 29,363,306 | \$ 33,652,088 | Current Liabilities | \$ 1,900,160 | \$ 2,208,583 |
| Accounts receivable: | | | Current portion of long-term debt | 32,654,372 | 29,137,141 |
| Patients, net of estimated allowance for doubtful | | | Accounts payable and accrued expenses | 5,031,619 | 5,580,852 |
| accounts of \$30,319,393 in 2018 and | | | Current portion of estimated insurance claims liability | 15,332,895 | 13,438,173 |
| \$32,055,759 in 2017 | 46,480,242 | 38,146,415 | Accrued employee liabilities | 522,217 | - |
| Other | 15,207,847 | 6,189,061 | Estimated third-party payor settlements | 3,232,528 | 3,114,897 |
| Current portion of assets whose use is limited | 115,000 | - | Deferred revenue | | |
| Current portion of insurance recoveries receivable | 5,031,619 | 5,580,852 | Total current liabilities | 58,673,791 | 53,479,646 |
| Inventories of drugs and supplies | 6,209,659 | 6,288,940 | Long-Term Debt | 48,765,714 | 17,247,418 |
| Prepaid expenses and other current assets | 1,380,656 | 1,817,629 | Estimated Third-Party Payor Settlements | 12,131,032 | 15,153,654 |
| Estimated third-party payor settlements | - | 621,528 | Estimated Insurance Claims Liability | 20,126,474 | 22,323,406 |
| Pledges receivable | 1,207,044 | 1,338,557 | Accrued Pension Costs | 19,310,652 | 19,739,433 |
| Total current assets | 104,995,373 | 93,635,070 | Other Liabilities | 1,595,499 | 1,629,945 |
| Assets Whose Use is Limited | 20,943,201 | - | Total liabilities | 160,603,162 | 129,573,502 |
| Property and Equipment, Net | 82,925,289 | 80,348,092 | Net Assets | | |
| Other Assets, Net | 3,148,572 | 3,124,671 | Without donor restrictions | 58,205,436 | 53,573,768 |
| Pledges Receivable, Net | 817,943 | 1,207,181 | With donor restrictions | 4,126,495 | 5,268,764 |
| Insurance Recoveries Receivable | 10,104,715 | 10,101,020 | Total net assets | 62,331,931 | 58,842,532 |
| Total assets | \$ 222,935,093 | \$ 188,416,034 | Total liabilities and net assets | \$ 222,935,093 | \$ 188,416,034 |

Richmond University Medical Center

Consolidated Statements of Operations
Years Ended December 31, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|-------------------------------------------------------------------------------|---------------------|---------------------|
| Revenue, Gains, and Other Support | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ 339,306,100 | \$ 342,382,065 |
| Provision for bad debts | <u>(22,088,239)</u> | <u>(21,838,322)</u> |
| Net patient service revenue | 317,217,861 | 320,543,743 |
| Other revenue | 35,530,690 | 23,806,011 |
| Net assets released from restrictions, used for operations | <u>77,640</u> | <u>122,385</u> |
| Total revenue, gains, and other support | <u>352,826,191</u> | <u>344,472,139</u> |
| Expenses | | |
| Salaries, wages and contracted labor | 181,765,731 | 176,504,434 |
| Purchased services and other | 59,083,334 | 57,585,947 |
| Employee benefits | 59,360,591 | 59,069,153 |
| Medical and surgical supplies and drugs | 37,525,385 | 36,292,484 |
| Insurance | 5,943,976 | 7,655,778 |
| Depreciation | 10,456,894 | 8,979,038 |
| Interest | <u>943,876</u> | <u>804,483</u> |
| Total expenses | <u>355,079,787</u> | <u>346,891,317</u> |
| Operating loss | (2,253,596) | (2,419,178) |
| Other Income (Loss) | | |
| Interest income | 178,780 | 154,173 |
| Gain on termination of lease | 238,255 | - |
| Loss on extinguishment of debt | <u>(426,761)</u> | <u>-</u> |
| Revenues less than expenses | (2,263,322) | (2,265,005) |
| Pension Liability Adjustment | 43,143 | (1,457,088) |
| Net Assets Released from Restrictions, Used for Property and Equipment | <u>6,851,847</u> | <u>5,303,789</u> |
| Increase in net assets without donor restrictions | <u>\$ 4,631,668</u> | <u>\$ 1,581,696</u> |

Richmond University Medical Center

Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|---------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net Assets Without Donor Restrictions | | |
| Revenues less than expenses | \$ (2,263,322) | \$ (2,265,005) |
| Pension liability adjustment | 43,143 | (1,457,088) |
| Net assets released from restrictions, used for property and equipment | <u>6,851,847</u> | <u>5,303,789</u> |
| Increase in net assets without donor restrictions | <u>4,631,668</u> | <u>1,581,696</u> |
| Net Assets With Donor Restrictions | | |
| Restricted grants and contributions | 5,787,218 | 4,159,778 |
| Net assets released from restrictions, used for operations | (77,640) | (122,385) |
| Net assets released from restrictions, used for property and equipment | <u>(6,851,847)</u> | <u>(5,303,789)</u> |
| Decrease in net assets with donor restrictions | <u>(1,142,269)</u> | <u>(1,266,396)</u> |
| Increase in net assets | 3,489,399 | 315,300 |
| Net Assets, Beginning | <u>58,842,532</u> | <u>58,527,232</u> |
| Net Assets, Ending | <u><u>\$ 62,331,931</u></u> | <u><u>\$ 58,842,532</u></u> |

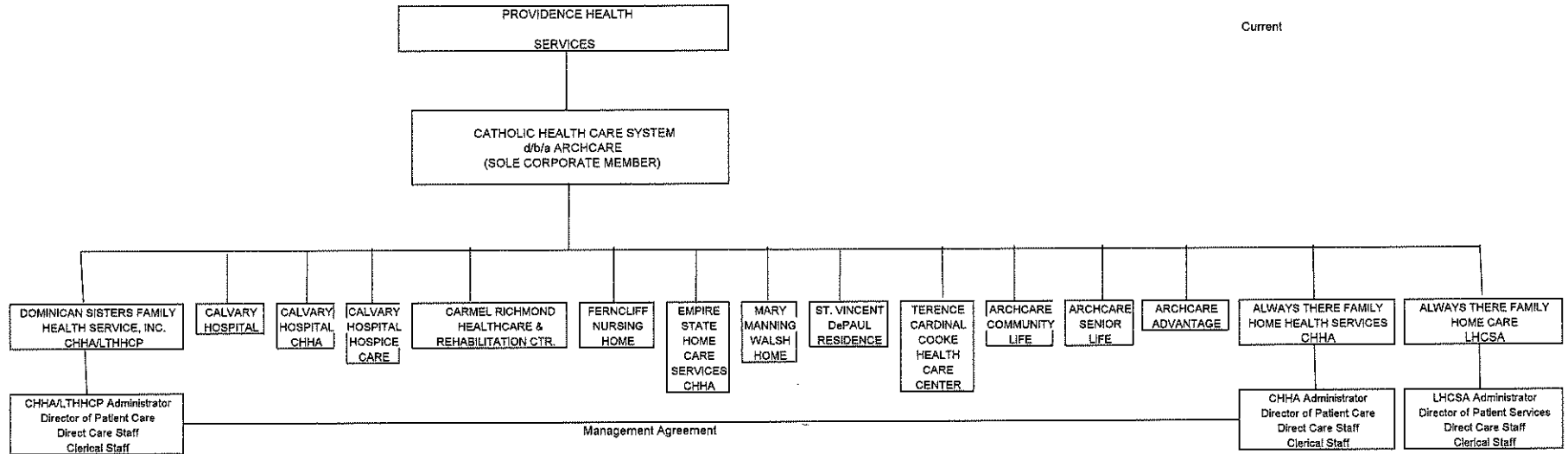
Richmond University Medical Center

Consolidated Statement of Operations
Years Ended December 31, 2017 and 2016

| | <u>2017</u> | <u>2016</u> |
|---------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Unrestricted Revenue, Gains, and Other Support | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ 342,382,065 | \$ 331,866,476 |
| Provision for bad debts | (21,838,322) | (17,476,388) |
| Net patient service revenue | 320,543,743 | 314,390,088 |
| Other revenue | 23,806,011 | 18,373,395 |
| Net assets released from restrictions, used for operations | 122,385 | 122,246 |
| Total unrestricted revenue, gains, and other support | <u>344,472,139</u> | <u>332,885,729</u> |
| Expenses | | |
| Salaries, wages and contracted labor | 176,504,434 | 167,758,379 |
| Purchased services and other | 57,585,947 | 54,751,045 |
| Employee benefits | 59,069,153 | 56,532,179 |
| Medical and surgical supplies and drugs | 36,292,484 | 34,837,689 |
| Insurance | 7,655,778 | 6,316,525 |
| Depreciation and amortization | 8,979,038 | 7,538,150 |
| Interest | 804,483 | 793,206 |
| Total expenses | <u>346,891,317</u> | <u>328,527,173</u> |
| Operating (loss) income | (2,419,178) | 4,358,556 |
| Interest Income | <u>154,173</u> | <u>110,422</u> |
| Revenues (less than) in excess of expenses before loss on termination of workers compensation agreement | (2,265,005) | 4,468,978 |
| Loss on termination of workers compensation agreement | - | (2,673,129) |
| Revenues (less than) in excess of expenses | (2,265,005) | 1,795,849 |
| Pension Liability Adjustment | (1,457,088) | 250,068 |
| Net Assets Released from Restrictions, Used for Property and Equipment | <u>5,303,789</u> | <u>5,768,152</u> |
| Increase in unrestricted net assets | <u>\$ 1,581,696</u> | <u>\$ 7,814,069</u> |

CATHOLIC HEALTH CARE SYSTEM
d/b/a ARCHCARE

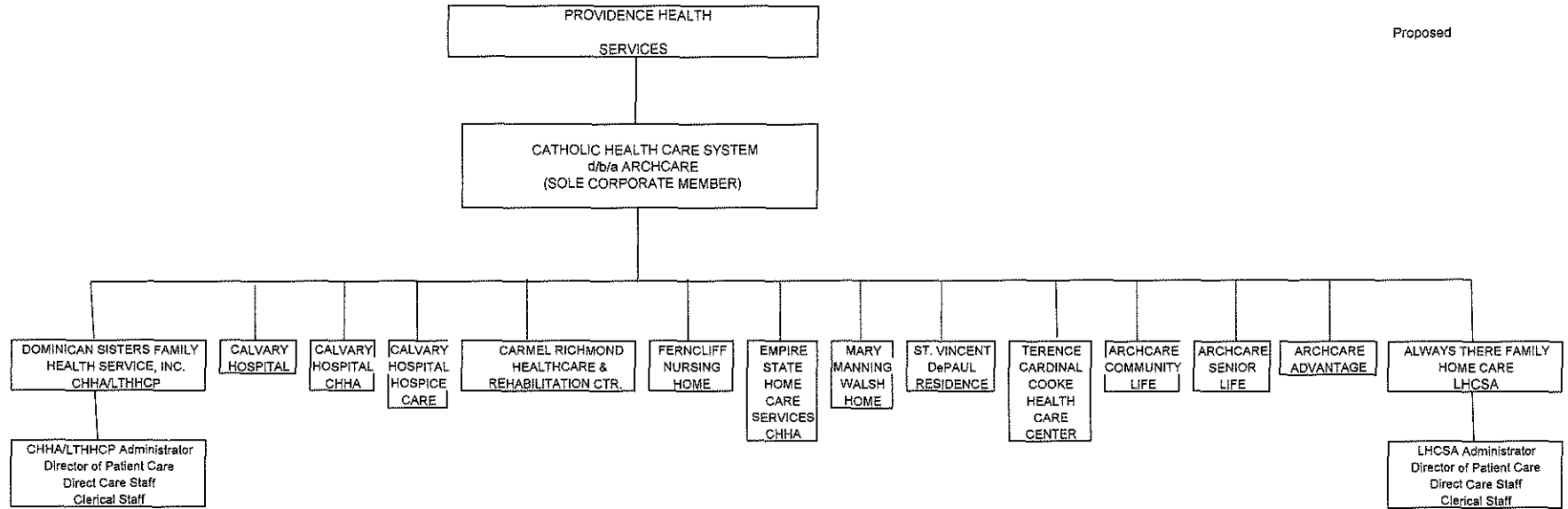
ORGANIZATIONAL CHART



CATHOLIC HEALTH CARE SYSTEM
d/b/a ARCHCARE

ORGANIZATIONAL CHART

Proposed



Dominican Sisters Family Health Service, Inc.
d/b/a ArchCare at Home
And Family Home Health Care, Inc.
Combined Statements of Financial Position

| ASSETS | December 31, | |
|---------------------------------------------------------------------------------------------|---------------|---------------|
| | 2018 | 2017 |
| Current Assets | | |
| Cash and cash equivalents | \$ 671,470 | \$ 2,772,631 |
| Assets limited as to use | 62,619 | 71,292 |
| Accounts receivable, net of allowance for doubtful accounts of \$1,824,000 and \$880,000 | 4,962,318 | 4,529,264 |
| Grants receivable | 367,924 | 402,528 |
| Other receivables | 337,009 | 322,881 |
| Restricted cash - patient deposits | 154,678 | 89,749 |
| Due from related party | 316,626 | - |
| Prepaid expenses | 535,957 | 258,013 |
| Total Current Assets | 7,408,601 | 8,446,358 |
| Property, plant and equipment, net | 2,018,246 | 1,606,029 |
| Security deposits | 164,964 | 174,855 |
| Other long-term assets | 1,625,000 | 1,097,000 |
| | \$ 11,216,811 | \$ 11,324,242 |
| LIABILITIES AND NET ASSETS (DEFICIT) | | |
| Current Liabilities | | |
| Accounts payable and accrued expenses | \$ 5,715,069 | \$ 6,303,272 |
| Accrued salaries and related benefits | 1,853,317 | 1,966,397 |
| Due to third-party payors | 1,249,437 | 2,351,894 |
| Due to related party | 1,805,981 | 1,664,179 |
| Deferred rent | 308,068 | 210,783 |
| Loans payable, current portion | 12,759 | 37,078 |
| Restricted cash - patient deposits | 154,678 | 89,749 |
| Total Current Liabilities | 11,099,309 | 12,623,352 |
| Loans payable, net of current portion | 5,484 | 17,963 |
| Loan payable to Catholic Health Care System - accounts payable | 2,675,967 | 2,675,967 |
| Loan payable to Catholic Health Care System - working capital | 1,800,000 | 1,800,000 |
| Other long-term liabilities | 1,625,000 | 1,097,000 |
| Total Liabilities | 17,205,760 | 18,214,282 |
| Net Assets (Deficit) | | |
| Without donor restriction | (6,051,568) | (6,961,332) |
| With donor restriction | 62,619 | 71,292 |
| Total Net Assets (Deficit) | (5,988,949) | (6,890,040) |
| | \$ 11,216,811 | \$ 11,324,242 |

Dominican Sisters Family Health Service, Inc.
d/b/a ArchCare at Home
And Family Home Health Care, Inc.

Combined Statements of Operations and Changes in Net Assets (Deficit)

| | Year Ended | |
|--------------------------------------------------------------|-----------------------|-----------------------|
| | December 31, | |
| | 2018 | 2017 |
| NET ASSETS (DEFICIT) WITHOUT DONOR RESTRICTIONS | | |
| Operating Revenue | | |
| Net patient service revenue | \$ 29,869,589 | \$ 43,037,602 |
| Care management and health home revenue | 983,114 | 1,561,105 |
| Contributions | 61,848 | 246,068 |
| Net assets released from restrictions | 8,673 | 50,000 |
| Grant revenue | 3,677,935 | 1,362,728 |
| Other revenue | 518,742 | 96,536 |
| Total Operating Revenue | <u>35,119,901</u> | <u>46,354,038</u> |
| Operating Expenses | | |
| Salaries | 22,790,331 | 30,509,039 |
| Employee benefits | 6,848,601 | 7,891,408 |
| Contracted services and other expenses | 6,577,023 | 11,490,319 |
| Depreciation and amortization | 449,820 | 322,268 |
| Interest | 215,270 | 215,271 |
| Provision for bad debts | 1,051,920 | 1,305,508 |
| New York State cash receipts assessment | 61,335 | 124,774 |
| Total Operating Expenses | <u>37,994,300</u> | <u>51,858,577</u> |
| Deficiency of Operating Revenue Over Operating Expenses | <u>(2,874,399)</u> | <u>(5,504,538)</u> |
| Non-operating Revenue | | |
| Investment income | 2,827 | 18,699 |
| Realized and unrealized gain on investments | - | 37,806 |
| Total Non-operating Revenue | <u>2,827</u> | <u>56,505</u> |
| Equity transfer from Kateri Residence | 3,575,738 | 3,000,000 |
| Loan interest forgiveness | | |
| by Catholic Health Care System | 205,798 | 205,798 |
| Change in Net Assets (Deficit) Without Donor Restriction | <u>908,764</u> | <u>(2,242,235)</u> |
| Net Assets (Deficit) Without Donor Restriction | | |
| Beginning of year | <u>(6,961,332)</u> | <u>(4,719,097)</u> |
| End of year | <u>(6,051,568)</u> | <u>(6,961,332)</u> |
| NET ASSETS WITH DONOR RESTRICTIONS | | |
| Contributions | - | 7,625 |
| Net assets with donor restriction released from restrictions | <u>(8,673)</u> | <u>(50,000)</u> |
| Change in Net Assets With Donor Restrictions | <u>(8,673)</u> | <u>(42,375)</u> |
| Net Assets Without Donor Restrictions | | |
| Beginning of year | <u>71,292</u> | <u>113,667</u> |
| End of year | <u>62,619</u> | <u>71,292</u> |
| Change in Net Assets (Deficit) | <u>901,091</u> | <u>(2,284,610)</u> |
| NET ASSETS (DEFICIT) | | |
| Beginning of year | <u>(6,890,040)</u> | <u>(4,605,430)</u> |
| End of year | <u>\$ (5,988,949)</u> | <u>\$ (6,890,040)</u> |

Dominican Sisters Family Health Service, Inc.
Statement of Financial Position
June 30, 2019

| ASSETS | 06/30/2019 | 12/31/2018 | Variance | Variance % |
|----------------------------------------------------------------------|---------------------|---------------------|---------------------|--------------|
| Current Assets | | | | |
| Cash and Cash Equivalents | 287,213 | \$ 725,058 | \$ (437,845) | -60.4% |
| Accounts Receivable, net of Allowance for Uncollectible Accounts: | 744,959 | 1,005,931 | (260,972) | -25.9% |
| <i>December 31, 2018</i> \$ | 949,001 | | | |
| <i>June 30, 2019</i> \$ | 931,186 | | | |
| Grants Receivable | 787,578 | 367,924 | 419,654 | 114.1% |
| Other Receivable, net | 391,737 | 567,009 | (175,272) | -30.9% |
| Due From Related Parties | 1,590,117 | 903,567 | 686,550 | 76.0% |
| Prepaid and Other Assets | 262,952 | 442,432 | (179,480) | -40.6% |
| Total Current Assets | 4,064,555 | 4,011,921 | 52,635 | 1.3% |
| Land, Building and Equipment, net | 1,788,558 | 2,004,340 | (215,781) | -10.8% |
| Security Deposits | 153,714 | 153,714 | - | 0.0% |
| Other Long-Term assets | 524,226 | 693,000 | (168,774) | -24.4% |
| Total Assets | \$ 6,531,054 | \$ 6,862,974 | \$ (331,920) | -4.8% |
| LIABILITIES and NET ASSETS | | | | |
| Current Liabilities | | | | |
| Accounts Payable | \$ 6,699,298 | \$ 5,324,799 | \$ 1,374,499 | 25.8% |
| Accrued Expenses | 1,139,906 | 1,142,164 | (2,258) | -0.2% |
| Accrued Salaries and Related Benefits | 1,162,528 | 1,395,769 | (233,241) | -16.7% |
| Due to Third-Party Payors | 233,349 | 228,775 | 4,574 | 2.0% |
| Loans payable, current portion | 10,570 | 12,759 | (2,189) | -17.2% |
| Total Current Liabilities | 9,245,651 | 8,104,266 | 1,141,385 | 14.1% |
| Loans payable, net of current portion | 262 | 5,484 | (5,222) | -95.2% |
| Loan payable to ArchCare - accounts payable, net of current portion | 4,475,966 | 4,475,966 | - | 0.0% |
| Other Long Term Liabilities | 935,983 | 1,001,068 | (65,085) | -6.5% |
| Total Liabilities | 14,657,862 | 13,586,784 | 1,071,078 | 7.9% |
| Net Assets | | | | |
| Unrestricted | (8,126,808) | (6,723,810) | (1,402,999) | 20.9% |
| Temporarily Restricted | - | - | - | 0.0% |
| Total Net Assets | (8,126,808) | (6,723,810) | (1,402,999) | 20.9% |
| Total Liabilities and Net Assets | \$ 6,531,054 | \$ 6,862,974 | \$ (331,920) | -4.8% |

Dominican Sisters Family Health Service, Inc.
Statement of Operations
June 30, 2019

| | Month-to-Date | | | Year-to-Date | | |
|------------------------------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|---------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Operating Revenues: | | | | | | |
| Revenue from Certified Home Health Agency - Medicare PPS | \$ 951,940 | \$ 1,103,983 | \$ (152,043) | \$ 5,630,868 | \$ 5,716,599 | \$ (85,732) |
| Revenue from Certified Home Health Agency - Medicaid EPS | 16,727 | 24,690 | (7,963) | 71,803 | 148,962 | (77,160) |
| Revenue from Certified Home Health Agency - HMO/Commercial | 275,515 | 254,840 | 20,675 | 1,554,889 | 1,529,041 | 25,848 |
| Revenue from Certified Home Health Agency - Medicaid FFS | 10,094 | 35,231 | (25,137) | 15,280 | 212,559 | (197,279) |
| Revenue from Certified Home Health Agency - Self Pay | - | 287 | (287) | 7,100 | 1,720 | 5,380 |
| Adult Day Revenue | - | 28,016 | (28,016) | 28,777 | 169,029 | (140,252) |
| Health Home | 58,443 | 51,000 | 7,443 | 344,894 | 306,000 | 38,894 |
| | | | | | | |
| Total Operating Revenues | \$ 1,312,719 | \$ 1,498,046 | \$ (185,327) | \$ 7,653,610 | \$ 8,083,910 | \$ (430,300) |
| Operating Expenses: | | | | | | |
| Salaries, Wages & Physicians | \$ 879,320 | \$ 942,833 | \$ 63,513 | \$ 5,391,301 | \$ 5,552,825 | \$ 161,524 |
| Employee Benefits | 268,247 | 301,657 | 33,410 | 1,580,670 | 1,810,022 | 229,352 |
| Administrative Fees & Consultants | 19,163 | 48,404 | 29,241 | 210,477 | 290,425 | 79,948 |
| Supplies & Materials | 9,067 | 18,396 | 9,329 | 70,728 | 110,379 | 39,651 |
| Purchased & Contracted Services - Paraprofessional | 144,819 | 147,340 | 2,521 | 928,528 | 762,203 | (166,325) |
| Purchased & Contracted Services - All Other | 155,902 | 115,717 | (40,184) | 743,795 | 673,725 | (70,070) |
| Depreciation | 37,012 | 46,543 | 9,531 | 223,881 | 279,261 | 55,380 |
| Leases and Rentals | (1,034) | 27,783 | 28,817 | 133,622 | 166,826 | 33,204 |
| Utilities | - | 2,356 | 2,356 | 1,041 | 14,139 | 13,099 |
| Insurance | 8,542 | 11,682 | 3,140 | 52,029 | 70,102 | 18,073 |
| Interest | 168 | 500 | 332 | 1,541 | 3,000 | 1,459 |
| Related Party Interest | 17,150 | 17,150 | - | 102,899 | 102,899 | - |
| Bad Debt | 37,628 | 44,175 | 6,547 | 218,235 | 237,891 | 19,656 |
| Other | 27,103 | 41,211 | 14,108 | 226,438 | 247,380 | 20,942 |
| NYS Assessment Tax | 4,799 | 4,843 | 44 | 28,924 | 25,887 | (3,037) |
| | | | | | | |
| Total Operating Expenses | \$ 1,607,885 | \$ 1,770,589 | \$ 162,704 | \$ 9,914,109 | \$ 10,346,963 | \$ 432,854 |
| | | | | | | |
| Change in Unrestricted Net Assets from Operations | \$ (295,166) | \$ (272,543) | \$ (22,623) | \$ (2,260,499) | \$ (2,263,053) | \$ 2,554 |
| Non-Operating Revenues | | | | | | |
| Interest Income | \$ 10 | \$ 243 | \$ (234) | \$ 1,587 | \$ 1,460 | \$ 127 |
| Special Funds | 1,189 | (0) | 1,189 | 1,189 | 0 | 1,189 |
| Other Non-Operating Income | 30 | - | 30 | 7,845 | - | 7,845 |
| Forgiveness of Debt | 17,150 | 17,150 | - | 102,899 | 102,899 | - |
| Contributions | 7 | - | 7 | 243,980 | - | 243,980 |
| | | | | | | |
| Total Non-Operating Revenues | \$ 18,385 | \$ 17,393 | \$ 991 | \$ 357,501 | \$ 104,359 | \$ 253,141 |
| | | | | | | |
| Transfer of Assets From Affiliate | - | 166,667 | (166,667) | 500,000 | 1,000,000 | (500,000) |
| | | | | | | |
| Change in Unrestricted Net Assets | \$ (276,782) | \$ (88,483) | \$ (188,298) | \$ (1,402,999) | \$ (1,158,694) | \$ (244,305) |
| Temp. Restricted Income | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | | | | | |
| Increase/(Decrease) in Net Assets | (276,782) | (88,483) | (188,298) | (1,402,999) | (1,158,694) | (244,305) |

UMC, Inc. d/b/a Always There and Subsidiaries

**Consolidating Statement of Financial Position
Year Ended December 31, 2018**

| | UMC, Inc. d/b/a Always There | Ulster Home Care, Inc. d/b/a Always There Family Home Care | Ulster Home Health Services, Inc. d/b/a Always There Family Home Health Services | Eliminations | Total |
|-----------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| ASSETS | | | | | |
| Current Assets | | | | | |
| Cash and cash equivalents | \$ 8,212 | \$ 30,880 | \$ 159,874 | \$ - | \$ 198,966 |
| Accounts receivable, net | - | 112,119 | 468,053 | - | 580,172 |
| Grants receivables | - | 19,400 | 25,000 | - | 44,400 |
| Prepaid expenses and other assets | 682 | 26,828 | - | - | 27,510 |
| Total Current Assets | 8,894 | 189,227 | 652,927 | - | 851,048 |
| Security deposits | 18,829 | - | - | - | 18,829 |
| Property and equipment, net | 67,375 | 7,718 | 3,822 | - | 78,915 |
| Insurance recovery receivable | - | 97,740 | 6,650 | - | 104,390 |
| | \$ 95,098 | \$ 294,685 | \$ 663,399 | \$ - | \$ 1,053,182 |

UMC, Inc. d/b/a Always There and Subsidiaries

Consolidating Statement of Financial Position
Year Ended December 31, 2018

| | UMC, Inc. d/b/a Always There | Ulster Home Care, Inc. d/b/a Always There Family Home Care | Ulster Home Health Services, Inc. d/b/a Always There Family Home Health Services | Eliminations | Total |
|---------------------------------------|------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------|---------------------|
| LIABILITIES AND NET ASSETS | | | | | |
| Current Liabilities | | | | | |
| Accounts payable and accrued expenses | \$ 20,223 | \$ 17,569 | 35,820 | \$ - | \$ 73,612 |
| Accrued salaries and related benefits | 143,865 | 35,614 | 138,111 | - | 317,590 |
| Due to third-party payors | - | - | 54,432 | - | 54,432 |
| Deferred rent liability | 98,101 | 160,327 | 122,883 | - | 381,311 |
| Deferred revenue | - | - | 144,143 | - | 144,143 |
| Due to Archcare | 41,453 | 20,235 | 62,191 | - | 123,879 |
| Total Current Liabilities | <u>303,642</u> | <u>233,745</u> | <u>557,580</u> | <u>-</u> | <u>1,094,967</u> |
| Professional and similar liabilities | - | 97,740 | 6,650 | - | 104,390 |
| Total Liabilities | <u>303,642</u> | <u>331,485</u> | <u>564,230</u> | <u>-</u> | <u>1,199,357</u> |
| Net Assets (Deficit) | | | | | |
| Without donor restrictions | (208,544) | (36,800) | 99,169 | - | (146,175) |
| With donor restrictions | - | - | - | - | - |
| Total Net Assets (Deficit) | <u>(208,544)</u> | <u>(36,800)</u> | <u>99,169</u> | <u>-</u> | <u>(146,175)</u> |
| | <u>\$ 95,098</u> | <u>\$ 294,685</u> | <u>\$ 663,399</u> | <u>\$ -</u> | <u>\$ 1,053,182</u> |

UMC, Inc. d/b/a Always There and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets
Year Ended December 31, 2018

| | UMC, Inc. d/b/a Always There | Ulster Home Care, Inc. d/b/a Always There Family Home Care | Ulster Home Health Services, Inc. d/b/a Always There Family Home Health Services | Eliminations | Total |
|------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|------------------|
| NET ASSETS WITHOUT DONOR RESTRICTIONS | | | | | |
| Operating Revenue | | | | | |
| Net patient service revenue | \$ - | \$ 1,573,531 | \$ 3,703,514 | \$ - | \$ 5,277,045 |
| Grant revenue | 38,228 | 131,912 | 112,815 | - | 282,955 |
| Management fees | 1,012,634 | - | - | (1,012,634) | - |
| Other revenue | 417 | 4,514 | 3,351 | - | 8,282 |
| Net assets released from restrictions | 168,202 | 101,804 | 109,057 | - | 379,063 |
| Total Operating Revenue | <u>1,219,481</u> | <u>1,811,761</u> | <u>3,928,737</u> | <u>(1,012,634)</u> | <u>5,947,345</u> |
| Operating Expenses | | | | | |
| Salaries | 632,186 | 1,114,037 | 2,500,189 | - | 4,246,412 |
| Employee benefits | 71,755 | 161,900 | 357,343 | - | 590,998 |
| Transportation | 1,901 | 63,967 | 125,189 | - | 191,057 |
| Supplies and other expenses | 185,057 | 111,103 | 338,474 | - | 634,634 |
| Management fee | - | 317,969 | 694,665 | (1,012,634) | - |
| Rent | 66,344 | 108,425 | 83,099 | - | 257,868 |
| Depreciation and amortization | 67,724 | 4,801 | 5,718 | - | 78,243 |
| Interest | 6,858 | 941 | - | - | 7,799 |
| Provision for bad debts | - | 3,031 | 13,598 | - | 16,629 |
| New York State cash receipts assessment | - | 5,113 | 12,938 | - | 18,051 |
| Total Operating Expenses | <u>1,031,825</u> | <u>1,891,287</u> | <u>4,131,213</u> | <u>(1,012,634)</u> | <u>6,041,691</u> |
| (Deficiency) Excess of Operating Revenues Over Operating Expenses | 187,656 | (79,526) | (202,476) | - | (94,346) |

UMC, Inc. d/b/a Always There and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets
Year Ended December 31, 2018

| | UMC, Inc. d/b/a Always There | Ulster Home Care, Inc. d/b/a Always There Family Home Care | Ulster Home Health Services, Inc. d/b/a Always There Family Home Health Services | Eliminations | Total |
|-------------------------------------------------|------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------|---------------------|
| Non-operating Revenue and (Expenses) | | | | | |
| Forgiveness of debt by affiliates | (555,156) | 304,028 | 251,128 | - | - |
| Total Non-operating Revenue and (Expenses) | <u>(555,156)</u> | <u>304,028</u> | <u>251,128</u> | <u>-</u> | <u>-</u> |
| Change in Net Assets Without Donor Restrictions | (367,500) | 224,502 | 48,652 | - | (94,346) |
| Net assets without donor restrictions | | | | | |
| Beginning of year | <u>158,956</u> | <u>(261,302)</u> | <u>50,517</u> | <u>-</u> | <u>(51,829)</u> |
| End of year (deficit) | <u>\$ (208,544)</u> | <u>\$ (36,800)</u> | <u>\$ 99,169</u> | <u>\$ -</u> | <u>\$ (146,175)</u> |
| NET ASSETS WITH DONOR RESTRICTIONS | | | | | |
| Release of net assets with restrictions | \$ (168,202) | \$ (101,804) | \$ (109,057) | \$ - | \$ (379,063) |
| Net assets with donor restrictions | | | | | |
| Beginning of year | <u>168,202</u> | <u>101,804</u> | <u>109,057</u> | <u>-</u> | <u>379,063</u> |
| End of year | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |
| Change in Net Assets | \$ (535,702) | \$ 122,698 | \$ (60,405) | \$ - | \$ (473,409) |
| NET ASSETS | | | | | |
| Beginning of year | <u>327,158</u> | <u>(159,498)</u> | <u>159,574</u> | <u>-</u> | <u>327,234</u> |
| End of year (deficit) | <u>\$ (208,544)</u> | <u>\$ (36,800)</u> | <u>\$ 99,169</u> | <u>\$ -</u> | <u>\$ (146,175)</u> |

Ulster Home Health Services, Inc.
Statement of Financial Position
June 30, 2019

| ASSETS | 06/30/2019 | 12/31/2018 | Variance | Variance % |
|----------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Current Assets | | | | |
| Cash and Cash Equivalents | 271,720 | \$ 159,874 | \$ 111,846 | 70.0% |
| Accounts Receivable, net of Allowance for Uncollectible Accounts: | 412,367 | 468,053 | (55,686) | -11.9% |
| <i>December 31, 2018</i> | | | | |
| <i>June 30, 2019</i> \$ | 83,368 | | | |
| Grants Receivable | - | 25,000 | (25,000) | -100.0% |
| Other Receivable, net | - | - | - | 0.0% |
| Due From Related Parties | - | - | - | 0.0% |
| Prepaid and Other Assets | 19,622 | - | 19,622 | 0.0% |
| Total Current Assets | 703,710 | 652,927 | 50,783 | 7.8% |
| Land, Building and Equipment, net | 71,511 | 3,822 | 67,689 | 1771.0% |
| Other Long-Term assets | 6,650 | 6,650 | - | 0.0% |
| Total Assets | \$ 781,872 | \$ 663,399 | \$ 118,473 | 17.9% |
| LIABILITIES and NET ASSETS | | | | |
| Current Liabilities | | | | |
| Accounts Payable | \$ 93,587 | \$ - | \$ 93,587 | 0.0% |
| Accrued Expenses | 30,908 | 35,820 | (4,912) | -13.7% |
| Accrued Salaries and Related Benefits | - | 138,111 | (138,111) | -100.0% |
| Due to Third-Party Payors | 59,791 | 54,428 | 5,363 | 9.9% |
| Deferred Rent Liability | 127,557 | 122,883 | 4,674 | 3.8% |
| Deferred Revenue | - | 144,143 | (144,143) | -100.0% |
| Due to Related Party | 540,597 | 62,191 | 478,406 | 769.3% |
| Professional and Similar Liabilities | 6,650 | 6,650 | (0) | 0.0% |
| | - | - | - | 0.0% |
| Total Current Liabilities | 859,091 | 564,226 | 294,865 | 52.3% |
| Other Long Term Liabilities | - | - | - | 0.0% |
| Total Liabilities | 859,091 | 564,226 | 294,865 | 52.3% |
| Net Assets | | | | |
| Unrestricted | (77,219) | 99,173 | (176,392) | -177.9% |
| Temporarily Restricted | - | - | - | 0.0% |
| Total Net Assets | (77,219) | 99,173 | (176,392) | -177.9% |
| Total Liabilities and Net Assets | \$ 781,872 | \$ 663,399 | \$ 118,473 | 17.9% |

Ulster Home Health Services, Inc.
Statement of Operations
June 30, 2019

| | Month-to-Date | | | Year-to-Date | | |
|------------------------------------------------------------|--------------------|-------------------|--------------------|---------------------|---------------------|---------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Operating Revenues: | | | | | | |
| Revenue from Certified Home Health Agency - Medicare PPS | \$ 193,399 | \$ 205,897 | \$ (12,498) | \$ 902,477 | \$ 1,242,243 | \$ (339,766) |
| Revenue from Certified Home Health Agency - Medicaid EPS | 27,439 | 25,428 | 2,011 | 160,502 | 153,412 | 7,090 |
| Revenue from Certified Home Health Agency - HMO/Commercial | 93,493 | 80,976 | 12,517 | 358,657 | 486,654 | (127,997) |
| Revenue from Certified Home Health Agency - Self Pay | - | 84 | (84) | 860 | 457 | 403 |
| Total Operating Revenues | \$ 314,331 | \$ 312,385 | \$ 1,946 | \$ 1,422,497 | \$ 1,882,766 | \$ (460,269) |
| Operating Expenses: | | | | | | |
| Salaries, Wages & Physicians | \$ 195,561 | \$ 160,195 | \$ (35,366) | \$ 839,883 | \$ 966,507 | \$ 126,625 |
| Employee Benefits | 30,289 | 29,068 | (1,220) | 179,699 | 175,380 | (4,319) |
| Administrative Fees & Consultants | 1,667 | - | (1,667) | 12,559 | - | (12,559) |
| Supplies & Materials | 1,056 | 6,676 | 5,620 | 22,813 | 40,279 | 17,465 |
| Purchased & Contracted Services - Paraprofessional | 14,867 | 29,965 | 15,098 | 86,374 | 180,782 | 94,409 |
| Purchased & Contracted Services - All Other | 46,504 | 37,963 | (8,540) | 296,555 | 249,614 | (46,941) |
| Depreciation | 1,596 | 314 | (1,282) | 8,989 | 1,893 | (7,096) |
| Leases and Rentals | 16,774 | 6,979 | (9,795) | 65,471 | 42,107 | (23,364) |
| Utilities | 5,255 | - | (5,255) | 10,726 | - | (10,726) |
| Insurance | 4,102 | - | (4,102) | 7,980 | - | (7,980) |
| Interest | - | - | - | - | - | - |
| Bad Debt | 9,430 | 2,466 | (6,964) | 43,714 | 14,877 | (28,837) |
| Other | 18,511 | 14,601 | (3,910) | 89,223 | 88,091 | (1,131) |
| NYS Assessment Tax | 1,565 | 1,096 | (469) | 4,940 | 6,610 | 1,670 |
| Total Operating Expenses | \$ 347,176 | \$ 289,323 | \$ (57,853) | \$ 1,668,926 | \$ 1,766,141 | \$ 97,215 |
| Change in Unrestricted Net Assets from Operations | \$ (32,846) | \$ 23,062 | \$ (55,907) | \$ (246,429) | \$ 116,625 | \$ (363,055) |
| Non-Operating Revenues | | | | | | |
| Interest Income | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other Non-Operating Income | 1,806 | 229 | 1,577 | 4,792 | 1,375 | 3,417 |
| Contribution | (246) | - | (246) | (426) | - | (426) |
| Grants | - | - | - | 65,672 | - | 65,672 |
| Total Non-Operating Revenues | \$ 1,560 | \$ 229 | \$ 1,331 | \$ 70,037 | \$ 1,375 | \$ 68,662 |
| Change in Unrestricted Net Assets | \$ (31,286) | \$ 23,291 | \$ (54,577) | \$ (176,392) | \$ 118,000 | \$ (294,392) |
| Increase/(Decrease) in Net Assets | (31,286) | 23,291 | (54,577) | (176,392) | 118,000 | (294,392) |

Catholic Health Care System
Statement of Financial Position
June 30, 2019

| Assets: | 06/30/2019 | 12/31/2018 | Variance | Variance % |
|---------------------------------------------------------|----------------------|----------------------|-----------------------|----------------|
| Current Assets: | | | | |
| Cash and Cash Equivalents | \$ (175,617) | \$ 221,853 | \$ (397,471) | -179.2% |
| Dues and Assessments Receivable, net of Allowance | 8,186,493 | 6,945,819 | 1,240,674 | 17.9% |
| <i>December 31, 2018</i> | \$4,800,000 | | | |
| <i>June 30, 2019</i> | \$4,800,000 | | | |
| Other Receivables | 19,500 | 19,500 | 0 | 0.0% |
| Due From Catholic Health Care Foundation | | 224,947 | (224,947) | -100.0% |
| Prepaid Expenses and Other Current Assets | 203,113 | 133,208 | 69,905 | 52.5% |
| Total Current Assets | 8,233,489 | 7,545,328 | 688,161 | 9.1% |
| Loan Receivable From Affiliate, net of reserve | 2,000,000 | 2,000,000 | 0 | 0.0% |
| <i>June 30, 2019</i> | \$ - | | | |
| Loan Receivable, Long Term | 4,475,966 | 4,475,966 | 0 | 0.0% |
| Assets Limited to Use (CHCS TPA) | 9,277,650 | 9,419,081 | (141,431) | -1.5% |
| Assets Limited to Use | 4,791,264 | 4,899,115 | (107,851) | -2.2% |
| Furniture and Equipment and Leasehold Improvements, net | 433,095 | 472,703 | (39,607) | -8.4% |
| Total Assets | \$ 29,211,465 | \$ 28,812,194 | \$ 399,271 | 1.4% |
| Liabilities And Net Assets (Deficiency) | | | | |
| Current Liabilities: | | | | |
| Accrued Medical Cost (CHCS TPA) | 4,300,000 | 4,300,000 | 0 | 0.0% |
| Grants Payable | 0 | 37,465 | (37,465) | -100.0% |
| Accounts payable and accrued expenses | 5,741,966 | 5,641,199 | 100,766 | 1.8% |
| Accrued Salaries and Related Benefits | 896,639 | 1,374,572 | (477,932) | -34.8% |
| Deferred Revenue | 4,060,691 | 3,513,190 | 547,501 | 15.6% |
| Due to Catholic Health Care Foundation | 913,457 | 0 | 913,457 | 0.0% |
| Due to related party | 568,381 | 2,357,493 | (1,789,113) | -75.9% |
| Total Current Liabilities | 16,481,133 | 17,223,919 | (742,786) | -4.3% |
| Line Of Credit | 1,425,453 | 1,425,453 | 0 | 0.0% |
| Loan - SNP | 2,000,000 | 2,000,000 | 0 | 0.0% |
| Other Long Term Liabilities (CHCS TPA) | 0 | 1,981,788 | (1,981,788) | -100.0% |
| Pension Liability and Deferred Compensation Obligation | 9,214,227 | 9,214,227 | 0 | 0.0% |
| Total Liabilities | \$ 29,120,813 | \$ 31,845,387 | \$ (2,724,574) | -8.6% |
| Commitments And Contingencies | | | | |
| Net Assets, (Deficiency) | | | | |
| Unrestricted | 90,652 | (3,033,194) | 3,123,845 | -103.0% |
| Total Net Assets | 90,652 | (3,033,194) | 3,123,845 | -103.0% |
| Total Liabilities and Net Assets | \$ 29,211,465 | \$ 28,812,194 | \$ 399,271 | 1.4% |

Catholic Health Care System
Statement of Operations
June 30, 2019

| | Month-to-Date | | | Year-to-Date | | |
|----------------------------------------------------------|---------------------|---------------------|-------------------|-----------------------|-----------------------|---------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Operating Revenues | | | | | | |
| Administrative Services | \$ 2,008,891 | \$ 2,008,891 | \$ 0 | \$ 12,120,066 | \$ 12,120,066 | \$ 0 |
| Insurance Premiums Paid by Facilities | 2,271,516 | 2,271,516 | 0 | 13,452,659 | 13,452,659 | 0 |
| Other Operating Revenue | 144,273 | -48,917 | 95,356 | 527,857 | 293,502 | 234,355 |
| Operating Interest Income, DSFHS | 17,150 | 8,096 | 9,054 | 102,899 | 51,347 | 51,552 |
| Total Operating Revenues | \$ 4,441,830 | \$ 4,337,420 | \$ 104,410 | \$ 26,203,482 | \$ 25,917,575 | \$ 285,907 |
| Operating Expenses | | | | | | |
| Salaries & Wages | \$ 587,496 | \$ 644,558 | \$ 57,062 | \$ 4,092,860 | \$ 4,146,355 | \$ 53,495 |
| Employee Benefits | 201,294 | 176,722 | (24,572) | 1,191,561 | 1,074,711 | (116,850) |
| Administrative Fees & Consultants | 98,953 | 152,868 | 53,915 | 1,251,458 | 917,208 | (334,250) |
| Supplies & Materials | 5,064 | 9,425 | 4,361 | 46,348 | 56,550 | 10,202 |
| Purchased & Contracted Services | 70,841 | 82,171 | 11,330 | 483,151 | 493,026 | 9,875 |
| Depreciation | 13,518 | 13,518 | 0 | 81,108 | 81,108 | 0 |
| Leases and Rentals | 176,975 | 122,397 | (54,578) | 900,529 | 734,382 | (166,147) |
| Utilities | 1,827 | 2,076 | 249 | 12,458 | 10,758 | (1,700) |
| Insurance | 3,241 | 10,479 | 7,238 | 48,059 | 62,874 | 14,815 |
| Interest | 6,830 | 5,426 | (1,404) | 44,399 | 32,732 | (11,667) |
| Interest, SNP | 8,333 | 5,968 | (2,365) | 50,277 | 36,007 | (14,270) |
| Related Party Medical Funding Reserve | (2,314,721) | (2,314,721) | 0 | (2,653,730) | (2,653,730) | 0 |
| Self Health Insurance | 4,586,237 | 4,586,237 | 0 | 16,106,390 | 16,106,390 | 0 |
| Other | 75,500 | 166,202 | 90,702 | 1,086,671 | 997,212 | (89,459) |
| Total Operating Expenses | \$ 3,521,390 | \$ 3,663,326 | \$ 141,937 | \$ 22,741,539 | \$ 22,095,582 | \$ (645,956) |
| Change in Unrestricted Net Assets from Operations | \$ 920,440 | \$ 674,094 | \$ 246,346 | \$ 3,461,943 | \$ 3,821,993 | \$ (360,049) |
| Non-Operating Revenues | | | | | | |
| Other Non-Operating Int. Income | \$ 427 | \$ 0 | \$ 427 | \$ 1,879 | \$ 0 | \$ 1,879 |
| Contributions | 0 | 0 | 0 | 0 | 0 | 0 |
| Grants | 0 | 0 | 0 | 395,487 | 0 | 395,487 |
| Forgiveness of Amounts Due to/(From) Related Party | (17,150) | (8,096) | (9,054) | (102,899) | (51,347) | (51,552) |
| Total Non-Operating Revenues | \$ (16,723) | \$ (8,096) | \$ (8,627) | \$ 294,467 | \$ (51,347) | \$ 345,814 |
| Estimated Pension Liability Adj. | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Transfer of Assets To Affiliate | \$ (393,358) | \$ (525,537) | \$ 132,179 | \$ (2,818,565) | \$ (3,334,197) | \$ 515,632 |
| Transfer of Assets From Affiliate | \$ 0 | \$ 0 | \$ 0 | \$ 2,186,000 | \$ 0 | \$ 2,186,000 |
| Change in Unrestricted Net Assets | \$ 510,359 | \$ 140,461 | \$ 369,898 | \$ 3,123,845 | \$ 436,448 | \$ 2,687,397 |
| Increase/(Decrease) in Net Assets | \$ 510,359 | \$ 140,461 | \$ 369,898 | \$ 3,123,845 | \$ 436,448 | \$ 2,687,397 |

Catholic Health Care System
 Consolidating Schedule of Financial Position
 December 31, 2018

| | Catholic Health Care System | Catholic Resources, Inc. | Archcare Community Services | Eliminations | Consolidated Total |
|----------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-----------------------|
| ASSETS | | | | | |
| Current Assets | | | | | |
| Cash and cash equivalents | \$ 824,492 | \$ 129,078 | \$ 86,674 | \$ - | \$ 1,040,244 |
| Dues and assessments receivable from related parties, current | 5,119,809 | - | - | - | 5,119,809 |
| Due from related parties - other | - | 828,255 | 4,121,086 | (4,254,726) | 694,615 |
| Prepaid expenses and other current assets | 236,043 | 1,796 | - | - | 237,839 |
| Assets limited as to use - self insured medical benefits, current | <u>4,969,458</u> | <u>-</u> | <u>-</u> | <u>(2,232,347)</u> | <u>2,737,111</u> |
| Total Current Assets | 11,149,802 | 959,129 | 4,207,760 | (6,487,073) | 9,829,618 |
| Loan receivable from Catholic Special Needs Plan, LLC | 2,000,000 | - | - | - | 2,000,000 |
| Loan receivable from Archcare at Home | 4,475,967 | - | - | - | 4,475,967 |
| Dues and assessments receivable from related parties, net of current portion | 1,854,924 | - | - | - | 1,854,924 |
| Assets limited as to use - self insured medical benefits, net of current portion | 4,920,747 | - | - | - | 4,920,747 |
| Assets limited as to use - letters of credit, grant and escrow | 4,299,525 | - | - | - | 4,299,525 |
| Furniture, equipment and leasehold improvements, net | <u>472,703</u> | <u>-</u> | <u>1,379,529</u> | <u>-</u> | <u>1,852,232</u> |
| | <u>\$ 29,173,668</u> | <u>\$ 959,129</u> | <u>\$ 5,587,289</u> | <u>\$ (6,487,073)</u> | <u>\$ 29,233,013</u> |
| LIABILITIES AND NET ASSETS | | | | | |
| Current Liabilities | | | | | |
| Accounts payable and accrued expenses | \$ 1,854,149 | \$ 21,135 | \$ 1,150,622 | \$ - | \$ 3,025,906 |
| Line of credit | 1,425,453 | - | - | - | 1,425,453 |
| Revolving loan agreement | 2,000,000 | - | - | - | 2,000,000 |
| Accrued salaries and related benefits | 1,374,571 | 1,548 | 858,375 | - | 2,234,494 |
| Due to related parties, current | 6,543,482 | 936,446 | 2,198,761 | (6,487,073) | 3,191,616 |
| Incurred but not paid medical claims | <u>5,981,788</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>5,981,788</u> |
| Total Current Liabilities | 19,179,443 | 959,129 | 4,207,758 | (6,487,073) | 17,859,257 |
| Due to related parties, net of current portion | 300,000 | - | - | - | 300,000 |
| Deferred grant revenue | 3,513,190 | - | - | - | 3,513,190 |
| Accrued pension liability | <u>9,214,227</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>9,214,227</u> |
| Total Liabilities | 32,206,860 | 959,129 | 4,207,758 | (6,487,073) | 30,886,674 |
| Net Asset (Deficit) | | | | | |
| Without donor restriction | <u>(3,033,192)</u> | <u>-</u> | <u>1,379,531</u> | <u>-</u> | <u>(1,653,661)</u> |
| | <u>\$ 29,173,668</u> | <u>\$ 959,129</u> | <u>\$ 5,587,289</u> | <u>\$ (6,487,073)</u> | <u>\$ 29,233,013</u> |

Catholic Health Care System

Consolidating Schedule of Operations and Changes in Net Assets Deficit
December 31, 2018

| | <u>Catholic Health Care System</u> | <u>Catholic Resources, Inc.</u> | <u>Archcare Community Services</u> | <u>Eliminations</u> | <u>Consolidated Total</u> |
|-------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------------|---------------------|-------------------------------|
| NET ASSETS DEFICIT WITHOUT DONOR RESTRICTION | | | | | |
| Revenue | | | | | |
| Membership dues and assessments | \$ 23,292,918 | \$ - | \$ - | \$ - | \$ 23,292,918 |
| Insurance premiums from affiliates | 26,525,432 | - | - | (1,107,247) | 25,418,185 |
| Interest income | 213,348 | - | - | - | 213,348 |
| Other revenue | <u>1,003,452</u> | - | <u>92,045</u> | - | <u>1,095,497</u> |
| Total Revenue | <u>51,035,150</u> | - | <u>92,045</u> | <u>(1,107,247)</u> | <u>50,019,948</u> |
| Expenses | | | | | |
| Salaries | 8,654,134 | - | 5,707,593 | - | 14,361,727 |
| Employee benefits | 2,080,220 | - | 1,438,137 | (1,107,247) | 2,411,110 |
| Supplies and other expenses | 4,763,758 | - | 3,134,095 | - | 7,897,853 |
| Self-insured health insurance | 27,674,954 | - | - | - | 27,674,954 |
| Depreciation and amortization | 138,003 | - | 12,581 | - | 150,584 |
| Interest | <u>166,151</u> | - | - | - | <u>166,151</u> |
| Total Expenses | <u>43,477,220</u> | - | <u>10,292,406</u> | <u>(1,107,247)</u> | <u>52,662,379</u> |
| Deficiency of Revenue Over Expenses | 7,557,930 | - | (10,200,361) | - | (2,642,431) |
| Non-operating Revenue | | | | | |
| Grants | 113,806 | - | 5,526,173 | - | 5,639,979 |
| Foregiveness of interest due from Archcare at Home | (205,798) | - | - | - | (205,798) |
| Equity transfers from related parties | 364,990 | - | 6,053,719 | (5,553,719) | 864,990 |
| Equity transfers to related parties | (7,139,719) | - | - | 5,553,719 | (1,586,000) |
| Pension liability adjustment | <u>(1,763,185)</u> | - | - | - | <u>(1,763,185)</u> |
| Change in Net Asset Deficit Without Donor Restriction | (1,071,976) | - | 1,379,531 | - | 307,555 |
| NET ASSETS DEFICIT WITHOUT DONOR RESTRICTION | | | | | |
| Beginning of year | <u>(1,961,216)</u> | - | - | - | <u>(1,961,216)</u> |
| End of year | <u>\$ (3,033,192)</u> | <u>\$ -</u> | <u>\$ 1,379,531</u> | <u>\$ -</u> | <u>\$ (1,653,661)</u> |

AMEDISYS, INC. AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(Amounts in thousands, except share data)

| | As of December 31, | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|
| | 2018 | 2017 |
| ASSETS | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 20,229 | \$ 86,363 |
| Patient accounts receivable | 188,972 | 201,196 |
| Prepaid expenses | 7,568 | 7,329 |
| Other current assets | 7,349 | 16,268 |
| Total current assets | 224,118 | 311,156 |
| Property and equipment, net of accumulated depreciation of \$95,472 and \$146,814 | 29,449 | 31,122 |
| Goodwill | 329,480 | 319,949 |
| Intangible assets, net of accumulated amortization of \$33,050 and \$30,610 | 44,132 | 46,061 |
| Deferred income taxes | 35,794 | 56,064 |
| Other assets | 54,145 | 49,130 |
| Total assets | \$ 717,118 | \$ 813,482 |
| LIABILITIES AND EQUITY | | |
| Current liabilities: | | |
| Accounts payable | \$ 28,531 | \$ 25,384 |
| Payroll and employee benefits | 92,858 | 89,936 |
| Accrued expenses | 99,475 | 89,104 |
| Current portion of long-term obligations | 1,612 | 10,638 |
| Total current liabilities | 222,476 | 215,062 |
| Long-term obligations, less current portion | 5,775 | 78,203 |
| Other long-term obligations | 6,234 | 3,791 |
| Total liabilities | 234,485 | 297,056 |
| Commitments and Contingencies | | |
| Equity: | | |
| Preferred stock, \$0.001 par value, 5,000,000 shares authorized; none issued or outstanding | — | — |
| Common stock, \$0.001 par value, 60,000,000 shares authorized; 36,252,280 and 35,747,134 shares issued; and 31,973,505 and 33,964,767 shares outstanding | 36 | 35 |
| Additional paid-in capital | 603,666 | 568,780 |
| Treasury stock at cost 4,278,775 and 1,782,367 shares of common stock | (241,685) | (53,713) |
| Accumulated other comprehensive income | 15 | 15 |
| Retained earnings | 119,550 | 204 |
| Total Amedisys, Inc. stockholders' equity | 481,582 | 515,321 |
| Noncontrolling interests | 1,051 | 1,105 |
| Total equity | 482,633 | 516,426 |
| Total liabilities and equity | \$ 717,118 | \$ 813,482 |

AMEDISYS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
(Amounts in thousands, except per share data)

| | For the Years Ended December 31, | | |
|---------------------------------------------------------------|----------------------------------|--------------|--------------|
| | 2018 | 2017 | 2016 |
| Net service revenue | \$ 1,662,578 | \$ 1,511,272 | \$ 1,419,261 |
| Cost of service, excluding depreciation and amortization | 992,863 | 903,377 | 834,381 |
| General and administrative expenses: | | | |
| Salaries and benefits | 316,522 | 305,938 | 306,981 |
| Non-cash compensation | 17,887 | 16,295 | 16,401 |
| Other | 166,897 | 159,980 | 180,048 |
| Depreciation and amortization | 13,261 | 17,123 | 19,678 |
| Asset impairment charge | — | 1,323 | 4,432 |
| Securities Class Action Lawsuit settlement, net | — | 28,712 | — |
| Operating expenses | 1,507,430 | 1,432,748 | 1,361,921 |
| Operating income | 155,148 | 78,524 | 57,340 |
| Other income (expense): | | | |
| Interest income | 278 | 158 | 75 |
| Interest expense | (7,370) | (5,031) | (5,164) |
| Equity in earnings from equity method investments | 7,692 | 3,381 | 5,588 |
| Miscellaneous, net | 3,240 | 3,769 | 3,727 |
| Total other income, net | 3,840 | 2,277 | 4,226 |
| Income before income taxes | 158,988 | 80,801 | 61,566 |
| Income tax expense | (38,859) | (50,118) | (23,935) |
| Net income | 120,129 | 30,683 | 37,631 |
| Net income attributable to noncontrolling interests | (783) | (382) | (370) |
| Net income attributable to Amedisys, Inc. | \$ 119,346 | \$ 30,301 | \$ 37,261 |
| Basic earnings per common share: | | | |
| Net income attributable to Amedisys, Inc. common stockholders | \$ 3.64 | \$ 0.90 | \$ 1.12 |
| Weighted average shares outstanding | 32,791 | 33,704 | 33,198 |
| Diluted earnings per common share: | | | |
| Net income attributable to Amedisys, Inc. common stockholders | \$ 3.55 | \$ 0.88 | \$ 1.10 |
| Weighted average shares outstanding | 33,609 | 34,304 | 33,741 |

AMEDISYS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME
(Amounts in thousands)

| | For the Years Ended December 31, | | |
|----------------------------------------------------------------|----------------------------------|-----------|-----------|
| | 2018 | 2017 | 2016 |
| Net income | \$ 120,129 | \$ 30,683 | \$ 37,631 |
| Other comprehensive income | — | — | — |
| Comprehensive income | 120,129 | 30,683 | 37,631 |
| Comprehensive income attributable to non-controlling interests | (783) | (382) | (370) |
| Comprehensive income attributable to Amedisys, Inc. | \$ 119,346 | \$ 30,301 | \$ 37,261 |

PART I. FINANCIAL INFORMATION
ITEM 1. FINANCIAL STATEMENTS

AMEDISYS, INC. AND SUBSIDIARIES
CONDENSED CONSOLIDATED BALANCE SHEETS
(Amounts in thousands, except share data)

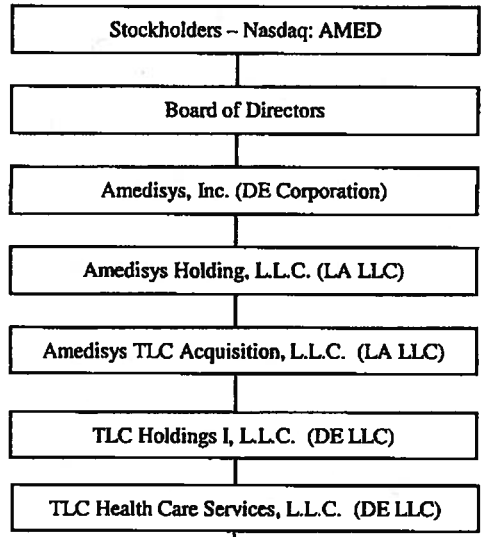
| | June 30, 2019 (unaudited) | December 31, 2018 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|
| ASSETS | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 13,902 | \$ 20,229 |
| Patient accounts receivable | 239,674 | 188,972 |
| Prepaid expenses | 8,957 | 7,568 |
| Other current assets | 13,252 | 7,349 |
| Total current assets | 275,785 | 224,118 |
| Property and equipment, net of accumulated depreciation of \$98,936 and \$95,472 | 29,762 | 29,449 |
| Operating lease right of use assets | 85,026 | — |
| Goodwill | 664,822 | 329,480 |
| Intangible assets, net of accumulated amortization of \$35,402 and \$33,050 | 61,966 | 44,132 |
| Deferred income taxes | 30,213 | 35,794 |
| Other assets | 58,288 | 54,145 |
| Total assets | \$ 1,205,862 | \$ 717,118 |
| LIABILITIES AND EQUITY | | |
| Current liabilities: | | |
| Accounts payable | \$ 35,690 | \$ 28,531 |
| Payroll and employee benefits | 111,660 | 92,858 |
| Accrued expenses | 131,860 | 99,475 |
| Current portion of long-term obligations | 7,610 | 1,612 |
| Current portion of operating lease liabilities | 26,187 | — |
| Total current liabilities | 313,007 | 222,476 |
| Long-term obligations, less current portion | 266,468 | 5,775 |
| Operating lease liabilities, less current portion | 57,392 | — |
| Other long-term obligations | 6,053 | 6,234 |
| Total liabilities | 642,920 | 234,485 |
| Commitments and Contingencies— | | |
| Equity: | | |
| Preferred stock, \$0.001 par value, 5,000,000 shares authorized; none issued or outstanding | — | — |
| Common stock, \$0.001 par value, 60,000,000 shares authorized; 36,445,591 and 36,252,280 shares issued; and 32,130,184 and 31,973,505 shares outstanding | 36 | 36 |
| Additional paid-in capital | 623,309 | 603,666 |
| Treasury stock, at cost 4,315,407 and 4,278,775 shares of common stock | (246,175) | (241,685) |
| Accumulated other comprehensive income | 15 | 15 |
| Retained earnings | 184,596 | 119,550 |
| Total Amedisys, Inc. stockholders' equity | 561,781 | 481,582 |
| Noncontrolling interests | 1,161 | 1,051 |
| Total equity | 562,942 | 482,633 |
| Total liabilities and equity | \$ 1,205,862 | \$ 717,118 |

AMEDISYS, INC. AND SUBSIDIARIES
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(Amounts in thousands, except per share data)
(Unaudited)

| | For the Three-Month Periods Ended June 30 | | For the Six-Month Periods Ended June 30 | |
|---------------------------------------------------------------|----------------------------------------------|------------|--------------------------------------------|------------|
| | 2019 | 2018 | 2019 | 2018 |
| Net service revenue | \$ 492,984 | \$ 411,603 | \$ 960,324 | \$ 810,865 |
| Cost of service, excluding depreciation and amortization | 290,752 | 242,564 | 566,026 | 480,873 |
| General and administrative expenses: | | | | |
| Salaries and benefits | 98,356 | 77,215 | 193,186 | 152,846 |
| Non-cash compensation | 5,538 | 3,767 | 12,153 | 7,811 |
| Other | 48,408 | 42,104 | 91,810 | 83,784 |
| Depreciation and amortization | 5,179 | 3,125 | 8,074 | 6,718 |
| Operating expenses | 448,233 | 368,775 | 871,249 | 732,032 |
| Operating income | 44,751 | 42,828 | 89,075 | 78,833 |
| Other income (expense): | | | | |
| Interest income | 20 | 114 | 44 | 234 |
| Interest expense | (4,332) | (2,140) | (7,681) | (3,843) |
| Equity in earnings from equity method investments | 3,716 | 2,976 | 4,932 | 4,836 |
| Miscellaneous, net | 193 | 359 | 429 | 960 |
| Total other (expense) income, net | (403) | 1,309 | (2,276) | 2,187 |
| Income before income taxes | 44,348 | 44,137 | 86,799 | 81,020 |
| Income tax expense | (10,308) | (10,596) | (21,186) | (20,159) |
| Net income | 34,040 | 33,541 | 65,613 | 60,861 |
| Net income attributable to noncontrolling interests | (298) | (192) | (567) | (353) |
| Net income attributable to Amedisys, Inc. | \$ 33,742 | \$ 33,349 | \$ 65,046 | \$ 60,508 |
| Basic earnings per common share: | | | | |
| Net income attributable to Amedisys, Inc. common stockholders | \$ 1.05 | \$ 1.00 | \$ 2.03 | \$ 1.80 |
| Weighted average shares outstanding | 32,075 | 33,439 | 32,038 | 33,705 |
| Diluted earnings per common share: | | | | |
| Net income attributable to Amedisys, Inc. common stockholders | \$ 1.02 | \$ 0.98 | \$ 1.98 | \$ 1.76 |
| Weighted average shares outstanding | 32,933 | 34,179 | 32,913 | 34,391 |

Tender Loving Care, an Amedisys Company
Parent 5111 – Garden City, NY
Provider No. 33-7143
Branch – Westchester County

TLC Health Care Services, L.L.C. has elected officers of Tender Loving Care Health Care Services of Nassau Suffolk, L.L.C
 President
 Treasurer
 Secretary

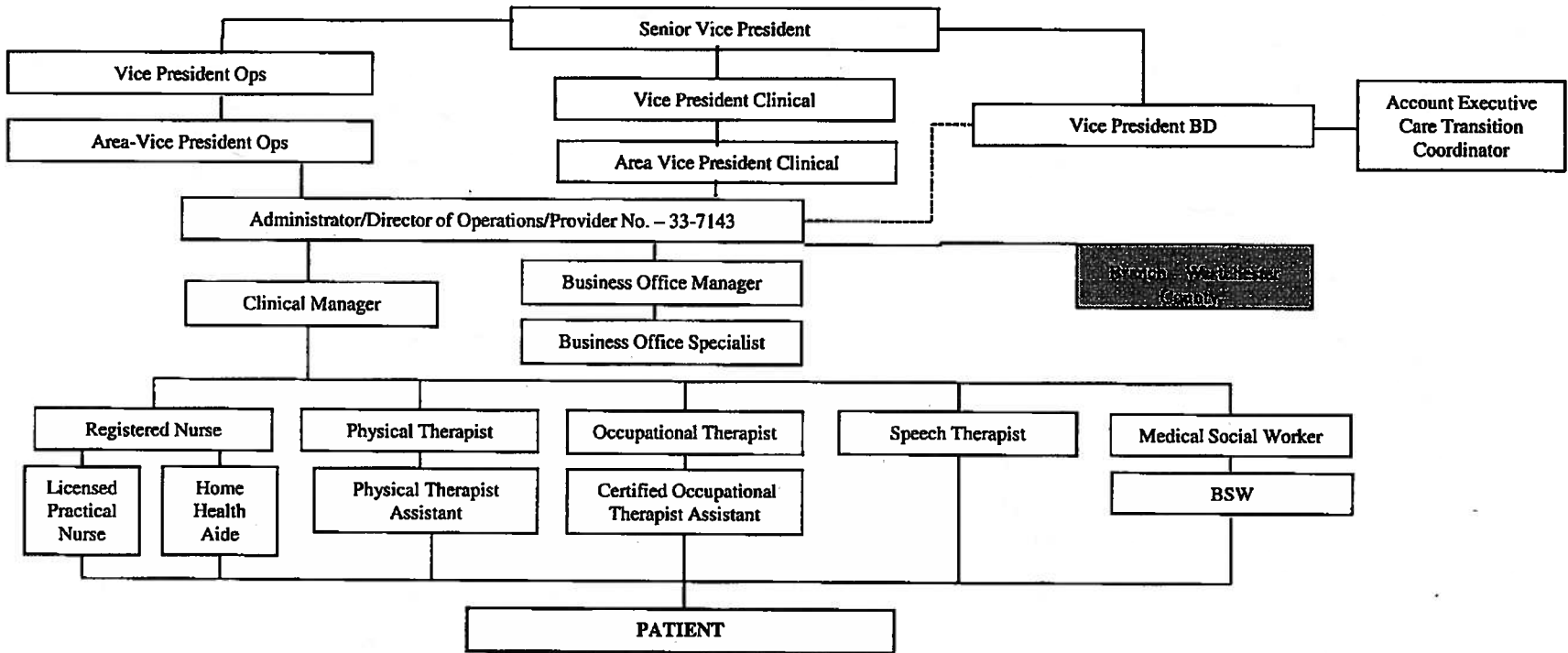


Amedisys, Inc. is the “sole member and manager” of Amedisys Holding, L.L.C.; Amedisys Holding, L.L.C. is the “sole member and manager” of Amedisys TLC Acquisition, L.L.C.; Amedisys TLC Acquisition, L.L.C. is the “sole member and manager” of TLC Holdings I, L.L.C.; TLC Holdings I, L.L.C. is the “sole member and manager” of TLC Health Care Services, L.L.C.; TLC Health Care Services, L.L.C. is the “sole member and manager” of Tender Loving Care Health Care Services of Nassau Suffolk, L.L.C.

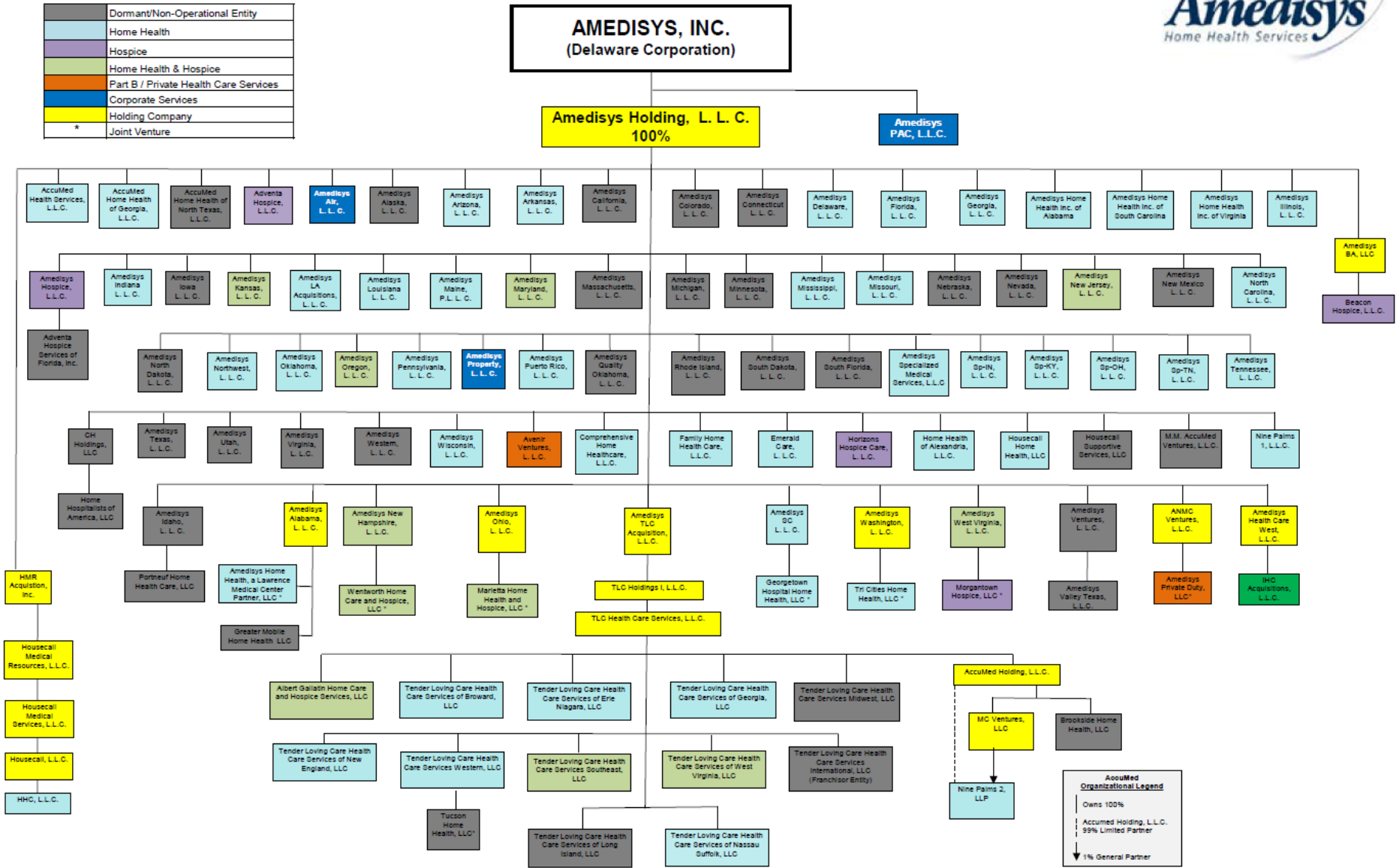
LEGAL STRUCTURE

Tender Loving Care Health Care Services of Nassau Suffolk, L.L.C. (NY LLC)
 d/b/a Tender Loving Care, an Amedisys Company

OPERATIONAL STRUCTURE



AMEDISYS, INC. ORGANIZATIONAL STRUCTURE



Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| AL | 20-1071691 | *Parent | 1080 | Horizons Hospice Care, L.L.C. d/b/a Amedisys Hospice of Montgomery 8160 Decker Lane Montgomery, AL 36117-4254 County: Montgomery | P: 334-395-7789 F: 334-395-7882 TF:866-252-1146 | Facility ID: E5107 | 1932152113 (HorizonsHC) | 01-1623 | Medicaid PIC1623E | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Horizons Hospice Care, L.L.C. #20-1071691 which owns (100%) this agency. *Horizons Hospice Care, Inc. converted to L.L.C. and moved directly under Amedisys Holding, L.L.C effective 06-30-13 | Acquired 02/01/07 | #N/A |
| AL | 20-1539447 | *Parent | 1054 | AccuMed Health Services, L.L.C. d/b/a Amedisys Home Health Care 273 Azalea Road Suite 204, Bldg. 2 Mobile, AL 36609-1970 County: Mobile <i>*Relocated from Suite 104 to Suite 204 eff.6/26/15</i> | P: 251-380-0492 F: 251-380-0573 TF:800-239-9192 | | 1750335832 (lhc017020) | 01-7020 | Medicaid VAN7020A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) AccuMed Health Services, L.L.C. #20-1539447 **AccuMed Genpar, L.L.C. owns (1%) General Partner interest in AccuMed Health Services, L.L.C. #20-1539447 which owns (100%) of this agency. **AccuMed Health Services, L.P. converted to AccuMed Health Services, L.L.C. effective 12-31-13 **AccuMed Health Services LLC was transferred to Amedisys Holding, L.L.C. effective 12/31/13 | Acquired 03/26/08 | 05/23/77 |
| AL | 20-1539447 | *Parent | 1052 | AccuMed Health Services, L.L.C. d/b/a Amedisys Home Health of Greenville 525 Greenville Bypass Greenville, AL 36037-3732 County: Butler | P: 334-382-2042 F: 866-882-9208 TF:800-239-2042 | | 1104870286 (lhc017072) | 01-7072 | Medicaid VAN7072A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) AccuMed Health Services, L.L.C. #20-1539447 **AccuMed Genpar, L.L.C. owns (1%) General Partner interest in AccuMed Health Services, L.L.C. #20-1539447 which owns (100%) of this agency. **AccuMed Health Services, L.P. converted to AccuMed Health Services, L.L.C. effective 12-31-13 **AccuMed Health Services LLC was transferred to Amedisys Holding, L.L.C. effective 12/31/13 | Acquired 03/26/08 | 02/05/87 |
| AL | 20-1539447 | *Parent | 1053 | AccuMed Health Services, L.L.C. d/b/a Amedisys Home Health 4735 Norrel Drive Suite 125 Truseville, AL 35173-3606 County: Jefferson <i>*Relocated from Irondale 3-26-13</i> | P: 205-655-3707 F: 205-655-4247 TF:866-930-0720 | | 1568416642 (lhc017154) | 01-7154 | Medicaid ACC7154A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) AccuMed Health Services, L.L.C. #20-1539447 **AccuMed Genpar, L.L.C. owns (1%) General Partner interest in AccuMed Health Services, L.L.C. #20-1539447 which owns (100%) of this agency. **AccuMed Health Services, L.P. converted to AccuMed Health Services, L.L.C. effective 12-31-13 **AccuMed Health Services LLC was transferred to Amedisys Holding, L.L.C. effective 12/31/13 | Acquired 03/26/08 | 02/20/03 |
| AL | 27-0078073 | *Parent | 1070 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of Birmingham 2204 Lakeshore Drive Suite 160 Homewood, AL 35209-6762 County: Jefferson | P: 205-868-9221 F: 205-868-9356 TF:877-387-1150 | Facility ID: E3708 | 1326006651 (1070AL) | 01-1527 | Medicaid PIC1527E | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 04/01/04 | #N/A |
| AL | 27-0078073 | Branch | 1070 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of Gadsden 115 W. Grand Avenue Suite 70 Rainbow City, AL 35906-3268 County: Etowah <i>*Relocated from Gadsden 11/18/2009</i> | P: 256-442-0771 F: 256-442-7254 TF: 866-466-8460 | Facility ID: E2805 | 1326006651 (1070AL) MEDICAID ONLY: 1528237997 (1071AL) | 01-1527 | Medicaid PIC1040E | PGBA/ N/A | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 07/21/06 | #N/A |
| AL | 27-0078073 | Branch | 1070 | Amedisys Hospice, LLC d/b/a Amedisys Hospice Care 2101 Clinton Ave. Suite 401 Huntsville, AL 35805-3110 County: Madison <i>*Relocated from 250 Chateau Drive SW Suite 112 Huntsville, AL eff 10/27/17 *Relocated from Brownsboro 10/31/12</i> | P: 256-881-1433 F: 256-881-8939 TF:866-448-1728 | Facility ID: E4513 | 1326006651 (1070AL) MEDICAID ONLY: 1780853101 (1075ala) | 01-1527 | Medicaid 105087 | PGBA/ N/A | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 02/22/08 | #N/A |
| AL | 27-0078073 | Branch | 1070 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of Tuscaloosa 1300 McFarland Blvd. NE Suite 340 Tuscaloosa, AL 35406-2282 County: Tuscaloosa | P: 205-345-4907 F: 256-881-4713 TF:866-719-6866 | Facility ID: E6307 | 1326006651 (1070AL) MEDICAID ONLY: 1104095512 (1074al) | 01-1527 | Medicaid 107231 | PGBA/ N/A | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 08/30/07 | #N/A |
| AL | 27-0078073 | Branch | 1070 | Amedisys Hospice, L.L.C d/b/a Amedisys Hospice Care of Sylacauga 216 North Norton Avenue Sylacauga, AL 35150-2456 County: Talladega <i>*Relocated from 630 Old Birmingham Highway Sylcauga, AL eff 9/8/16</i> | P: 256-249-0088 F: 256-249-0099 TF:866-994-6932 | Facility ID: E6111 | 1326006651 (1070AL) MEDICAID ONLY: 1801192695 (1076AL) | 01-1527 | Medicaid: 126970 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 02/21/11 | #N/A |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------------|-------------------------------------|---------------------------------------|--------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| AL | 27-0078073 | *Parent | 1081 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of Florence 412 South Court Street Suite 302 Florence, AL 35630-5645 County: Lauderdale <i>*Relocated from Suite 401 to Suite 302 eff 1/27/16</i> | P: 256-760-7877 F: 256-760-7886 TF: 877-676-0637 | Facility ID: E3911 | 1104016658 (BluewaterHos) | 01-1669 | Medicaid ID: 122453 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 04/01/10 | #N/A |
| AL | 35-2466166 | *Parent | 1082 | Amedisys Home Health, a Lawrence Medical Center Partner, L.L.C. d/b/a Amedisys Home Health, a Lawrence Medical Center Partner 15190 Court Street Suite B Moulton, AL 35650-1428 County: Lawrence | P: 256-974-2298 F: 256-974-4215 TF: 855-499-5674 | | 1972616258 (GRANNYS1) | 01-7118 | Medicaid 148505 | PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Alabama, L.L.C. #36-4751522 owns 66.67% Amedisys Home Health, a Lawrence Medical Center Partner, LLC #35-2466166 which owns (100%) of this agency. JV Partner Info: Attentus Moulton, LLC #72-1589022 owns (33.33%) Amedisys Home Health, a Lawrence Medical Center Partner, LLC #35-2466166 which owns (100%) this agency.* | Acquired 2/11/2013 | 08/17/93 |
| AL | 72-1428475 | *Parent | 1034 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Florence 412 S. Court Street Suite 403 Florence, AL 35630-5649 County: Lauderdale | P: 256-766-1817 F: 256-766-1462 TF: 866-810-7196 | | 1063612588 (1034AL) | 01-7165 | Medicaid 103817 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 04/10/08 | 04/10/08 |
| AL | 72-1428475 | *Parent | 1008 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health 68278 Main Street Blountsville, AL 35031-3370 County: Blount <i>*Relocated from Oneonta, AL 7/29/2015 *Relocated from Blountsville, AL 6/16/2010 *Relocated from Birmingham, AL 12/28/2006</i> | P: 866-486-4919 F: 866-460-8540 | | 1649238881 (1008AL) | 01-7014 | Medicaid AME7014A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 04/06/01 | 09/04/75 |
| AL | 72-1428475 | *Parent | 1003 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Huntsville 250 Chateau Drive SW Suite 245 Huntsville, AL 35801-6437 County: Madison <i>*Relocated from 7047 Old Madison Pike, NW Suite 305, Huntsville on 4/18/13</i> | P: 256-885-1665 F: 256-881-1808 TF: 800-317-3454 | | 1013975309 (1003AL) | 01-7039 | Medicaid AME7039A | PGBA / Wellmark | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 12/01/98 | 08/05/82 |
| AL | 72-1428475 | *Parent | 1019 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health Lakeshore of Birmingham 2204 Lakeshore Drive Suite 200 Homewood, AL 35209-6702 County: Jefferson | P: 205-868-0147 F: 205-803-4126 TF: 800-977-1859 | | 1245298538 (1019AL) | 01-7051 | Medicaid BHH7051A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 04/01/04 | 06/01/84 |
| AL | 72-1428475 | *Parent | 1007 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Foley 1809 N. McKenzie Street Foley, AL 36535-2326 County: Baldwin <i>*Relocated from Fairhope, AL 08/11/2005</i> | P: 800-763-6382 F: 866-460-8537 | | 1013975572 (1007AL) | 01-7069 | Medicaid AME7069A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 03/01/01 | 07/01/86 |
| AL | 72-1428475 | Branch | 1007 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Bay Minette 107 North Hoyle Avenue Bay Minette, AL 36507-4827 County: Baldwin | P: 251-580-8236 F: 251-580-8239 TF: 866-206-3214 | | 1013975572 (1007AL) | 01-7069 Branch ID: 01Q7069001 | Medicaid AME7069A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 11/01/02 | 07/01/86 |
| AL | 72-1428475 | *Parent | 1006 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Citronelle 19375 N. 3rd St Suite 101 Citronelle, AL 36522-2048 County: Mobile <i>*Relocated from Mobile 11/05/2010</i> | P: 251-866-3261 F: 251-866-3259 TF: 866-690-7105 | | 1790743961 (1006AL) | 01-7070 | Medicaid AME7070A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 03/01/01 | 07/01/86 |
| AL | 72-1428475 | *Parent | 1011 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Reform 315 1st Street South Reform, AL 35481-9779 County: Pickens <i>*Relocated from 420 First Avenue West eff 6/21/17</i> Mailing: P.O. Box 313, Reform, AL 35481-0313 | P: 800-277-7445 F: 866-460-8555 | | 1326006628 (1011AL) | 01-7078 | Medicaid AME7078A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 04/06/01 | 06/12/90 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Respite License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------|-------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| AL | 72-1428475 | *Parent | 1028 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Opelika 3320 Skyway Drive Suite 804 Opelika, AL 36801-7141 County: Lee | P: 334-887-7234 F: 334-887-7287 TF:866-610-4127 | | 1639137011 (1028AL) | 01-7157 | Medicaid AME7157A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 03/9/06 | 03/09/06 |
| AL | 72-1428475 | *Parent | 1029 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Fort Payne 501 Greenhill Blvd NW Suite 150 Fort Payne, AL 35967-8503 County: DeKalb | P: 256-844-8303 F: 256-844-8373 TF:866-238-9281 | | 1861413890 (1029AL) | 01-7158 | Medicaid AME7158A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 07/11/06 | 07/11/06 |
| AL | 72-1428475 | *Parent | 1030 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health 2560 County Road 112 Dothan, AL 36503-0822 County: Dale <i>*Relocated from Ozark, AL eff. 10/28/14 *dba Changed from Amedisys Home Health of Ozark eff. 2/10/15</i> | P: 866-205-0818 F: 866-460-8561 | | 1871503532 (1030AL) | 01-7159 | Medicaid AME7159A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 07/28/06 | 07/28/06 |
| AL | 72-1428475 | *Parent | 1031 <i>Formerly Sub Unit of 1001</i> | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Monroeville 15 Mayfield Street Monroeville, AL 36460-3009 County: Monroe <i>*Converted from Sub-Unit to Parent 1/13/18</i> | P: 866-334-0260 F: 866-882-9166 | | 1679588446 (1031AL) | 01-7163 | Medicaid AME7163A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 04/12/07 | 04/12/07 |
| AL | 72-1428475 | *Parent | 1009 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Tuscaloosa 4116 Watermelon Rd. Northport, AL 35473-5130 County: Tuscaloosa | P: 205-752-0606 F: 205-758-5244 TF:800-261-4316 | | 1093773319 (1009AL) | 01-7300 | Medicaid AME7300A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Acquired 04/06/01 | 09/17/76 |
| AL | 72-1428475 | Branch | 1009 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Fayette 228 Temple Avenue North Fayette, AL 35555-2307 County: Fayette <i>*Relocated from 1616 Temple Ave. N. on 8/29/13</i> | P: 866-297-8253 F: 866-460-8556 | | 1093773319 (1009AL) | 01-7300 Branch ID: 01Q7300001 | Medicaid AME7300A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 09/01/02 | 09/17/76 |
| AL | 72-1428475 | Branch | 1009 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Brent 10341 Hwy 5 Suite E Brent, AL 35034-3917 County: Bibb | P: 205-926-6369 F: 205-926-6231 TF:866-926-1564 | | 1093773319 (1009AL) | 01-7300 Branch ID: 01Q7300002 | Medicaid AME7300A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 03/28/05 | 09/17/76 |
| AL | 72-1428475 | *Parent | 1012 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Anniston 171 Town Center Drive, MPS-4 Anniston, AL 36205-4101 County: Calhoun Mailing: P.O. Box 5664, Anniston, AL 36205-0664 | P: 256-820-2503 F: 256-820-2932 TF:800-261-4318 | | 1245298892 (1012AL) | 01-7305 | Medicaid AME7305A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Acquired 04/06/01 | 09/20/79 |
| AL | 72-1428475 | Branch | 1012 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Gadsden 1021 South 4th Street Gadsden, AL 35901-5226 County: Etowah <i>*Relocated from Rainbow City 2/23/2011</i> | P: 256-543-1066 F: 256-546-1865 TF:866-543-1077 | | 1245298892 (1012AL) | 01-7305 Branch ID: 01Q7305001 | Medicaid AME7305A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 03/22/05 | 09/20/79 |
| AL | 72-1428475 | Branch | 1012 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Sylacauga 395 James Payton Boulevard Sylacauga, AL 35150-8064 County: Talladega | P: 256-245-6224 F: 256-245-0634 TF:866-784-9575 | | 1245298892 (1012AL) | 01-7305 Branch ID: 01Q7305002 | Medicaid AME7305A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 06/05/06 | 09/20/79 |
| AL | 72-1428475 | Branch | 1012 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Roanoke 935 Highway 431, Unit 4 Roanoke, AL 36274-7332 County: Randolph | P: 866-541-0239 F: 866-882-9171 | | 1245298892 (1012AL) | 01-7305 Branch ID: 01Q7305003 | Medicaid AME7305A | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. | Opened 02/23/07 | 09/20/79 |

Amedisys, Inc. - Active Locations

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| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|-----------------------------------------|---------------------------------------|--------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| AL | 72-1428475 | *Parent | 1004 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Montgomery 300 Interstate Park Dr Suite 324 Montgomery, AL 36109-5468 County: Montgomery | P: 334-272-0313 F: 334-272-0448 TF:800-253-4664 | | 1174581474 (1004AL) | 01-7319 | Medicaid AME7319A | PGBA / Wellmark | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 12/01/98 | 02/01/94 |
| AL | 72-1428475 | Branch | 1004 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Clanton 1601 7th Street, North Suite B Clanton, AL 35045-3942 County: Chilton | P: 205-755-5509 F: 205-755-9980 TF:866-246-5846 | | 1174581474 (1004AL) | 01-7319 Branch ID: 01Q7319001 | Medicaid AME7319A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 04/14/05 | 02/01/94 |
| AL | 72-1428475 | *Parent | 1001 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Selma 108 Executive Park Lane Selma, AL 36701-7734 County: Dallas | P: 334-875-2550 F: 334-875-3654 TF:800-647-4663 | | 1033177332 (1001AL) | 01-7320 | Medicaid AME7320A | PGBA / Wellmark | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 12/01/98 | 10/31/91 |
| AL | 72-1428475 | Branch | 1001 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Demopolis 1050 Bailey Drive Demopolis, AL 36732-3114 County: Marengo | P: 334-289-5030 F: 334-289-8828 TF:800-442-5030 | | 1033177332 (1001AL) | 01-7320 Branch ID: 01Q7320001 | Medicaid AME7320A | PGBA / Wellmark | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Acquired 12/01/98 | 10/31/91 |
| AL | 72-1428475 | Branch | 1001 | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Thomasville 13 West Front Street North Suite 101 Thomasville, AL 36784-2045 County: Clarke | P: 334-636-1344 F: 334-636-1347 TF:866-636-1344 | | 1033177332 (1001AL) | 01-7320 Branch ID: 01Q7320002 | Medicaid AME7320A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 11/01/04 | 10/31/91 |
| AL | 72-1428475 | *Parent | 1024 <i>*Formerly Sub Unit of 1008</i> | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Walker 100 Highway 78 W, Jasper, AL 35501-3739 County: Walker <i>*Converted from branch agency (1018) of Birmingham, AL to Sub-Unit 08/03/2005 *Converted from Sub-Unit to Parent 1/13/18</i> | P: 205-295-2434 F: 205-384-6117 TF:877-295-2430 | | 1427016997 (1024AL) | 01-7327 | Medicaid AME7327A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 08/03/05 | 08/03/05 |
| AL | 72-1428475 | *Parent | 1027 <i>*Formerly Sub Unit of 1007</i> | Amedisys Home Health of Alabama, L.L.C. d/b/a Amedisys Home Health of Brewton 2554 Douglas Avenue Brewton, AL 36426-3552 County: Escambia <i>*Converted from Sub-Unit to Parent 1/13/18</i> | P: 251-809-1717 F: 251-809-1715 TF:866-8486831 | | 1356309520 (1027AL) | 01-7328 | Medicaid AME7328A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Alabama L.L.C. #72-1428475 which owns (100%) this agency. *Formerly Amedisys Home Health Inc. of Alabama. Converted to Amedisys Home Health of Alabama L.L.C. effective 12-31-2015 | Opened 01/18/06 | 01/18/06 |
| AR | 55-0832933 | *Parent | 2501 | Amedisys Arkansas, LLC d/b/a Amedisys Home Health Care of Arkansas 2700 Bryan Road Suite A Van Buren, AR 72956-5059 County: Crawford | P: 479-474-4892 F: 479-474-4179 TF:866-471-4471 | AR4358 | 1346208758 (2501AR) | 04-7010 | Medicaid 152238514 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns Amedisys Arkansas, L.L.C. #55-0832933 which owns (100%) this agency. | Acquired 07/01/03 | 06/10/78 |
| AR | 55-0832933 | *Parent | 2507 | Amedisys Arkansas, L.L.C. d/b/a Amedisys Home Health 307 W. Stillwell Avenue DeQueen, AR 71832-2860 County: Sevier | P: 870-642-4214 F: 870-642-7782 TF: 888-489-2365 | AR4746(A) AR4746(B) | 1093742066 (dqhhal) | 04-7056 | Medicaid: 182173514 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns Amedisys Arkansas, L.L.C. #55-0832933 which owns (100%) this agency. | Acquired 02/01/2010 | 11/17/82 |
| AR | 55-0832933 | *Parent | 2502 | Amedisys Arkansas, LLC d/b/a Amedisys Home Health of Searcy 404 Llana Drive Searcy, AR 72143-4785 County: White | P: 501-268-2292 F: 501-305-3132 TF:866-528-2292 | AR4971 | 1821295346 (2502AR) | 04-7057 | Medicaid 174742514 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns Amedisys Arkansas, L.L.C. #55-0832933 which owns (100%) this agency. | Acquired 07/01/07 | 10/05/82 |
| AR | 55-0832933 | *Parent | 2503 | Amedisys Arkansas, L.L.C. d/b/a Amedisys Home Health 2236 Harrison Street Batesville, AR 72501-7417 County: Independence | P: 870-793-1483 F: 870-698-6519 TF:800-960-1483 | AR4731 AR4731(B) | 1821040312 (jalbur) | 04-7080 | Medicaid: 179104514 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns Amedisys Arkansas, L.L.C. #55-0832933 which owns (100%) this agency. | Acquired 03/01/09 | 10/06/83 |
| AR | 55-0832933 | *Parent | 2505 | Amedisys Arkansas, L.L.C. d/b/a Amedisys Home Health of Mountain View 609 Sylvania Avenue Mountain View, AR 72560 County: Stone Mailing: P.O. Box 2710, Mountain View, AR 72560-2710 | P: 877-683-2993 F: 870-268-5375 | AR 4629 | 1306805924 (jonkiffey) | 04-7108 | Medicaid: 179097514 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns Amedisys Arkansas, L.L.C. #55-0832933 which owns (100%) this agency. | Acquired 03/01/09 | 07/20/89 |

Amedisys, Inc. - Active Locations

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| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| AZ | 20-5611419 | *Parent | 2711 | Amedisys Arizona, L.L.C. d/b/a Amedisys Home Health 1380 S. Castle Dome Avenue Suite 107 Yuma, AZ 85365-2024 County: Yuma | P: 928-341-1300 F: 928-344-1454 TF: 866-327-4137 | HHA4586 | 1154307924 (YRMC7110) | 03-7192 | Medicaid: 432050 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Arizona, L.L.C. #20-5611419 which owns (100%) of this agency. | Acquired 02/01/09 | 08/10/96 |
| AZ | 27-0078073 | *Parent | 2717 | Amedisys Hospice, LLC d/b/a Amedisys Hospice 1585 E River Road Suite 201 Tucson, AZ 85718-5979 County: Pima <i>*Relocated from 1802 West St. Mary's Road Tucson, AZ 85745-2619 eff April 26, 2017</i> | P: 520-205-7700 F: 520-205-7598 TF: 844-401-9133 | HSPC8281 | 1629444245 (milnertrm544) | 03-1501 | 276355 | NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. | Acquired 05/01/2017 | #N/A |
| AZ | 30-0809819 | *Parent | 2716 | Tucson Home Health, LLC d/b/a Amedisys Home Health Care 5300 East Erickson Drive Suite 116 Tucson, AZ 85712-2809 County: Pima <i>(Formerly Tender Loving Care Health Care Services Western, L.L.C., dba: Amedisys Home Health Care) *Relocated from 3443 North Campbell Avenue Suite 155, Tucson, 85719-2472, eff. 8/26/16</i> | P: 520-325-9056 F: 520-325-9101 TF: 800-796-9989 | HHA7751 | 1992745210 (TLC Tucson) Do Not Change Spelling | 03-7248 | Medicaid: Inactive per AVP 11/30/18 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of Tucson Home Health LLC #30-0809819 which owns (100%) of this agency. | Acquired 08/01/16 | 05/08/07 |
| AZ | 73-1709953 | *Parent | 2707 | Tender Loving Care Health Care Services Western, L.L.C. d/b/a Amedisys Home Health Care 5045 North 12th Street Suite 100 Phoenix, AZ 85014-3302 County: Maricopa <i>*Relocated from 7600 N. 16th Street Suite 250, Phoenix, 85020 eff. 3/29/16</i> | P: 602-200-0835 F: 602-200-8465 TF: 800-244-2034 | HHA3720 | 1013961267 (TLC037106) | 03-7106 | Medicaid: 958879 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of this agency. | Acquired 03/26/08 | 11/30/88 |
| CA | 73-1709953 | *Parent | 3511 | Tender Loving Care Health Care Services Western, L.L.C. d/b/a Amedisys Home Health Care 1700 S. Winchester Boulevard Suite 102 Campbell, CA 95008-1163 <i>*Relocated from San Jose 11/19/2010 County: Santa Clara</i> | P: 408-370-3927 F: 408-370-6690 TF: 866-834-8434 | 550001171 | 1538229218 (tlcsanjose) | 05-9122 | Medicaid: 1538228218 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of this agency. | Opened 01/16/10 | 01/16/10 |
| CA | 73-1709953 | *Parent | 3501 | Tender Loving Care Health Care Services Western, L.L.C. d/b/a Amedisys Home Health Care 1350 Bayshore Highway Suite 777 Burlingame, CA 94010-1816 County: San Mateo <i>*Relocated from 1710 Gilbreth Rd Suite 301, Burlingame eff. 8/12/15</i> | P: 650-344-4020 F: 650-344-5011 TF: 800-380-3886 | 220000139 | 1750335824 (tlc557116) | 55-7116 | Medicaid: HHA57116G | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of this agency. | Acquired 03/26/08 | 04/05/91 |
| CA | 73-1709953 | *Parent | 3502 | Tender Loving Care Health Care Services Western, L.L.C. d/b/a Amedisys Home Health Care 24301 Southland Drive Suite 411 Hayward, CA 94545-1551 County: Alameda | P: 510-732-0730 F: 510-732-0731 TF: 800-430-0095 | 020000376 | 1114971280 (tlc557194) | 55-7194 | Medicaid: HHA57194G | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of this agency. | Acquired 03/26/08 | 05/06/92 |
| CA | 73-1709953 | Branch | 3502 | Tender Loving Care Health Care Services Western, L.L.C. d/b/a Amedisys Home Health Care 3478 Buskirk Avenue Suite 336 Pleasant Hill, CA 94523-7312 County: Contra Costa | P: 925-932-3656 F: 925-932-5039 TF: 866-738-9979 | 020000376 | 1114971280 (tlc557194) | 55-7194 Branch ID: 58Q7194001 | Medicaid: HHA57194G | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Western, L.L.C. #73-1709953 which owns (100%) of this agency. | Acquired 03/26/08 | 05/06/92 |
| CA | 38-3932780 | Parent | 3525 | Compassionate Care Hospice West, LLC d/b/a Compassionate Care Hospice of Southern California 230 N Maryland Ave., Suite 300 Glendale, CA 91206-4281 County: Los Angeles | P: 323-936-6000 F: 323-936-6004 | 550001315 | 1265667281 | 55-1797 | 260260172 | NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) of Amedisys Hospice, L.L.C. #27-00778073 which owns (100%) of Compassionate Care Hospice Group, Inc. #90- 0080458 and (95%) of Pathways to Compassion of California, LLC Compassionate Care Hospice Group, Inc. owns (5%) of Pathways to Compassion of California, LLC which owns (100%) of Compassionate Care Hospice West, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| CA | 47-2331246 | Parent | 3527 | Peaceful Days Hospice, Inc. d/b/a Compassionate Care Hospice 30101 Town Center Drive, Suite 206 Laguna Niguel, CA 92677-5028 County: Orange | P: 949-204-3868 F: 949-675-8572 | 550003531 | 1942608310 | 92-1648 | 7727541 | NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-00778073 which owns (100%) of Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of San Diego, LLC which owns (100%) of Peaceful Days Hospice, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------|-------------------------------------|-------------------------------------------------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| CT | 20-1033012 | *Parent | 4703 | Tender Loving Care Health Care Services of New England, LLC d/b/a Amedisys Home Health 68 Southfield Avenue Suite 215 Stamford, CT 06902-7230 County: Fairfield | P: 203-327-2680 F: 203-327-2932 TF: 866-327-5024 | 0016 | 1043264112 (tlc077136) | 07-7136 | Medicaid: 004248036 CT Medicaid Non-Medical Services 008046365 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 10/15/81 |
| CT | 20-1033012 | Branch | 4703 | Tender Loving Care Health Care Services of New England, LLC d/b/a Amedisys Home Health 30 Main Street Suite 405 Danbury, CT 06810-3004 County: Fairfield | P: 203-730-9035 F: 203-730-8923 TF: 866-327-5778 | 0016 | 1043264112 (tlc077136) | 07-7136 Branch ID: 07Q7136002 | Medicaid: 004248036 CT Medicaid Non-Medical Services 008046365 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 10/15/81 |
| CT | 20-1033012 | Branch | 4703 | Tender Loving Care Health Care Services of New England, LLC d/b/a Amedisys Home Health 1970 Whitney Avenue Suite 7 Hamden, CT 06517-1206 County: New Haven <i>*Relocated from New Haven, CT 05/31/2012</i> | P: 203-248-5053 F: 203-248-5085 TF: 866-942-2445 | 0016 | 1043264112 (tlc077136) | 07-7136 Branch ID: 07Q7136004 | Medicaid: 004248036 CT Medicaid Non-Medical Services 008046365 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 10/15/81 |
| CT | 20-1033012 | Branch | 4703 | Tender Loving Care Health Care Services of New England, LLC d/b/a Amedisys Home Health 12 Progress Drive Suite 1 Shelton, CT 06484-6216 County: Fairfield <i>*Relocated from Stratford, CT 11/19/13</i> | P: 203-929-4155 F: 203-929-4181 TF: 866-203-7677 | 0016 | 1043264112 (tlc077136) | 07-7136 Branch ID: 07Q7136005 | Medicaid: 004248036 CT Medicaid Non-Medical Services 008046365 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 10/15/81 |
| CT | 20-1916796 | *Parent | 4708 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 111 Founders Plaza, #1803 East Hartford, CT 06108-8301 County: Hartford <i>*Relocated from Mystic(4707) to East Hartford Branch address and assumed branch location code(4708) eff 7-6-15</i> | P 860-282-0527 F 860-282-4692 TF 855-854-0240 | 0024 | 1134203284 (beahos1) | 07-1537 | Medicaid: 008004079 | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) "Beacon Hospice, L.L.C. #20-1916796 which owns (100%) this agency. Converted from Beacon Hospice, Inc. on 12/31/2012 | Acquired 06/07/11 | #N/A |
| DC | 20-1032665 | *Parent | 4501 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health 1100 H Street NW Suite 940 Washington, DC 20005-5498 County: Washington | P: 202-783-7892 F: 202-783-7894 TF: 800-964-0746 | HCA-0058 | 1669426730 (tlc097024) | 09-7024 | Medicaid: 018722600 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | 02/16/90 |
| DE | 26-1367795 | *Parent | 1501 | Amedisys Delaware, L.L.C. d/b/a Amedisys Home Health 1221 College Park Drive Suite 203 Dover, DE 19904-8727 County: Kent | P: 302-678-4764 F: 302-678-8614 T 800-655-9299 | HHAS-010A | 1801881669 (hcainc01) | 08-7007A | Medicaid: 1801881669 | CGS/ CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Delaware, L.L.C. #26-1367795 which owns (100%) of this agency. | Acquired 10/01/08 | 10/17/78 |
| DE | 26-1367795 | *Parent | 1502 <i>*Formerly Sub Unit of 1501</i> | Amedisys Delaware, L.L.C. d/b/a Amedisys Home Health 21309 Berlin Road, Sussex Suites, Unit 9 Georgetown, DE 19947-3185 County: Sussex <i>*Converted from Sub-Unit to Parent 1/13/18</i> | P: 302-855-0310 F: 302-855-0840 TF: 866-276-2314 | HHAS-028A | 1417021700 (hcainc16) | 08-7034 | Medicaid: 1417021700 | CGS/ CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Delaware, L.L.C. #26-1367795 which owns (100%) of this agency. | Acquired 10/01/08 | 05/02/03 |
| DE | 23-2755148 | Parent | 1504 | Compassionate Care Hospice of Delaware, L.L.C. 405 East Marsh Lane, Suite 4 Newport, DE 19804-2445 County: New Castle | P: 302-993-9090 F: 302-993-9094 | HSPC-004 | 1962405506 | 08-1504 | Medicaid: 200031861 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Hospice, L.L.C. #27-0078073 which owns Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) of Compassionate Care Hospice of Delaware, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| DE | 20-4504902 | Parent | 1506 | Compassionate Care Hospice of the Delmar Peninsula, L.L.C. 20165 Office Circle, Suite 2 Georgetown, DE 19947-3197 County: Sussex | P: 302-856-2659 F: 302-934-8137 | HSPC-011 | 1528127859 | 08-1509 | Medicaid: 1528127859 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Hospice, L.L.C. #27-0078073 which owns Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) of Compassionate Care Hospice of the Delmar Peninsula, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| FL | 20-5152080 | *Parent | 5482 | Infinity Home Care of Port Charlotte, LLC d/b/a Amedisys Home Health 4161 Tamiami Trail, Building 8, Unit 801A Port Charlotte, FL 33952-9299 County: Charlotte | P: 941-629-1600 F: 941-629-1606 | 299991998 | 1043392038 (INFINITYPC) | 10-8270 | N/A | PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540760 owns (100%) Infinity Home Care of Port Charlotte, L.L.C. #20-5152080 which owns (100%) of this agency. | Acquired 01/01/2015 | 01/18/06 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | PT/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| FL | 20-5152080 | Branch | 5482 | Infinity Home Care of Port Charlotte, LLC d/b/a Amedisys Home Health 1749 NE 10th Terrace Suite 7 Cape Coral, FL 33909-1713 County: Lee | P: 239-242-0541 F: 239-242-0581 | 299991998 | 1043392038 | 10-8270 Branch ID: 10Q8270002 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540750 owns (100%) Infinity Home Care of Port Charlotte, L.L.C. #20-5152080 which owns (100%) of this agency. | Acquired 01/01/2016 | 01/18/06 |
| FL | 20-5152080 | Branch | 5482 | Infinity Home Care of Port Charlotte, LLC d/b/a Amedisys Home Health 5969 Cattlebridge Boulevard Suite 104 Sarasota, FL 34232-6050 County: Sarasota | P: 941-379-5014 F: 941-379-5032 | 299991998 | 1043392038 | 10-8270 Branch ID: 10Q8270003 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540750 owns (100%) Infinity Home Care of Port Charlotte, L.L.C. #20-5152080 which owns (100%) of this agency. | Acquired 01/01/2016 | 01/18/06 |
| FL | 20-5152080 | Branch | 5482 | Infinity Home Care of Port Charlotte, LLC d/b/a Amedisys Home Health 195A Center Road Suite A Venice, FL 34285-5572 County: Sarasota | P: 941-484-7292 F: 941-484-7195 | 299991998 | 1043392038 | 10-8270 Branch ID: 10Q8270004 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540750 owns (100%) Infinity Home Care of Port Charlotte, L.L.C. #20-5152080 which owns (100%) of this agency. | Acquired 01/01/2016 | 01/18/06 |
| FL | 27-0380782 | *Parent | 5494 | Infinity Home Care of Ocala, LLC d/b/a Amedisys Home Health 2772 NW 43rd Street, Suite C Gainesville, FL 32606-7434 County: Alachua <i>*Relocated from 7750 SW 60th Ave Suite C Ocala, FL 34476</i> | P: 352-794-3861 F: 352-794-3866 | 299993640 | 1346472511 (Ocala547) | 10-9669 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540750 owns (100%) Infinity Home Care of Ocala, L.L.C. #27-0380782 which owns (100%) of this agency. | Acquired 01/01/2016 | 01/24/11 |
| FL | 59-3584808 | *Parent | 5495 | Hi-Tech Care, Inc. d/b/a Amedisys Home Health 940 Centre Circle Suite 3006 Allamonte Springs, FL 32714-7243 County: Seminole | P: 407-464-0194 F: 407-464-0327 | 299991339 | 1831192616 (CAHHC01) | 10-7660 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Health Care West, L.L.C. #38-3923987 owns (100%) Infinity Home Care, L.L.C. #20-4540750 owns (100%) Infinity Home Care Acquisition Corp. #45-3061457 owns (100%) Hi-Tech Care, Inc. #59-3584808 which owns (100%) of this agency. | Acquired 01/01/2016 | 07/03/01 |
| FL | 59-3678437 | *Parent | 0411 | Amedisys Florida, LLC d/b/a Amedisys Home Health 70 Fourth Street NW Winter Haven, FL 33881-4667 County: Polk <i>*Relocated from Lakeland eff 11/15/17 *Relocated from Winterhaven eff. 12/30/15 *Relocated from Lakeland eff 9/25/14 **Relocated from Winterhaven, FL eff. 4/30/14 to Lakeland branch's address and assumed Lakeland's loc code)</i> | P: 863-680-3531 F: 863-688-3586 TF:866-686-4874 | 20729096 | 1982662276 (0405FL) | 10-7007 | Medicaid: 028156500 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Acquired 11/17/00 | 07/01/77 |
| FL | 59-3678437 | Branch | 0411 | Amedisys Florida, LLC d/b/a Amedisys Home Health 11968 Balm Riverview Road Riverview, FL 33569-6601 County: Hillsborough <i>*Relocated from Brandon eff 12/30/15</i> | P: 813-677-9629 F: 813-671-9637 TF:866-651-4639 | 20729096 | 1982662276 (0405FL) MEDICAID ONLY: 1073738886 (0412FL) | 10-7007 Branch ID: 10Q7007003 | N/A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Opened 07/22/03 | 07/01/77 |
| FL | 59-3678437 | *Parent | 0421 | Amedisys Florida, LLC d/b/a Amedisys Home Health 2623 Centennial Blvd Suite 201 Tallahassee, FL 32308-0585 County: Leon <i>*Relocated from 8116 Killeam Plaza Circle Suite 104 Tallahassee, FL, eff. 9/30/16</i> | P: 850-553-9201 F: 850-553-9205 TF:866-419-8776 | 21078096 | 1629129937 (0447FL) | 10-7151 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Acquired 04/01/07 | 05/01/77 |
| FL | 59-3678437 | *Parent | 0417 | Amedisys Florida, LLC d/b/a Amedisys Home Health 4900 Bayou Blvd Suite 201 Pensacola, FL 32503-2543 County: Escambia | P: 850-477-1082 F: 850-477-9713 TF:866-237-0874 | 299992312 | 1679685085 (0417FL) | 10-8309 | Vol Termed MDCCD 2/12/15 | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Opened 06/06/06 | 06/06/06 |
| FL | 59-3678437 | Branch | 0417 | Amedisys Florida, LLC d/b/a Amedisys Home Health 1008 Airport Road Suite C Destin, FL 32541-2822 County: Okaloosa <i>*Relocated from Suite B to Suite C Eff. 1/27/16</i> | P: 850 650-6377 F: 850 654-8066 TF:866-776-9604 | 299992312 | 1679685085 (0417FL) MEDICAID ONLY: 1447427547 (0420FLA) | 10-8309 Branch ID: 10C8309003 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Opened 03/03/08 | 06/06/06 |
| FL | 59-3678437 | Branch | 0417 | Amedisys Florida, LLC d/b/a Amedisys Home Health 751 N. Fardon Blvd. Crestview, FL 32536-2113 County: Okaloosa <i>**Relocated from 575 Brookmade Drive, Crestview eff 4/24/15</i> | P: 850 682-1803 F: 850 682-1831 TF:866-479-2436 | 299992312 | 1679685085 (0417FL) MEDICAID ONLY: 1235306325 (0419FL) | 10-8309 Branch ID: 10Q8309002 | N/A | PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Florida, LLC #59-3678437 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Florida. Reorganization effective 10/01/11 | Opened 03/03/08 | 06/06/06 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| FL | 26-3668452 | Parent | 0472 | Compassionate Care Hospice of Central Florida, Inc. 2525 Drane Field Road, Suite 4 Lakeland, FL 33811-1344 County: Polk | P: 863-709-0099 F: 863-709-0077 | 50370978 | 1215123062 | 10-1553 | | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 and (90%) of Compassionate Care Hospice of Central Florida, Inc. Compassionate Care Hospice Group, Inc. #90-0080458 owns (10%) Compassionate Care Hospice of Central Florida, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| FL | 26-3668452 | Branch | 0472 | Compassionate Care Hospice of Central Florida, Inc. 2153 US 27 South Sebring, FL 33870-4933 County: Highlands | P: 863-314-0166 F: 863-314-0168 | 50370978 | 1215123062 | 10-1553 | | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 and (90%) of Compassionate Care Hospice of Central Florida, Inc. Compassionate Care Hospice Group, Inc. #90-0080458 owns (10%) Compassionate Care Hospice of Central Florida, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| FL | 27-1062621 | Parent | 0474 | Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc. 460-464 West 51st Place Hialeah, FL 33012-3620 County: Miami-Dade | P: 786-329-4035 F: 786-800-3603 | 50370975 | 1205160900 | 10-1554 | 101811400 | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 and (90%) of Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc. Compassionate Care Hospice Group, Inc. #90-0080458 owns (10%) of Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| FL | 45-5280770 | Parent | 0475 | Compassionate Care Hospice of Lake and Sumter, Inc. 900 Main Street, Suite 208 The Villages, FL 32159-7726 County: Lake | P: 352-415-0778 F: 352-404-7727 | 50370976 | 1720415078 | 10-1556 | | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 and (90%) of Compassionate Care Hospice of Lake and Sumter, Inc. Compassionate Care Hospice Group, Inc. #90-0080458 owns (10%) of Compassionate Care Hospice of Lake and Sumter, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| FL | 45-5280770 | Branch | 0475 | Compassionate Care Hospice of Lake and Sumter, Inc. 214 E. Washington Street, Apt C Minneola, FL 34715-9227 County: Lake | P: 352-467-7423 F: 866-440-4654 | 50370976 | 1720415078 | 10-1556 | | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Lake and Sumter, Inc. which owns (100%) of this agency | Acquired 02/01/19 | |
| FL | 62-1179055 | *Parent | 5449 | Housecall Home Health, LLC d/b/a Amedisys Home Health 1515 Herbert Street Suite 210 Port Orange, FL 32129-6105 County: Volusia <i>** (Relocated from 5451 St. Augustine, FL eff. 4/30/14 to Port Oranges' address and assumed Port Orange's-5449- loc code)</i> | P: 386-788-8313 F: 386-788-6246 TF: 866-355-6894 | 210050961 | 1184672958 (5451FL) | 10-7179 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 08/30/78 |
| FL | 62-1179055 | Branch | 5449 | Housecall Home Health, LLC d/b/a Amedisys Home Health 8657 Baypine Road Ste 110 Bldg. 5 Jacksonville, FL 32256-8634 County: Duval <i>*Relocated from Palm Coast effective 12/1/17</i> | P: 904-683-9124 F: 904-738-7956 TF: 866-355-8752 | 210050961 | 1184672958 (5451FL) MEDICAID & PRIVATE INS. ONLY. 1225345812 (5452FL) | 10-7179 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 08/30/78 |
| FL | 62-1179055 | *Parent | 5442 | Housecall Home Health, LLC d/b/a Amedisys Home Health 1170 Celebration Blvd Suite 103 Celebration, FL 34747-4604 County: Osceola <i>*Relocated from Orlando 12/13/17 *Relocated from Winter Park, FL 09/20/2007</i> | P: 407-282-2926 F: 407-282-2186 TF: 866-361-0139 | 210110961 | 1063460889 (5442FL) | 10-7302 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 03/11/75 |
| FL | 62-1179055 | Branch | 5442 | Housecall Home Health, LLC d/b/a Amedisys Home Health 6905 N Wickham Road Suite 303 Melbourne, FL 32940-7551 County: Brevard <i>*Relocated from 3962 W. Eau Gallie Blvd Suite C, Melbourne, 32934-3294 eff. 3/25/16</i> | P: 321-751-1901 F: 321-751-9137 TF: 866-355-7332 | 210110961 | 1063460889 (5442FL) MEDICAID & PRIVATE INS. ONLY. 1689981243 (5445FL) | 10-7302 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 03/11/75 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| FL | 62-1179055 | *Parent | 5435 | Housecall Home Health, LLC d/b/a Amedisys Home Health 1045 Old Mill Run The Villages, FL 32162-1680 County: Sumter ***(Relocated from Spring Hill eff 2/22/13 to The Villages branch's address and assumed The Villages' loc code) *Relocated from Brooksville 4/23/2010 *Relocated from Spring Hill 5/08/2007 | P: 352-391-1416 F: 352-391-1422 TF: 866-355-7331 | 21106096 | 1053369025 (5429FL) | 10-7403 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 09/07/90 |
| FL | 62-1179055 | *Parent | 5423 | Housecall Home Health, LLC d/b/a Amedisys Home Health 14236 Tamiami Trail North Port, FL 34287-2228 County: Sarasota *Relocated from Arcadia eff 7/21/17 *Relocated from Port Charlotte eff 12/30/15 (Relocated from Sarasota-5422 eff 12/16/13 to the Port Charlotte branch's-5423 address and assumed Port Charlotte's loc code-5423) | P: 941-564-3067 F: 866-413-2778 TF: 866-362-2047 | 217790961 | 1992753768 (5422FL) | 10-7522 | N/A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc.. Reorganization effective 10/01/11 | Acquired 07/01/05 | 04/04/96 |
| GA | 02-0674282 | *Parent | 3370 | Adventia Hospice, L.L.C. d/b/a Amedisys Hospice of Dalton 1510 N Thornton Ave Suite 200 Dalton, GA 30720-8517 County: Whitfield | P: 706-259-2519 F: 706-259-3159 TF: 866-353-5915 | 000-167-H | 1255380663 (3370GAH) | 11-1643 | Medicaid: 000921962B | PGBA / N/A | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventia Hospice Inc effective 1/1/2013 | Opened 12/19/06 | #N/A |
| GA | 02-0674282 | *Parent | 3371 | Adventia Hospice, L.L.C. d/b/a Amedisys Hospice of Lawrenceville 595 Hurricane Shoals Road, NW Suite 201 Lawrenceville, GA 30046-8762 County: Gwinnett | P: 678-442-7338 F: 678-442-7410 TF: 866-693-6866 | 067-0294-H | 1427173699 (3371GA) | 11-1665 | Medicaid: 000921962C | PGBA / N/A | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventia Hospice Inc effective 1/1/2013 | Opened 12/20/07 | #N/A |
| GA | 20-1032823 | *Parent | 8315 | Tender Loving Care Health Care Services of Georgia, L.L.C. d/b/a Staff Builders Home Health, an Amedisys Company 3505 Duluth Park Lane Suite 300 Duluth, GA 30096-3203 County: Gwinnett *Relocated from Alpharetta, GA 6/29/2010 | P: 678-417-1033 F: 770-622-9870 TF: 866-738-9981 | 067-305-H | 1235182767 (rdelessio) | 11-7083 | Medicaid: 003124560A | NGS/ NGS | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of Georgia, L.L.C. #20-1032823 which owns (100%) of this agency. | Acquired 03/26/08 | 07/28/83 |
| GA | 20-1032823 | Branch | 8315 | Tender Loving Care Health Care Services of Georgia, L.L.C. d/b/a Staff Builders Home Health, an Amedisys Company 2314 Sullivan Road Suite 120 College Park, GA 30037-6313 County: Fulton *Relocated from 3848 Northwest Drive Suite 170 College Park, GA eff 3/8/17 *Relocated from East Point, GA 8/20/2009 | P: 404-684-1932 F: 404-763-1610 TF: 866-941-8299 | 067-305-H | 1235182767 (rdelessio) MEDICAID ONLY: 1710134267 (8316GA) | 11-7083 Branch ID: 11Q7083001 | Medicaid: 000281905H | NGS/ NGS | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of Georgia, L.L.C. #20-1032823 which owns (100%) of this agency. | Acquired 03/26/08 | 07/28/83 |
| GA | 27-0078073 | *Parent | 3392 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care of Newnan 1825 Highway 34 East Suite 2200 Newnan, GA 30265-6420 County: Coweta | P: 770-502-3667 F: 770-502-3657 TF: 866-694-5374 | 038-0311-H | 1528257169 (3375gah) | 11-1685 | Medicaid: 003101244A | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010 | Opened 09/24/09 | #N/A |
| GA | 27-0078073 | *Parent | 3393 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care of Kennesaw 4255 Wade Green Road, NW Bldg 300 Suite. 320 Kennesaw, GA 30144-1762 County: Cobb *Relocated from 1701 Barrett Lakes Boulevard Suite 280 eff. 12/4/2014 | P: 770-423-1316 F: 770-426-7453 TF: 866-921-1668 | 033-0312-H | 1396938015 (3374GA) | 11-1686 | Medicaid: 538644165A | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010 | Opened 11/20/09 | #N/A |
| GA | 27-0078073 | *Parent | 3391 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care of Cartersville 102 E. Main Street Cartersville, GA 30120-3318 County: Bartow *Relocated from 12 Felton Place Suite E eff 6/24/17 *Relocated from 1217 Joe Frank Harris Parkway SE, Cartersville eff 3/28/12 | P: 770-382-0114 F: 770-382-1393 TF: 866-313-1217 | 008-0308-H | 1699968727 (3372GA) | 11-1687 | Medicaid: 003101278A | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010 | Opened 10/01/09 | #N/A |
| GA | 27-0078073 | *Parent | 8326 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice 53 Rock Drive Toccoa, GA 30577-3972 County: Stephens | P 706-827-0020 F 706-827-0084 TF: 877-234-9881 | 127-0365-H | 1063718211 (8326GA) | 11-1718 | Medicaid: 003119607A | PGBA/ PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) of this agency. | Opened 12/14/11 | #N/A |

Amedisys, Inc. - Active Locations

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| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|-----------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 52-2363705 | *Parent | 8314 | AccuMed Home Health of Georgia, L.L.C. d/b/a Community Home Health, an Amedisys Company 400 Churchill Court Suite 440 Woodstock, GA 30188-6871 County: Cherokee | P: 770-926-9525 F: 770-926-9581 TF: 877-622-1909 | 033-263-H | 1003861824 (lc117130) | 11-7130 | Medicaid 000964708F | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) AccuMed Home Health of Georgia, L.L.C. #52- 2363705 which owns (100%) of this agency. *AccuMed Home Health of Georgia, Inc. converted to L.L.C. and moved directly under Amedisys Holding L.L.C. effective 07/01/13 | Acquired 03/26/08 | 08/22/02 |
| GA | 58-2567724 | *Parent | 3335 | Amedisys Northwest, LLC d/b/a Amedisys Home Health of Griffin 244 Odell Rd, Unit 1 Griffin, GA 30224-4787 County: Spaulding | P: 770-229-4962 F: 770-412-8767 TF: 866-877-5064 | 126-278-H | 1336197003 (3335GA) | 11-7045 | Medicaid: 00183961A CCSP: 000183961D (Withdrew 6/13/05) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Northwest, L.L.C. #58-2567724 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Northwest Home Health, Inc. which has been merged into Amedisys Northwest, L.L.C. - 08/01/2002 | Acquired 04/01/04 | 09/15/78 |
| GA | 58-2567724 | Branch | 3335 | Amedisys Northwest, LLC d/b/a Amedisys Home Health of Thomaston 113 Crawley Street Thomaston, GA 30286-3576 County: Upson | P: 706-648-1148 F: 866-727-3621 TF: 866-401-2953 | 126-278-H | 1336197003 (3335GA) MEDICAID ONLY: 1558586347 (3347GA) | 11-7045 Branch ID: 11Q7045001 | Medicaid: 00183961E | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Northwest, L.L.C. #58-2567724 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Northwest Home Health, Inc. which has been merged into Amedisys Northwest, L.L.C. - 08/01/2002 | Opened 03/31/06 | 09/15/78 |
| GA | 58-2567724 | *Parent | 3329 | Amedisys Northwest, LLC d/b/a Amedisys Northwest Home Health 91 Sammy McShee Blvd Suite 104 Jasper, GA 30143-7704 County: Pickens | P: 800-637-8793 F: 706-692-0007 TF: 866-842-2399 | 112-095 | 1588612188 (3329GA) | 11-7064 | Medicaid 00208007A Source: 00208007F CCSP: (Withdrew 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Northwest, L.L.C. #58-2567724 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Northwest Home Health, Inc. which has been merged into Amedisys Northwest, L.L.C. - 08/01/2002 | Acquired 10/01/00 | 07/29/80 |
| GA | 58-2567724 | Branch | 3329 | Amedisys Northwest, LLC d/b/a Amedisys Northwest Home Health 101 Riverstone Vista Suite 213 Blue Ridge, GA 30513-6649 County: Fannin | P: 855-856-3039 F: 866-268-3541 | 112-095 | 1588612188 (3329GA) MEDICAID ONLY: 1952528259 (3330GA) | 11-7064 Branch ID: 11Q7064001 | Medicaid 00208007G Source: 00208007F CCSP: (Withdrew 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Northwest, L.L.C. #58-2567724 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Northwest Home Health, Inc. which has been merged into Amedisys Northwest, L.L.C. - 08/01/2002 | Acquired 10/01/00 | 07/29/80 |
| GA | 58-2567724 | Branch | 3329 | Amedisys Northwest, LLC d/b/a Amedisys Northwest Home Health 111 Mountain Vista Blvd Suite.145 Canton, GA 30115-1301 County: Cherokee *Relocated from 147 Reinhardt College Pkwy Suite 3, eff. 5-22-14 | P: 770-345-3630 F: 770-345-3655 TF: 866-918-2707 | 112-095 | 1588612188 (3329GA) MEDICAID ONLY: 1982822623 (3355GA) | 11-7064 Branch ID: 11Q7064002 | Medicaid 00208007H | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Northwest, L.L.C. #58-2567724 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Northwest Home Health, Inc. which has been merged into Amedisys Northwest, L.L.C. - 08/01/2002 | Opened 05/25/07 | 07/29/80 |
| GA | 72-1428476 | *Parent | 3309 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 1990 Lakeside Parkway Suite 210 Tucker, GA 30084-5868 County: DeKalb *Relocated from Decatur, GA 12/15/2004 | P: 770-938-8611 F: 770-938-9564 TF: 866-236-3849 | 044-252-H | 1477501179 (3309GA) | 11-7026 | Medicaid 00832444A PSS: 00863145B CCSP: 00863145A (Withdrew 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/99 | 12/04/75 |
| GA | 72-1428476 | Branch | 3309 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 595 Hunicane Shoals Road NW Suite 200 Lawrenceville, GA 30046-8762 County: Gwinnett | P: 770-995-7802 F: 770-995-8019 TF: 866-246-3062 | 044-252-H | 1477501179 (3309GA) MEDICAID ONLY: 1851516629 (3310GA) | 11-7026 Branch ID: 11Q7026001 | Medicaid 00832444C CCSP: 00863189A (Withdrew 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/99 | 12/04/75 |
| GA | 72-1428476 | Branch | 3309 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 30 Piedmont Drive Winder, GA 30680-8117 County: Barrow | P: 770-968-0078 F: 866-268-3691 TF: 866-725-2854 | 044-252-H | 1477501179 (3309GA) MEDICAID ONLY: 1043437346 (3343GA) | 11-7026 Branch ID: 11Q7026002 | Medicaid 00832444B | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 07/14/05 | 12/04/75 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 72-1428476 | Branch | 3309 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 1501 Milledard Road NE Suite 180 Conyers, GA 30012-3850 County: Rockdale Mailing: P.O. Box 1118, Conyers, GA 30012-1118 | P: 770-483-7404 F: 770-483-7499 TF: 866-377-5262 | 044-252-H | 1477501179 (3309GA) MEDICAID ONLY: 1982849907 (3394GA) | 11-7026 Branch ID: 11Q7026003 | Medicaid: 000832444D | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 3/2/09 | 12/04/75 |
| GA | 72-1428476 | *Parent | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 122 Battlefield Crossing Court Ringgold, GA 30736-5176 County: Catoosa *Relocated from Ft. Oglethorpe 2/27/2008 | P: 706-861-5940 F: 706-858-3504 TF: 800-233-0958 | 023-052 | 1548218290 (3317GA) | 11-7028 Medicaid 00826009A CCSP: 00863156G (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 12/01/75 | |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 1422 Green Road Suite F Chatsworth, GA 30705-6998 County: Murray | P 706-517-1600 F: 706-517-1606 TF: 855-269-1600 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1710283205 (3363GA) | 11-7028 Branch ID: 11Q7028006 | Medicaid 000336894J | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 01/04/2011 | 12/01/75 |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 11632 Highway 27 Summerville, GA 30747-5873 County: Chattooga | P: 706-857-7433 F: 706-857-5184 TF: 800-874-6433 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1003033564 (3318GA) | 11-7028 Branch ID: 11Q7028001 | Medicaid 00826009D CCSP: 00863156E (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 12/01/75 |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 1575 Chattahoochee Avenue Suite 4 Dalton, GA 30720-2671 County: Whitfield | P: 706-226-1170 F: 706-226-2103 TF: 800-742-5972 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1437376985 (3319GA) | 11-7028 Branch ID: 11Q7028002 | Medicaid 00826009E CCSP: 00863156D (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 12/01/75 |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 11804 South Main Street Trenton, GA 30752-2834 County: Dade *Relocated from 5006 Hwy. 136 West off. 5-24-13 | P: 866-610-4113 F: 866-268-3702 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1821215385 (3344GA) | 11-7028 Branch ID: 11Q7028003 | Medicaid 00826009B | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 08/22/05 | 12/01/75 |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 202 Professional Court SE Suite A Calhoun, GA 30701-7020 County: Gordon | P: 706-629-3447 F: 706-629-3142 TF: 866-253-2442 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1790903433 (3352GA) | 11-7028 Branch ID: 11Q7028004 | Medicaid 00826009F CCSP: 00863156E (Withdraw 09/01/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 06/21/07 | 12/01/75 |
| GA | 72-1428476 | Branch | 3317 | Amedisys Georgia, L.L.C. d/b/a North Georgia Home Health Agency, an Amedisys Company 1408 N. Main Street LaFayette, GA 30728-6434 County: Walker | P: 706.638.0103 F: 706.639.4925 TF: 866-327-6806 | 023-052 | 1548218290 (3317GA) MEDICAID ONLY: 1639400286 (8320GAL) | 11-7028 Branch ID: 11Q7028005 | Medicaid 000827802J | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 01/04/10 | 12/01/75 |
| GA | 72-1428476 | *Parent | 3311 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 12915 Jones Street Lavonia, GA 30553-1158 County: Franklin | P: 706-356-8480 F: 866-268-3537 TF: 800-342-9241 | 059-240-H | 1235187980 (3311GA) | 11-7036 Black Lung: 700317 PSS: 00863123B CCSP: 00863123A (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 11/21/97 | |
| GA | 72-1428476 | Branch | 3311 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 691 441 Historic Highway North Suite 6 Demorest, GA 30535-4569 County: Habersham *Relocated from 865 Austin Drive Suite C eff. 6-5-14 | P: 706-391-6011 F: 866-268-3586 TF: 866-464-9124 | 059-240-H | 1235187980 (3311GA) MEDICAID ONLY: 1003032475 (3334GA) | 11-7036 Branch ID: 11Q7036001 | Medicaid: 00824909C CCSP: (Withdraw 9/1/03) | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 02/14/03 | 11/21/97 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogID) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FJ / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification of Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 72-1428476 | Branch | 3311 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 53 Rock Drive Toccoa, GA 30577-3972 County: Stephens | P: 706-886-5442 F: 706-886-4048 TF: 800-706-1901 | 059-240-H | 1235187980 (3311GA) MEDICAID ONLY: 1346467750 (3313GA) | 11-7036 Branch ID: 11Q7036002 | Medicaid 000189109F Black Lung: 700317 CCSP: 00863167A (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 11/21/97 |
| GA | 72-1428476 | Branch | 3311 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 75 N. Main Street Suite 105 Clayton, GA 30525-4264 County: Rabun | P: 800-348-2852 F: 866-268-3538 | 059-240-H | 1235187980 (3311GA) MEDICAID ONLY: 1740406156 (3312GA) | 11-7036 Branch ID: 11Q7036003 | Medicaid: 000189164F Black Lung: 700317 CCSP: 00863211A (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 11/21/97 |
| GA | 72-1428476 | Branch | 3311 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 308 E. Howell Street Suite 100 Hartwell, GA 30643-1999 County: Hart | P: 866-862-8534 F: 866-268-3610 | 059-240-H | 1235187980 (3311GA) MEDICAID ONLY: 1437376845 (3342GA) | 11-7036 Branch ID: 11Q7036004 | Medicaid 00824909B Black Lung: 700317 | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 06/13/05 | 11/21/97 |
| GA | 72-1428476 | *Parent | 3306 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 2000 Riveredge Parkway, NW Suite GL200 Atlanta, GA 30328-4694 County: Fulton | P: 770-953-8570 F: 770-916-1850 TF: 866-485-3446 | 060-246-H | 1831147529 (3306GA) | 11-7039 | Medicaid 00824931A PSS: 00863156B CCSP: 00863156A (Withdraw 9/1/03) | PGBA / Wellmark of Iowa | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 06/15/78 |
| GA | 72-1428476 | Branch | 3306 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 4255 Wade Green Road, NW Bldg 300 Suite 310 Kennesaw, GA 30144-1244 County: Cobb **Bldg number 300 was added and suite number chgd from 420 to 310 eff 1/21/15 *Relocated from Cartersville, GA eff. 08/17/2000 | P: 770-424-3595 F: 770-424-1584 TF: 866-321-5650 | 060-246-H | 1831147529 (3306GA) MEDICAID ONLY: 1073635660 (3308GA) | 11-7039 Branch ID: 11Q7039001 | Medicaid 00824931D CCSP: 00863156I (Withdraw 9/1/03) | PGBA / Wellmark of Iowa | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 06/15/78 |
| GA | 72-1428476 | *Parent | 3320 | Amedisys Georgia, L.L.C. d/b/a Coosa Valley Home Health, an Amedisys Company 160 Three Rivers Drive, NE Suite 1100 Roma, GA 30161-2306 County: Floyd | P: 706-291-8867 F: 706-290-0461 F: 800-227-6808 | 057-249-H | 1285682955 (3320GEO) | 11-7041 | Medicaid 00828429A CCSP: 00863166F (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 07/03/78 |
| GA | 72-1428476 | Branch | 3320 | Amedisys Georgia, L.L.C. d/b/a Coosa Valley Home Health, an Amedisys Company 102 E. Main Street Suite A Cartersville, GA 30120-3318 County: Bartow *Relocated from 12 Felton Place Suite E eff. 6/24/17 | P: 770-382-8901 F: 770-382-8908 TF: 800-831-4138 | 057-249-H | 1285682955 (3320GEO) MEDICAID ONLY: 1548485477 (3322GA) | 11-7041 Branch ID: 11Q7041001 | Medicaid 00828429B CCSP: 00863156H (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 07/03/78 |
| GA | 72-1428476 | Branch | 3320 | Amedisys Georgia, L.L.C. d/b/a Coosa Valley Home Health, an Amedisys Company 1573 Rome Highway Cedartown, GA 30125-4402 County: Polk *Relocated from 401 N. Main Street Cedartown, GA eff. 3/31/17 Mailing: P.O. Box 226, Cedartown, GA 30125-0226 | P: 770-748-9318 F: 770-748-8898 TF: 800-831-5180 | 057-249-H | 1285682955 (3320GEO) MEDICAID ONLY: 1982829826 (3321GA) | 11-7041 Branch ID: 11Q7041002 | Medicaid 000828429C CCSP: 00863156G (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 07/03/78 |
| GA | 72-1428476 | *Parent | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 3009 Chapel Hill Road Suite C Douglasville, GA 30135-1777 County: Douglas | P: 770-942-1609 F: 770-942-2632 TF: 866-488-1643 | 048-241-H | 1437117090 (3303GA) | 11-7050 | Medicaid 00824942A PSS: 000863222A CCSP: 00863222A (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 03/13/79 |
| GA | 72-1428476 | Branch | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 1240 Highway 54 W Suite 601, Bldg. 600 Fayetteville, GA 30214-4562 County: Fayette | P: 770-719-9155 F: 770-719-2441 TF: 866-225-4828 | 048-241-H | 1437117090 (3303GA) MEDICAID ONLY: 1467675900 (3305GA) | 11-7050 Branch ID: 11Q7050001 | Medicaid: 00824942B CCSP: 00863156J (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 03/13/79 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Logh) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 72-1428476 | Branch | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 250 Village Center Pkwy Suite 200 Stockbridge, GA 30281-9044 County: Henry | P: 770-506-4112 F: 770-506-1783 TF: 866-776-9598 | 048-241-H | 1437117090 (3303GA) MEDICAID ONLY: 130663706 (3350GA) | 11-7050 Branch ID: 11Q7050003 | Medicaid 00824942D | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 06/29/06 | 03/13/79 |
| GA | 72-1428476 | Branch | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 105 Village Walk Suite 282 Dallas, GA 30132-5506 County: Paulding | P: 770-445-2402 F: 770-445-5464 TF: 866-393-8915 | 048-241-H | 1437117090 (3303GA) MEDICAID ONLY: 1538281688 (3351GA) | 11-7050 Branch ID: 11Q7050004 | Medicaid 00824942E | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 08/01/06 | 03/13/79 |
| GA | 72-1428476 | Branch | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 1825 Highway 34 East Suite 2400 Newman, GA 30265-6411 County: Coweta | P: 678-423-9171 F: 678-423-9182 TF: 866-664-9232 | 048-241-H | 1437117090 (3303GA) MEDICAID ONLY: 1609094341 (3356GA) | 11-7050 Branch ID: 11Q7050005 | Medicaid 00824942G | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 05/01/07 | 03/13/79 |
| GA | 72-1428476 | Branch | 3303 | Amedisys Georgia, L.L.C. d/b/a Central Home Health Care, an Amedisys Company 1124 N. Park St Suite I Carrollton, GA 30117-2282 County: Carroll | P: 770-832-9310 F: 770-832-9425 TF: 888-832-9310 | 048-241-H | 1437117090 (3303GA) MEDICAID ONLY: 1609069756 (3354GA) | 11-7050 Branch ID: 11Q7050006 | Medicaid 00824942F | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 08/16/07 | 03/13/79 |
| GA | 72-1428476 | *Parent | 3302 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Covington 4162 Baker Street NE Covington, GA 30014-1404 County: Newton | P: 770-787-1796 F: 770-787-6743 TF: 800-834-5927 | 107-242-H | 1134177835 (3302GEO) | 11-7065 | Medicaid: 00828418A PSS: 00863134A CCSP: 00863134A (Withdrawn 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 05/06/81 |
| GA | 72-1428476 | Branch | 3302 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health Care 500 Great Oaks Drive Suite 3 Monroe, GA 30655-8228 County: Walton <i>*Relocated from Madison, GA eff. 09/16/2010</i> | P: 770-207-0790 F: 770-207-0812 TF: 866-342-9335 | 107-242-H | 1134177835 (3302GEO) MEDICAID ONLY: 1629190244 (3337GA) | 11-7065 Branch ID: 11Q7065001 | Medicaid 00828418B | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 08/02/04 | 05/06/81 |
| GA | 72-1428476 | Branch | 3302 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Athens 1061 Dowdy Road Suite 205 Athens, GA 30606-5700 County: Clarke Mailing: P.O. Box 607, Athens, GA 30604-6307 | P: 706-353-4004 F: 706-353-3866 TF: 866-738-0576 | 107-242-H | 1134177835 (3302GEO) MEDICAID ONLY: 1780813576 (3362GA) | 11-7065 Branch ID: 11Q7065002 | Medicaid 00824909G | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 09/11/09 | 05/06/81 |
| GA | 72-1428476 | *Parent | 8303 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 201 Maple Drive Vidalia, GA 30474-8906 County: Toombs | P: 912-537-9004 F: 912-537-8586 TF: 800-533-2094 | 138-112 | 1366827986 (8303GA) | 11-7075 | Medicaid: 000336894A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/31/07 | 01/01/83 |
| GA | 72-1428476 | Branch | 8303 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 1022 Hillcrest Pkwy Suite 302 Dublin, GA 31021-4226 County: Laurens <i>*Relocated from Bellevue Rd, Dublin eff. 6/22/12</i> | P: 478-272-4261 F: 478-272-4671 TF: 866-656-6932 | 138-112 | 1366827986 (8303GA) MEDICAID ONLY: 1962655224 (8304GA) | 11-7075 Branch ID: 11Q7075002 | Medicaid: 000336894H | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/31/07 | 01/01/83 |
| GA | 72-1428476 | *Parent | 8305 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 203 Albany Avenue Waycross, GA 31501-3504 County: Ware | P: 912-285-2222 F: 912-287-1179 TF: 800-822-5003 | 148-110 | 1316120322 (8305GA) | 11-7076 | Medicaid 008265009I | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/31/07 | 12/09/82 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 72-1428476 | Branch | 8305 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 190 Westside Drive Suite E Douglas, GA 31533-3534 County: Coffee | P: 912.383.0840 F: 912.383.0838 TF: 866-204-8071 | 148-110 | 1316120322 (8305GA) MEDICAID ONLY: 1457682007 (8324GA) | 11-7076 Branch ID: 11Q7076001 | Medicaid: 000826009J | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 1/25/10 | 12/09/82 |
| GA | 72-1428476 | *Parent | 8302 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 72 Kent Road Suite 3 Tifton, GA 31794-1694 County: Tift | P: 229-386-0665 F: 229-386-5384 TF: 800-788-0454 | 137-111 | 1356524359 (8302GA) | 11-7077 | Medicaid: 000336872A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/31/07 | 01/01/83 |
| GA | 72-1428476 | Branch | 8302 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 699 GA Highway 133 South Moultrie, GA 31788-7263 County: Colquitt <i>*Relocated from 220 GA Highway 33 S. Unit 7 Moultrie, GA 31788-0579 on 7/12/19</i> | P: 229-502-4260 F: 229-502-9954 TF: 866-327-4194 | 137-111 | 1356524359 (8302GA) MEDICAID ONLY: 1649501297 (8318GA) | 11-7077 Branch ID: 11Q7077001 | Medicaid: 000826009K | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 01/04/10 | 01/01/83 |
| GA | 72-1428476 | *Parent | 8301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 17 Park of Commerce Boulevard Suite 100 Savannah, GA 31405-7470 County: Chatham | P: 912-233-9800 F: 912-233-9050 TF: 800-272-1667 | 025-145 | 1942483920 (8301GA) | 11-7078 | Medicaid 000336883A | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/31/07 | 01/01/83 |
| GA | 72-1428476 | Branch | 8301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 513 West Oglethorpe Hwy Hinesville, GA 31313-4412 County: Liberty | P: 866-205-6759 F: 866-268-3504 | 025-145 | 1942483920 (8301GA) MEDICAID ONLY: 1578895405 (8323GAH) | 11-7078 Branch ID: 11Q7078001 | Medicaid: 000336883H | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 1/25/10 | 01/01/83 |
| GA | 72-1428476 | Branch | 8301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health 907 Lisa Street Suite A Rincon, GA 31326-5184 County: Effingham | P: 912-826-5894 F: 912-826-6352 TF: 866-204-3028 | 025-145 | 1942483920 (8301GA) MEDICAID ONLY: 1902137565 (8322GAR) | 11-7078 Branch ID: 11Q7078002 | Medicaid: 000336883F | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 01/04/10 | 01/01/83 |
| GA | 72-1428476 | *Parent | 3340 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health Care 3633 Wheeler Road Suite 200 Augusta, GA 30909-6561 County: Richmond | P: 706-860-0772 F: 706-860-7048 TF: 866-359-6570 | 121-282-H | 1952359705 (3340GA) | 11-7081 | Medicaid 00917683A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 10/01/04 | 01/27/83 |
| GA | 72-1428476 | *Parent | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Macon 6040 Lakeside Commons Drive Suite B Macon, GA 31210-5794 County: Bibb | P: 478-476-0181 F: 478-477-1317 TF: 800-675-1073 | 011-243-H | 1356399018 (3301GA) | 11-7093 | Medicaid: 00827802A PSS: 0863178A CCSP: 00863178B (Withdraw 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 08/22/89 |
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Milledgeville 571 Hammock Road NW Suite 114 Milledgeville, GA 31061-7185 County: Baldwin | P: 478-454-2012 F: 478-454-5253 TF: 866-454-2041 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1851518252 (3339GA) | 11-7093 Branch ID: 11Q7093001 | Medicaid: 00827802B | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 12/06/04 | 08/22/89 |
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Butler 13 South Broad Street Butler, GA 31006-5519 County: Taylor <i>*Relocated from Ellaville, GA eff. 07/13/2006</i> Malling: P.O. Box 247, Butler, GA 31006-0247 | P: 866-771-9537 F: 866-268-3590 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1649497108 (3341GA) | 11-7093 Branch ID: 11Q7093002 | Medicaid: 00827802C | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 06/01/05 | 08/22/89 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Columbus 1117 20th St, Suite 200 Columbus, GA 31901-1643 County: Muscogee | P: 706-927-9334 F: 706-327-9306 TF:866-487-4844 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1003031907 (3348GA) | 11-7093 Branch ID: 11Q7093003 | Medicaid: 00827802D | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 07/24/06 | 08/22/89 |
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Hawkinsville 32 341 Bypass Hawkinsville, GA 31036-4840 County: Pulaski | P: 866-448-2615 F: 866-727-3702 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1568643773 (3358GA3) | 11-7093 Branch ID: 11Q7093004 | Medicaid: 000827802H | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 04/29/08 | 08/22/89 |
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Americus 1206 Crawford St, Suite A Americus, GA 31709-3278 County: Sumter | P: 229-928-3483 F: 229-928-4326 TF:877-355-0002 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1568607513 (3360GA) | 11-7093 Branch ID: 11Q7093005 | Medicaid: 000827802G | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 11/7/08 | 08/22/89 |
| GA | 72-1428476 | Branch | 3301 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Gray 4274 Gray Highway Suite C Gray, GA 31032-5938 County: Jones | P: 478-986-5550 F: 478-986-5553 TF:866-276-3406 | 011-243-H | 1356399018 (3301GA) MEDICAID ONLY: 1043455074 (3359GA) | 11-7093 Branch ID: 11Q7093006 | Medicaid: 000827802F | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 11/10/08 | 08/22/89 |
| GA | 72-1428476 | *Parent | 3333 | Amedisys Georgia, L.L.C. d/b/a Amedisys Home Health of Valdosta 2947 North Ashley Street Suite C Valdosta, GA 31602-1712 County: Lowndes | P: 229-245-0646 F: 229-245-6946 TF:866-268-3535 | 092-204 | 1720036494 (3333GA) | 11-7114 | Medicaid 000748712A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 10/01/02 | 02/06/97 |
| GA | 72-1428476 | *Parent | 3315 <i>*Formerly Sub Unit of 3311</i> | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 2565 Thompson Bridge Rd Suite 204-205 Gainesville, GA 30501-1723 County: Hall <i>*Converted from Sub-Unit to Parent 1/13/18</i> | P: 770-532-2013 F: 770-532-4177 TF:800-892-9701 | 069-247-H | 1912955667 (3315GA) | 11-7305 | Medicaid 00832455A Black Lung: 700318 PSS: 000863233B CCSP: 00863233A (Withdrawn 9/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Acquired 12/01/98 | 04/01/79 |
| GA | 72-1428476 | Branch | 3315 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 1100 Turner Road Suite A Cumming, GA 30041-5303 County: Forsyth | P: 678-455-5207 F: 678-455-5300 TF:888-554-1716 | 069-247-H | 1912955667 (3315GA) MEDICAID ONLY: 1548485501 (3316GA) | 11-7305 Branch ID: 11Q7305001 | Medicaid 00832455C Black Lung: 700318 CCSP: 00863233A (Withdrawn 9/1/03) | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 09/09/02 | 04/01/79 |
| GA | 72-1428476 | Branch | 3315 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 417 Blue Ridge Street Suite K Blairsville, GA 30512-3778 County: Union | P: 706-781-1093 F: 706-781-1246 TF:866-896-0042 | 069-247-H | 1912955667 (3315GA) MEDICAID ONLY: 1427275825 (3338GA) | 11-7305 Branch ID: 11Q7305002 | Medicaid 00832455B Black Lung: 700318 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 10/11/04 | 04/01/79 |
| GA | 72-1428476 | Branch | 3315 | Amedisys Georgia, L.L.C. d/b/a Tugaloo Home Health Agency, an Amedisys Company 135 Tipton Drive Dahlonega, GA 30533-1604 County: Lumpkin | P: 866-448-1686 F: 866-727-3650 | 069-247-H | 1912955667 (3315GA) MEDICAID ONLY: 1437341849 (3357GA) | 11-7305 Branch ID: 11Q7305003 | Medicaid 000826009G Black Lung: 700318 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Georgia, L.L.C. #72-1428476 which owns (100%) this agency. *Formerly Amedisys Home Health, Inc. of Georgia which has been merged into Amedisys Georgia, L.L.C. - 08/01/2002 | Opened 11/19/07 | 04/01/79 |
| GA | 27-2598825 | Parent | 3377 | Compassionate Care Hospice of Central Georgia, L.L.C. 305 Smithville Church Road, Downstairs Warner Robins, GA 31088-3148 County: Houston | P: 478-953-0520 F: 478-405-7584 | 011-0348-H | 1568781292 | 11-1705 | Medicaid 003132693A | PGBA / N/A | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Central Georgia, LLC which owns (100%) of this agency | Acquired 02/01/19 | |

Amedisys, Inc. - Active Locations

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| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification of Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|------------------------------|--------------------------------------|-------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| GA | 26-3599337 | Parent | 3378 | Compassionate Care Hospice of Savannah, L.L.C. 138 Canal Street, Suite 304 & 305 Pooler, GA 31322-4051 County: Chatham | P: 912-691-5755 F: 912-691-8753 | 025-0329-H | 1720231343 | 11-1702 | Medicaid 003132697A | PGBA / N/A | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Savannah, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| GA | 27-3195081 | Parent | 3379 | Compassionate Care Hospice of Northern Georgia, L.L.C. 2340 Prince Avenue, Suite A Athens, GA 30606-6004 County: Clarke | P: 706-369-3550 F: 706-369-3540 | 029-0352-H | 1770898678 | 11-1708 | Medicaid 003136413A | PGBA / N/A | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Northern Georgia, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| GA | 27-3195081 | Branch | 3379 | Compassionate Care Hospice of Northern Georgia, L.L.C. 446 Scenic Highway Lawrenceville, GA 30046-5614 County: Gwinnett | P: 770-415-1657 F: 678-669-3295 | 029-0352-H | 1770898678 | 11-1708 | Medicaid 003136413A | PGBA / N/A | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Northern Georgia, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| IL | 20-8349848 | *Parent | 2418 | Amedisys Illinois, LLC d/b/a Amedisys Home Health 2215 York Road Suite 209 Oak Brook, IL 60523-2397 County: Dupage <i>*Relocated from 2315 Enterprise Drive Suite 110 Westchester, IL 60154-5809 eff April 28, 2017</i> | P: 773-564-6555 F: 630-974-6924 TF: 773-564-6555 | 1011914 | 1649258294 (susan824mch4) | 14-7285 | N/A | PGBA/ NGS&PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Illinois, L.L.C. #20-8349848 which owns (100%) this agency. | Acquired 05/01/2017 | 10/01/84 |
| IL | 26-2591754 | Parent | 2419 | Compassionate Care Hospice of Illinois, LLC 200 N. Hammes Ave., Suite 3 Joliet, IL 60435-6677 County: Will | P: 847-470-9480 F: 847-470-9484 | 2002814 | 1427215086 | 14-1649 | 900080458001 | PGBA/ NGS&PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Illinois, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| IL | 20-8349848 | *Parent | 2401 | Amedisys Illinois, LLC d/b/a Amedisys Home Health 765 Ela Road Suite 105 Lake Zurich, IL 60047-2339 County: Lake <i>*Relocated from Hinsdale eff. 6/4/2010 *Relocated from Tinley Park eff. 12/16/13 *Relocated from Algonquin eff. 02/27/14</i> | P: 847-438-4905 F: 847-438-4970 TF: 866-298-2542 | 1010804 | 1861667115 (24011L) | 14-7407 | Medicaid: 364576454007 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Illinois, L.L.C. #20-8349848 which owns (100%) this agency. | Acquired 05/01/07 | 12/06/84 |
| IL | 20-8349848 | *Parent | 2406 | Amedisys Illinois, LLC d/b/a Amedisys Home Health 624 Pierce Blvd Suite 100 O'Fallon, IL 62269-2582 County: St. Clair <i>*Relocated from Belleville 6/28/2012</i> | P: 618-622-8854 F: 618-622-9528 TF: 888-825-0170 | 1010794 | 1447474895 (24061L) | 14-8004 | Medicaid: 364576454006 | PGBA/ N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Illinois, L.L.C. #20-8349848 which owns (100%) this agency. | Opened 09/02/08 | 08/27/08 |
| IN | 20-3217967 | *Parent | 1821 | Amedisys Sp-IN, LLC d/b/a Amedisys Home Health 303 Quartermaster Court Jeffersonville, IN 47130-3670 County: Clark | P: 812-284-3030 F: 812-284-6449 TF: 800-719-3030 | 19-006000-1 | 1164470373 (1821IN) | 15-7221 | Medicaid 200804850A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-IN, L.L.C. #20-3217967 which owns (100%) this agency. | Acquired 08/01/05 | 07/31/91 |
| IN | 20-3217967 | *Parent | 1824 | Amedisys Sp-IN, LLC d/b/a Amedisys Home Health 1332 West Arch Haven Ave Suite E Bloomington, IN 47403-2078 County: Monroe | P: 812-333-7018 F: 812-333-7094 TF: 866-493-5748 | 19-004926-2 | 1003937269 (1824IN) | 15-7578 | Medicaid: 200836910A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-IN, L.L.C. #20-3217967 which owns (100%) this agency. | Opened 12/04/06 | 11/03/06 |
| IN | 20-3217967 | Branch | 1824 | Amedisys Sp-IN, LLC d/b/a Amedisys Home Health 4134 S. 7th St Terre Haute, IN 47902-4123 County: Vigo | P: 812-234-1850 F: 812-232-5686 TF: 866-635-2478 | 18-004926-1 | 1003937269 (1824IN) MEDICAID ONLY: 1306037932 (1828IN) | 15-7578 | Medicaid: 200836910B | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-IN, L.L.C. #20-3217967 which owns (100%) this agency. | Opened 07/30/06 | 11/03/06 |
| IN | 20-3217967 | *Parent | 1823 | Amedisys Sp-IN, LLC d/b/a Amedisys Home Health 2200 Lake Ave Suite 150 Fort Wayne, IN 46805-5347 County: Allen | P: 260-422-8900 F: 260-422-8911 TF: 866-841-2214 | 19-011110-1 | 1437103199 (1823IN) | 15-7583 | Medicaid: 200841710A | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-IN, L.L.C. #20-3217967 which owns (100%) this agency. | Opened 01/23/07 | 12/21/06 |
| IN | 20-8718537 | *Parent | 1840 | Amedisys Indiana, LLC d/b/a Amedisys Home Health 931 Ridge Road Suites E & F Munster, IN 46321-1756 County: Lake | P: 219-836-4979 F: 219-836-4976 TF: 866-315-2809 | 19-010149-1 | 1427223684 (1840in) | 15-7521 | Medicaid: 200914990A | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Indiana, L.L.C. #20-8718537 which owns (100%) this agency. | Acquired 05/01/07 | 08/14/98 |

Amedisys, Inc. - Active Locations

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| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|----------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| IN | 27-0078073 | *Parent | 1872 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice 305 Quartermaster Court Jeffersonville, IN 47130-3670 County: Clark | P 812-284-4630 F 812-284-4656 TF:866-867-6803 | 19-012308-1 | 1932437779 (1872IN) | 15-1605 | Medicaid 201011750A | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010 | Opened 03/15/11 | #N/A |
| KS | 20-8307808 | *Parent | 1612 | Amedisys Kansas, LLC d/b/a Amedisys Hospice of Wichita 250 W. Douglas Ave Suite 110 Wichita, KS 67202-3113 County: Sedgwick | P: 316-945-0459 F: 316-945-9897 TF:866-334-7790 | N/A | 1801089859 (1612KS) | 17-1548 | Medicaid: KMAP ID Number: 200533600B | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #20-8307808 which owns (100%) this agency. | Acquired 09/01/07 | #N/A |
| KS | 20-8307808 | *Parent | 1611 | Amedisys Kansas, LLC d/b/a Amedisys Home Health Care 250 W. Douglas Ave Suite 101 Wichita, KS 67202-3113 County: Sedgwick | P: 316-945-9797 F: 316-945-8896 TF:800-759-0501 | A087024 | 1609068204 (1161KS) | 17-7170A | Medicaid 200533600A | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Kansas, L.L.C. #20-8307808 which owns (100%) this agency. | Acquired 09/01/07 | 07/02/85 |
| KS | 26-2816703 | Parent | 1619 | Compassionate Care Hospice of Kansas City, LLC Rosehill Office Park 1, 8725 Rose Hill Road, Suite 380 Lenexa, KS 66215-4611 County: Johnson | P: 913-671-6740 F: 913-671-7781 | N/A | 1073774451 | 17-1574 | Medicaid 1457646523 KMAP #200654350A | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2012 | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc #90-0080458 which owns (100%) of Compassionate Care Hospice of Kansas LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| KY | 20-3217688 | *Parent | 2123 | Amedisys Sp-OH, L.L.C. d/b/a Amedisys Home Health of Kentucky 533 Centre View Blvd. Crestview Hills, KY 41017-3444 County: Kenton <i>*Relocated from: 2670 Chancellor Drive Suite 120, eff. 11/18/14</i> | P: 859-441-7999 F: 859-441-5606 TF:866-841-2064 | 150184 | 1215940093 (2123KY) | 18-7179 | Medicaid: 710031060 | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-OH, L.L.C. #20-3217688 which owns (100%) this agency. | Opened 09/26/06 | 09/26/06 |
| KY | 20-3217888 | *Parent | 2121 | Amedisys Sp-KY, LLC d/b/a Amedisys Home Health Care Services 101 Bruce Professional Plaza Mt. Sterling, KY 40353-8502 County: Montgomery | P: 859-498-5199 F: 866-666-4516 TF:868-798-5199 | 150091 | 1326096140 (2121KY) | 18-7093 | Medicaid 34000291 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-KY, L.L.C. #20-3217888 which owns (100%) this agency. | Acquired 08/01/05 | 07/12/84 |
| KY | 20-3217889 | *Parent | 2120 | Amedisys Sp-KY, LLC d/b/a Amedisys Home Health Care Services 9000 Wessex Place Suite 304 Louisville, KY 40222-5071 County: Jefferson <i>*Relocated from Suite, 100 to Suite, 304 eff 04/28/15</i> | P: 502-429-4550 F: 502-426-1887 TF:800-982-4550 | 150084 | 1013965979 (2120KY) | 18-7143 | Medicaid: 34000299 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-KY, L.L.C. #20-3217889 which owns (100%) this agency. | Acquired 08/01/05 | 02/29/88 |
| KY | 20-3217889 | *Parent | 2122 | Amedisys Sp-KY, LLC d/b/a Amedisys Home Health Care Services 833 Valley College Drive Suite 5 Louisville, KY 40272-2791 County: Jefferson | P:502-933-1311 F:502-933-1745 TF:800-982-4550 | 150154 | 1104875749 (2122KY) | 18-7171 | Medicaid: 7100107770 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Sp-KY, L.L.C. #20-3217889 which owns (100%) this agency. | Acquired 08/01/05 | 08/17/99 |
| KY | 62-1151058 | *Parent | 2140 <i>*Formerly Sub Unit of 0540</i> | Comprehensive Home Healthcare Services, L.L.C. d/b/a Amedisys Home Health Care 123 N. 19th Street Suite 5 Middlesboro, KY 40965-2865 County: Bell <i>*Converted from Sub-Unit to Parent 1/13/18</i> Mailing: P.O.Box 236, Middlesboro, KY 40965-0236 | P: 606-248-1062 F: 606-248-1224 TF:800-528-4029 | 150129 | 1942250592 (CBRANDEN12) | 18-7306 | Medicaid 7100126150 Medicaid Waiver: 7100163110 EPSDT Waiver: 7100163150 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Comprehensive Home Healthcare Services, L.L.C. #62-1151058 which owns (100%) of this agency. * Comprehensive Home Healthcare Services, Inc. converted to L.L.C. and moved directly under Amedisys Holding L.L.C. effective 07/01/13 | Acquired 03/01/08 | 02/08/06 |
| KY | 62-1179055 | *Parent | 2101 | Housecall Home Health, LLC d/b/a Amedisys Home Health Services 13101 Magisterial Drive Suite 101 Louisville, KY 40223-5138 County: Jefferson | P: 502-244-5441 F: 502-244-5627 TF:888-582-3200 | 150045 | 1043268881 (2101KY) | 18-7059 | Medicaid 34026567 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Housecall Home Health, LLC #62-1179055 which owns (100%) this agency. *Formerly Housecall Home Health, Inc. Reorganization effective 10/01/11 | Acquired 07/01/05 | 07/18/75 |
| KY | 62-1282368 | *Parent | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 937 Campbellsville Road Suite 903 Columbia, KY 42728-2265 County: Adair Mailing: P. O. Box 1089, Columbia, KY 42728-6089 | P: 270-384-6411 F: 270-384-3928 TF:800-861-8601 | 150108 | 1891765723 (CBRANDEN) | 18-7119 | Medicaid 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 1724 Rockingham Avenue Suite 300 Bowling Green, KY 42104-5842 County: Warren | P: 270-842-4500 F: 270-842-0900 TF:866-770-4500 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119004 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 1332 North Race Street Glasgow, KY 42141-3455 County: Barren <i>*Relocated from 216C North Race Street, Glasgow off. 10/14/15</i> | P: 270-651-7640 F: 270-651-9644 TF: 877-949-0990 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119005 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 124 Foothills Avenue Albany, KY 42602-1090 County: Clinton Mailing: P.O. Box 184, Albany, KY 42602-0184 | P: 800-861-8603 F: 855-396-7486 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119006 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 102 South Main Street Greensburg, KY 42743-1527 County: Green | P: 270-932-7791 F: 270-832-5229 TF: 800-861-8605 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119007 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 40 Turpen Court Suite A Somerset, KY 42503-3464 County: Pulaski | P: 606-679-8555 F: 606-678-4548 TF: 877-346-0210 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119009 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 175 West Bear Track Road Campbellsville, KY 42718-8709 County: Taylor | P: 270-465-4978 F: 270-465-5330 TF: 800-861-8606 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119010 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | Branch | 2150 | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 1690 Ring Road Suite 200 Elizabethtown, KY 42701-4411 County: Hardin | P: 270-766-1297 F: 270-766-1649 TF: 800-647-0775 | 150108 | 1891765723 (CBRANDEN) | 18-7119 Branch ID: 18Q7119015 | Medicaid: 7100162880 H&C Based Waiver: 7100162920 Model 2 Waiver: 7100162950 EPSDT Waiver 7100162960 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 06/01/85 |
| KY | 62-1282368 | *Parent | 2143 <i>*Formerly Sub Unit of 2150</i> | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 2480 Fortune Drive Suite 120 Lexington, KY 40509-4168 County: Fayette <i>*Relocated from Georgetown, 7-23-13 *Converted from Sub-Unit to Parent eff. 1/13/18</i> | P: 859-271-0611 F: 859-271-0751 TF: 866-841-2067 | 150170 | 1568432433 (CBRANDEN3) | 18-7163 | Medicaid: 7100123960 H&C Based Waiver: 7100163030 Model 2 Waiver: 7100163000 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 09/30/98 |
| KY | 62-1282368 | *Parent | 2149 <i>*Formerly Sub Unit of 2150</i> | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 2200 East Parrish Avenue, Suite 103E Owensboro, KY 42303-1450 County: Daviess <i>*Converted from Sub-Unit to Parent 1/13/18</i> | P: 270-852-4811 F: 866-864-4799 TF: 800-910-1412 | 150176 | 1285604140 (CBRANDEN2) | 18-7168 | Medicaid: 7100123910 H&C Based Waiver: 7100162990 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 02/02/99 |
| KY | 62-1282368 | *Parent | 2142 <i>*Formerly Sub Unit of 2150</i> | Family Home Health Care, L.L.C. d/b/a Amedisys Home Health 1200 Bath Avenue Suite 301 Ashland, KY 41101-2665 County: Boyd <i>*Converted from Sub-Unit to Parent eff. 1/13/18</i> | P: 606-324-2491 F: 606-324-7676 TF: 888-882-6300 | 150164 | 1740250133 (CBRANDEN4) | 18-7302 | Medicaid: 7100163050 H&C Based Waiver: 7100163080 Model 2 Waiver: 7100163100 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Family Home Health Care, L.L.C. #62-1282368 which owns (100%) of this agency. *Family Home Health Care INC converted to L.L.C. effective 5-15-13 | Acquired 03/01/08 | 08/06/97 |
| LA | 27-0078073 | *Parent | 1211 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice 425 Ashley Ridge Blvd. Suite 240 Shreveport, LA 71106-7226 Parish: Caddo <i>*Relocated from 8508 Line Avenue Suite A eff. 8-15-13</i> | P: 318-868-8788 F: 318-868-9788 TF: 800-856-4307 | 2203781755 | 1366443830 (ohc048la) | 19-1533 | Medicaid 1580627 | PGBA/ PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. | Acquired 05/07/12 | #N/A |
| LA | 27-0078073 | *Parent | 1212 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice 4017 Common Street Lake Charles, LA 70607-2942 Parish: Calcasieu <i>*Relocated from 814 W. McNeese St Sl.100 5-24-13</i> | P: 337-562-3200 F: 337-478-9501 TF: 855-594-7264 | 2203781671 | 1649271016 (ohc056la) | 19-1534 | Medicaid 1580732 | PGBA/ PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. | Acquired 05/07/12 | #N/A |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|------------------------------|-----------------------------------------|---------------------------------------|----------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| LA | 27-0078073 | *Parent | 1280 | Amedisys Hospice, LLC d/b/a Amedisys Hospice 3854 American Way Suite C Baton Rouge, LA 70816-4896. Parish: East Baton Rouge *Relocated from 13702 Coursey Blvd. Suite 1B, Baton Rouge LA eff. 7/18/18 *Relocated from Suite 6A to Suite 1B eff. 07-30-13 | P: 225-751-4599 F: 225-751-4579 TF: 866-334 7766 | 2203784040 STATE ID: HP0004886 | 1790743086 (1280LOU) | 19-1607 | Medicaid 1583880 | PGBA / N/A | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 04/14/05 | #N/A |
| LA | 27-0078073 | *Parent | 1284 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice 4021B Ambassador Caffery Pkwy Suite 101 Lafayette, LA 70503-5262 Parish: Lafayette *Relocated from 100 Asma Boulevard Suite 265 Lafayette, eff. 8/26/15 | P 337-988-9778 F 337-988-9782 TF 977-922-3724 | 2203782436 STATE ID: HP0010560 | 1780984732 (1284LA) | 19-1674 | Medicaid: 2173235 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 08/19/11 | #N/A |
| LA | 27-2894481 | Parent | 1285 | Compassionate Care Hospice of Central Louisiana, L.L.C. 5417 Jackson Street, Suite B Alexandria, LA 71303-2322 Parish: Rapides | P 318-487-9400 F 318-448-1160 | 355 | 1336450345 | 19-1673 | Medicaid: 2156438 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Cental Louisiana, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| LA | 72-1225546 | *Parent | 1210 | Home Health of Alexandria, L.L.C. d/b/a Amedisys Home Health Services 5803 Coliseum Boulevard Suite C Alexandria, LA 71303-3579 Parish: Rapides *Relocated from Boyce, LA eff. 12/08/2010 | P: 318-445-2846 F: 318-445-8719 TF: 800-442-3106 | 1189 STATE ID: HH0001421 | 1992763148 (1210LA) | 19-7504 | Medicaid 1403695 | PGBA / BCBS of NM | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Home Health of Alexandria, L.L.C. #72-1225546 which owns (100%) this agency. *Formerly Home Health of Alexandria, Inc. converted to Home Health of Alexandria, LLC and formerly owned directly by Amedisys Specialized Medical Services, effective 01/01/2012 | Acquired 05/01/98 | 01/07/93 |
| LA | 72-1429887 | *Parent | 1291 | Amedisys Louisiana, LLC d/b/a Amedisys Home Health 1403 St. Charles Street Suite 101 Houma, LA 70360-3964 Parish: Terrebonne | P: 985-872-1955 F: 985-580-4255 TF: 800-829-6471 | 1079 STATE ID: HH0001257 | 1760430441 (1291LA) | 19-7167 | Medicaid 1401676 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Louisiana, L.L.C. #72-1429887 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Louisiana which has been merged into Amedisys Louisiana, L.L.C. 12/27/2001 | Acquired 03/01/04 | 01/24/85 |
| LA | 72-1429887 | *Parent | 1207 | Amedisys Louisiana, L.L.C. d/b/a Amedisys Home Health 425 Ashley Ridge Blvd. Suite 246 Shreveport, LA 71106-7226 Parish: Caddo *Relocated from 920 Pierremont Road, Suite 520 eff. 8-15-13 | P: 318-865-8865 F: 318-865-0104 TF: 855-594-7265 | 2203781752 STATE ID: HH0001295 | 1871523902 (gentivahh152) | 19-7242 | Medicaid: 1402346 | CGS/CGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Louisiana, L.L.C. #72-1429887. which owns (100%) this agency. | Acquired 05/01/12 | 04/24/89 |
| LA | 72-1429887 | *Parent | 1253 | Amedisys Louisiana, LLC d/b/a Amedisys Home Health 4021B Ambassador Caffery Pkwy Suite 100 Lafayette, LA 70503-5262 Parish: Lafayette *Relocated from 1201 Camellia Blvd. Suite 201, Lafayette eff. 8/28/15 | P: 337-989-6913 F: 337-989-6972 TF: 800-489-1143 | 2203782441 STATE ID: HH0001308 | 1588612261 (1253LA) | 19-7263 | Medicaid 1402508 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Louisiana, L.L.C. #72-1429887 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Louisiana which has been merged into Amedisys Louisiana, L.L.C. 12/27/2001 | Acquired 11/17/99 | 02/07/90 |
| LA | 72-1429887 | Branch | 1253 | Amedisys Louisiana, LLC d/b/a Amedisys Home Health 2341 Larkspur Lane Suite 3 Opelousas, LA 70570-8664 Parish: St. Landry | P: 337-948-3223 F: 337-948-3930 TF: 866-849-3122 | 2203782441-B STATE ID: HH0001308 | 1588612261 (1253LA) | 19-7263 Branch ID: 19Q7263001 | Medicaid 1402508 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Louisiana, L.L.C. #72-1429887 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Louisiana which has been merged into Amedisys Louisiana, L.L.C. 12/27/2001 | Opened 03/30/07 | 02/07/90 |
| LA | 72-1429887 | *Parent | 1251 | Amedisys Louisiana, LLC d/b/a Amedisys Home Health 3854 American Way Suite D Baton Rouge, LA 70816-4896 Parish: East Baton Rouge *Relocated from 13702 Coursey Blvd. Suite 1A, Baton Rouge LA eff. 7/18/18 | P: 225-751-8201 F: 225-751-2230 TF: 800-943-7095 | 2203784041 STATE ID: HH0001374 | 1588612360 (1251LA) | 19-7437 | Medicaid 1403334 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Louisiana, L.L.C. #72-1429887 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Louisiana which has been merged into Amedisys Louisiana, L.L.C. 12/27/2001 | Acquired 11/17/99 | 02/03/92 |
| LA | 72-1429887 | *Parent | 1298 | Amedisys Louisiana, L.L.C. d/b/a Amedisys Home Health 4015 Common Street Lake Charles, LA 70607-2942 Parish: Calcasieu | P: 337-477-9820 F: 337-477-5175 TF: 855-594-7263 | 2203781684 STATE ID: HH0001378 | 1750609384 gentivahh379 | 19-7443 | Medicaid 1403423 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Louisiana, L.L.C. #72-1429887 which owns (100%) of this agency. | Acquired 06/01/13 | 04/06/92 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| LA | 91-2197557 | *Parent | 1271 | Amedisys LA Acquisitions, LLC d/b/a Amedisys Home Health Care 1007 W. Thomas St. Suite L Hammond, LA 70401-3062 Parish: Tangipahoa | P: 985-902-9922 F: 985-902-9006 TF: 855-849-7198 | 1107 STATE ID: HH0001283 | 1003864794 (1271LA) | 19-7216 | Medicaid 1402125 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 Owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys LA Acquisitions, L.L.C. #91-2197557 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 08/01/03 | 09/04/87 |
| LA | 91-2197557 | *Parent | 1276 | Amedisys LA Acquisitions, LLC d/b/a Amedisys Home Health Care 3501 N. Causeway Blvd Suite 200 Metairie, LA 70002-3617 Parish: Jefferson | P: 504-838-7080 F: 504-838-8038 TF: 877-486-7080 | 1011 STATE ID: HH0001360 | 1336107663 (1276LA) | 19-7765 | Medicaid 1406678 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 Owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys LA Acquisitions, L.L.C. #91-2197557 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 08/01/03 | 06/20/00 |
| LA | 91-2197557 | Branch | 1276 | Amedisys LA Acquisitions, LLC d/b/a Amedisys Home Health Care 525 Justin Street Lockport, LA 70374-2740 Parish: Lafourche *Relocated from Larose, LA to Lockport, LA eff 10/28/14 | P: 985-532-6508 F: 985-532-7178 TF: 800-349-9182 | 1011-E | 1336107663 (1276LA) | 19-7765 Branch ID: 19Q7765003 | Medicaid 1406678 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 Owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys LA Acquisitions, L.L.C. #91-2197557 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 09/28/04 | 06/20/00 |
| MA | 20-1033012 | *Parent | 4457 | Tender Loving Care Health Care Services of New England, LLC d/b/a Metrowest HomeCare and Hospice, an Amedisys Company 200 Nickerson Rd Suite 110 Marlborough, MA 01752-4641 County: Middlesex | P: 508-383-7000 F: 508-626-8053 TF: 844-401-9136 | N/A | 1154446128 (mwhh192) | 22-7050B | 1100807940 | NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 05/01/2017 | 07/01/66 |
| MA | 20-1033012 | *Parent | 4405 | Tender Loving Care Health Care Services of New England, L.L.C. d/b/a Amedisys Home Health Care 290 Merrimack Street Suite 241 Lawrence, MA 01843-1782 County: Essex *Relocated from Charlestown, (4414) eff. 3/16/18 to Lawrence (4405) Branch address and assumed Lawrence's loc. code *Relocated from Waltham (4402) eff. 5/2/14 to Charlestown (4414) Branch address and assumed Charlestown's loc. code | P: 978-685-2818 F: 978-738-5071 | | 1407800584 (llc227211) MEDICAID BILLING ONLY: 1134420748 (MA4402) | 22-7211 | Medicaid: 110080794B | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 04/08/82 |
| MA | 20-1033012 | Branch | 4405 | Tender Loving Care Health Care Services of New England, L.L.C. d/b/a Amedisys Home Health Care 182 North Main Street Suite A Fall River, MA 02720-2107 County: Bristol *Relocated from 1 Father DeValles Blvd, Suite 302 Fall River, MA eff. 5/13/14 | P: 508-235-0425 F: 508-675-3894 TF: 866-994-6931 | | 1407800584 (llc227211) MEDICAID ONLY 1013249101 (4410MA) | 22-7211 Branch ID: 22Q7211002 | Medicaid: 110080794H | NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Opened 10/26/09 | 04/08/82 |
| MA | 20-1033012 | *Parent | 4401 | Tender Loving Care Health Care Services of New England, L.L.C. d/b/a Amedisys Home Health Care 67 Hunt Street Suite 102 Agawam, MA 01001-1913 County: Hampden | P: 413-789-0027 F: 413-789-0322 TF: 800-379-5795 | | 1770537847 (llc227288) MEDICAID BILLING ONLY: 1316248925 (MA4401) | 22-7288 | Medicaid: 110080794A | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Acquired 03/26/08 | 03/09/94 |
| MA | 20-1033012 | Branch | 4401 | Tender Loving Care Health Care Services of New England, L.L.C. d/b/a Amedisys Home Health Care 7 North Street Suite 300 Pittsfield, MA 01201-5162 County: Berkshire | P: 413-236-8500 F: 413-236-8501 TF: 877-370-3573 | | 1770537847 (llc227288) MEDICAID ONLY 1285864579 (4401MA) | 22-7288 Branch ID: 22Q7288003 | Medicaid: 110080794D | NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency. | Opened 10/26/09 | 03/09/94 |
| MA | 20-1916796 | *Parent | 4458 | Beacon Hospice, LLC d/b/a Metrowest HomeCare and Hospice, an Amedisys Company 200 Nickerson Road Suite 110 Marlborough, MA 01752-4641 County: Middlesex | P: 508-266-8290 F: 508-229-3127 TF: 844-401-9137 | 75ML | 1043335011 (mwhsp1984) | 22-1504B | 110125887A | NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) Beacon Hospice, L.L.C. #20-1916796 which owns (100%) this agency. | Acquired 05/01/2017 | #N/A |
| MA | 20-1916796 | *Parent | 4419 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 529 Main Street Suite 126 Charlestown, MA 02129-1248 County: Suffolk | P 617-242-8370 F 617-241-2880 TF: 877-242-8394 | 7237 | 1932283694 (beahos4) | 22-1544A | Medicaid: 110024514C | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) Beacon Hospice, L.L.C. #20-1916796. which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|--------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| MA | 20-1916796 | Branch | 4419 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 100 Cummings Center Suite 222C Beverly, MA 01915-6113 County: Essex | P 978-524-9510 F 978-524-9514 TF: 800-981-4743 | 7237 | 1932283694 (beahos4) | 22-1544A | Medicaid: 110024514A | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | Branch | 4419 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 182 North Main Street Fall River, MA 02720-2107 County: Bristol | P 508-324-1900 F 508-324-4672 TF:800-981-4631 | 7237 | 1932283694 (beahos4) | 22-1544A | Medicaid: 110024514B | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | Branch | 4419 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 290 Merrimack Street Suite 242 Lawrence, MA 01843-1782 County: Essex *Relocated from 13 Branch Street Suite 100 Methuen, MA 01844-1975 eff. 10/27/2017 *Relocated from Haverhill eff. 04/06/2012 | P: 978-837-3333 F: 978-837-3330 TF: 800-981-4805 | 7237 | 1932283694 (beahos4) | 22-1544A | Medicaid: 110024514L | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | Branch | 4419 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 32 Resnik Road Suite 3 Plymouth, MA 02360-7255 County: Plymouth | P: 508-747-7222 F: 508-747-7252 TF: 800-981-4643 | 7237 | 1932283694 (beahos4) | 22-1544A | 110024514D | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | Branch | 4419 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 68 Center Street Suite 19 Hyannis, MA 02601-5575 County: Barnstable *Relocated from Yarmouth Port 2/24/2012 | P: 508-778-1622 F: 508-778-1625 TF: 800-981-8794 | 7237 | 1932283694 (beahos4) | 22-1544A | 110024514E | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | *Parent | 4426 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 815 Worcester Street Springfield, MA 01151-1001 County: Hampden | P: 413-543-3133 F: 413-543-3137 TF:855-897-7846 | 7KNQ | 1508012204 (spring02) | 22-1573 | 110024514I | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 20-1916796 | *Parent | 4421 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 36 Williams Street Leominster, MA 01453-3276 County: Worcester | P: 978-466-7890 F: 978-466-7893 TF:855-897-7848 | 77YW | 1386839520 (leominster02) | 22-1580 | 110024514G | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| MA | 26-0268927 | Parent | 4474 | Compassionate Care Hospice of Massachusetts, L.L.C. 800 West Cummings Park, Suite 3100 Woburn, MA 01801-6375 County: Middlesex | P: 781-935-5550 F: 781-935-5590 | 7U9F | 1295937084 | 22-1582 | 110080333A NY #03314578 | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Massachusetts, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| MA | 27-0704484 | Parent | 4475 | Compassionate Care Hospice of Southeastern Massachusetts, L.L.C 100 Myles Standish Boulevard, Suite 103 Taunton, MA 02780-7340 County: Bristol | P: 508-399-5900 F: 508-399-5908 | 79YS | 1588896989 | 22-1593 | 110092269B | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Southeastern Massachusetts, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| MD | 20-1032665 | *Parent | 5006 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health Care 19 Newport Drive Suite 201 Forest Hill, MD 21050-1622 County: Harford *Relocated from Baltimore 09/09/2011 | P: 410-420-6412 F: 410-420-6419 TF:800-988-5024 | HH7045 | 1295789360 (tlc217045) | 21-7045 | Medicaid: 420716501 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | 11/15/79 |
| MD | 20-1032665 | *Parent | 5009 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health Care 1401 Mercantile Lane Suite 351 Largo, MD 20774-4315 County: Prince George *(Relocated from Silver Spring eff. 04/28/14 to Largo's branch's address and assumed Largo's loc code) | P: 301-322-6023 F: 301-322-6858 TF:866-974-1388 | HH7149 | 1831143608 (tlc217149) | 21-7149 | Medicaid: 420716500 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | 10/24/00 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FF/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| MD | 20-2222985 | *Parent | 5014 | Amedisys Maryland, L.L.C. d/b/a Amedisys Hospice of Greater Chesapeake 7106 Ridge Road Suite 140 Rosedale, MD 21237-3876 County: Baltimore <i>*Suite number changed from 100 to 140 eff 11/1/16</i> | P: 410-686-5635 F: 410-686-5639 TF: 877-370-3612 | H1536 | 1780738757 (CamillePot) PHYSICIAN MEDICAID ONLY: 1679879720 (5014MD) | 21-1536 | Service Type 71 417528001 Service Type 20 Physician Medicaid: 417529800 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 04/01/09 | #N/A |
| MD | 20-2222985 | Branch | 5014 | Amedisys Maryland, L.L.C. d/b/a Amedisys Hospice of Greater Chesapeake 107 Chesapeake Blvd. Suite 134 Elkton, MD 21921-6390 County: Cecil | P: 410-392-3750 F: 410-392-4286 TF: 855-494-9108 | H1536 | 1780738757 (CamillePot) PHYSICIAN MEDICAID ONLY: 1679879720 (5014MD) | 21-1536 | Service Type 71 417528001 Service Type 20 Physician Medicaid: 417529800 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) of this agency | Opened 02/01/12 | #N/A |
| MD | 20-2222985 | *Parent | 5005 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 511 Jermor Lane Suite 200 Westminster, MD 21157-6151 County: Carroll | P: 410-751-9904 F: 410-751-9914 TF: 855-343-5386 | HH7048 | 1699701177 (walsobal) | 21-7048 | Medicaid 414978500 | PGBA / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 06/01/07 Opened 7/30/07 | 05/23/80 |
| MD | 20-2222985 | Branch | 5005 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 7360 Guilford Drive Suite 201-A Frederick, MD 21704-5134 County: Frederick | P: 240-549-5378 F: 866-842-2379 | HH7048 | 1699701177 | 21-7048 | Medicaid 414978500 | PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Opened 8/13/19 | |
| MD | 20-2222985 | *Parent | 5013 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 7106 Ridge Road Suite 110 Rosedale, MD 21237-3876 County: Baltimore <i>*Relocated from Baltimore, MD eff. 10/18/11</i> | P: 410-686-8413 F: 410-686-8417 TF: 877-640-1809 | HH7094 | 1548229834 (Camille08) | 21-7094A | Medicaid: 4169654 00 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 04/01/09 | 06/08/84 |
| MD | 20-2222985 | *Parent | 5001 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 811 Cromwell Park Drive Suite 109 Glen Burnie, MD 21061-2538 County: Anne Arundel | P: 410-590-4926 F: 443-572-5548 TF: 866-770-1365 | HH7108 | 1841248697 (6001MD) | 21-7108 | Medicaid 407725300 | CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 03/01/05 | 06/28/84 |
| MD | 20-2222985 | *Parent | 5011 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 6512 Deer Pointe Drive Suite B Salisbury, MD 21804-1669 County: Wicomico | P: 410-543-8258 F: 410-742-2004 TF: 800-955-8810 | HH7111 | 1811982069 (hhealcnc) | 21-7111A | 415927600 DE Mod: 000045714 | CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 10/01/08 | 07/01/84 |
| MD | 20-2222985 | Branch | 5011 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 204 Cedar Street Suite 101 Cambridge, MD 21613-2312 County: Dorchester | P: 410-228-2170 F: 410-228-2461 TF: 855-548-3648 | HH7111 | 1811982069 (hhealcnc) | 21-7111A Branch ID: 21Q7111001 | Medicaid: 415927600 | CGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Idaho, L.L.C. #20-2222985 which owns (100%) of this agency | Opened 12/27/11 | 07/01/84 |
| MD | 20-2222985 | *Parent | 5010 | Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health 107 Chesapeake Boulevard Suite 124 Elkton, MD 21921-6390 County: Cecil | P: 410-398-4733 F: 410-620-2723 TF: 800-342-2040 | HH7151 | 1235203324 (hhealcnc17) | 21-7151 | Medicaid: 415928400 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Maryland, L.L.C. #20-2222985 which owns (100%) this agency | Acquired 10/01/08 | 06/21/03 |
| ME | 20-1916796 | *Parent | 4806 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 40 Atlantic Place Suite 40 South Portland, ME 04106-2316 County: Cumberland | P: 207-772-0929 F: 207-772-7779 TF: 800-981-4770 | 38771 | 1437236551 (beahos5) | 20-1516 | 431853300 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. | Acquired 06/07/11 | #N/A |
| ME | 20-1916796 | *Parent | 4805 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 245 Center Street Suite 10 A Auburn, ME 04210-6169 County: Androscoggin <i>*Relocated from Lewiston eff. 3/28/2012</i> | P: 207-784-4242 F: 207-784-4233 TF: 800-981-4635 | 38826 | 1083798938 (beahos3) | 20-1517 | 431853301 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | <i>*Converted from Beacon Hospice, Inc. effective 12/31/2012</i> Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. | Acquired 06/07/11 | #N/A |
| ME | 20-1916796 | Branch | 4805 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 5 Community Drive, Suite A Augusta, ME 04330-8087 County: Kennebec | P: 207-621-1212 F: 207-621-1215 TF: 877-621-1217 | 38826 | 1083798938 (beahos3) | 20-1517 | 431853301 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | <i>*Converted from Beacon Hospice, Inc. effective 12/31/2012</i> Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796, which owns (100%) this agency. | Acquired 06/07/11 | #N/A |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------|-------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| ME | 20-1916796 | *Parent | 4804 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 289 State Street Suite B Bangor, ME 04401-5528 County: Penobscot <i>*Relocated from 304 Hancock Street Suite 3A, Bangor, eff. 7/15/14</i> | P: 207-942-2920 F: 207-942-3026 TF: 855-897-7844 | 38827 | 1245444280 (2BEACON123) | 20-1520 | 431853304 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | | Acquired 06/07/11 | #N/A |
| ME | 26-1477601 | *Parent | 4801 | Amedisys Maine, P.L.L.C. Amedisys Home Health 34 Atlantic Place S. Portland, ME 04106-2316 County: Cumberland <i>*Relocated from Portland, ME eff 1/30/17</i> | P: 207-772-7520 F: 207-772-7545 TF: 800-558-0076 | 39154 | 1366617680 (ME4801) | 20-7073 | Medicaid: 1366617680 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding #36-4576454 which owns (100%) Amedisys Maine, P.L.L.C. 26-1477601 which owns (100%) this agency. | Opened 06/02/09 | 05/23/09 |
| ME | 26-1477601 | *Parent | 4802 | Amedisys Maine, P.L.L.C. d/b/a Amedisys Home Health 289 State Street Suite A Bangor, ME 04401-5528 County: Penobscot <i>*Relocated from 23 Water Street Suite 208, Bangor, ME eff. 6/26/14</i> | P: 207-990-0029 F: 207-990-0035 TF: 877-816-2808 | 39144 | 1316171796 (4802MN) | 20-7075 | Medicaid: 1316171796 (For services 8/16/10 through 8/30/10 use 436317200) | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Maine, P.L.L.C. #26-1477601 which owns (100%) this agency. | Opened 8/16/10 | 08/16/10 |
| MI | 26-2591799 | Parent | 4015 | Compassionate Care Hospice of Michigan, L.L.C. 5730 N. Lilley Road, Suite A Canton, MI 48187-3685 County: Wayne | P: 734-983-9050 F: 734-983-9063 | 1041000099 | 1861659419 | 23-1616 | Medicaid: 2262591799 | NGS/ NHIC *JK MAC Transition Effective 10/18/14 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-00078073 which owns (100%) Compassionate Care Hospice of Michigan, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| MN | 20-5904753 | Parent | 4104 | Compassionate Care Hospice of Minnesota, L.L.C. 31361 State Highway 266 Worthington, MN 56187-5192 County: Nobles | P: 507-372-7003 F: 507-376-4273 | 395290 | 1124192414 | 24-1583 | Medicaid: 1124192414 | NGS/ NHIC *JK MAC Transition Effective 10/18/15 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-00078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Minnesota, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| MO | 26-2816703 | Parent | 1312 | Compassionate Care Hospice of Kansas City, L.L.C. 14500 E 42nd Street, Suite 232 Independence, MO 64055-4700 County: Jackson | P: 816-478-8900 F: 816-478-8901 | 204-5HO | 1457646523 | 26-1649 | Medicaid: 1073774451 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-00078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Kansas City, LLC which owns (100%) this agency | Acquired 02/01/19 | |
| MO | 20-3333939 | *Parent | 1309 | Amedisys Missouri, L.L.C. d/b/a Amedisys Home Health of Missouri 2955 Kanell Boulevard Poplar Bluff, MO 63901-4008 County: Butler | P: 573-727-9687 F: 573-727-9715 TF: 800-448-7172 | 804-10HH | 1679745251 (1309MO) | 26-7151 | Medicaid: 1679745251 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) of this agency. | Acquired 06/01/08 | 08/19/83 |
| MO | 20-3333939 | *Parent | 1301 | Amedisys Missouri, LLC d/b/a Amedisys Home Health of Missouri 10675 Business 21 Hillsboro, MO 63050-5094 County: Jefferson | P: 636-789-4715 F: 636-797-5876 TF: 800-660-7271 | 786-12HH | 1164433041 (1301MO) | 26-7270 | Medicaid 582496402 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) this agency. | Acquired 10/01/06 | 02/02/88 |
| MO | 20-3333939 | Branch | 1301 | Amedisys Missouri, LLC d/b/a Amedisys Home Health of Missouri 10805 Sunset Office Drive Suite L101 St. Louis, MO 63127-1025 County: St. Louis | P: 314-821-7679 F: 314-821-7699 TF: 866-708-8582 | 786-12HH | 1164433041 (1301MO) | 26-7270 Branch ID: 26Q7270001 | Medicaid 582496402 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) this agency. | Acquired 10/01/06 | 02/02/88 |
| MO | 20-3333939 | *Parent | 1304 | Amedisys Missouri, LLC d/b/a Amedisys Home Health of Missouri 1027 South Main Street Suite 6 Joplin, MO 64801-4527 County: Jasper <i>*Relocated from 3230 Wisconsin Avenue, Suite H eff. 5-15-13</i> | P: 417-206-6500 F: 417-206-4003 TF: 866-299-2911 | 885-12HH | 1043361959 (1304MO) | 26-7606 | Medicaid 586304305 | CGS / CAHABA PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) this agency. | Opened 12/01/06 | 12/01/06 |
| MO | 20-3333939 | *Parent | 1303 | Amedisys Missouri, LLC d/b/a Amedisys Home Health of Missouri 3050 S. National Avenue Suite 106 Springfield, MO 65804-4242 County: Greene | P: 417-877-7474 F: 417-877-1256 TF: 866-203-6963 | 785-12HH | 1053464651 (1303MO) | 26-7607 | Medicaid 586304206 | CGS / CAHABA PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) this agency. | Opened 01/08/07 | 01/03/07 |
| MO | 20-3333939 | *Parent | 1307 | Amedisys Missouri, LLC d/b/a Amedisys Home Health of Missouri 100 NE Missouri Road Suite 202 Lee's Summit, MO 64086-4702 County: Jackson | P: 816-524-7355 F: 816-524-7354 TF: 866-343-2123 | 827-7HH | 1215191598 (1307MO) | 26-7623 | Medicaid: 1215191598 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011* | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Missouri, L.L.C. #20-3333939 which owns (100%) this agency. | Opened 08/01/11 | 08/01/11 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FJ/ Prior FJ | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|-------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| MS | 27-0078077 | *Parent | 1407 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health of Collins 18 Melody Lane Collins, MS 39428-9002 County: Covington | P: 601-765-8316 F: 601-765-8298 TF: 866-526-5590 | 2381 | 1467400168 (1407MS) | 25-7087 | Medicaid 00070587 Homemaker Services: 01983097 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Acquired 04/01/05 | 05/31/73 |
| MS | 27-0078077 | Branch | 1407 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health of Hattiesburg 132 Mayfair Road Suite 1 Hattiesburg, MS 39402-1463 County: Lamar <i>*Relocated from 6184 US HWY 98 Suite 130 eff. 2/28/16</i> | P: 601-296-9710 F: 601-296-9688 TF: 866-401-2904 | 2381 | 1467400168 (1407MS) BCBS Only: 1982936670 (1409MS) | 25-7087 Branch ID: 25Q7087001 | Medicaid 00070587 Homemaker Services: 01983097 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Opened 03/27/06 | 05/31/73 |
| MS | 27-0078077 | *Parent | 1405 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health of Biloxi 925 Tommy Munro Dr Suite K Biloxi, MS 39532-2134 County: Harrison | P: 228-388-4144 F: 228-385-7704 TF: 800-273-5212 | 9595 | 1093763773 (1405MS) | 25-7100 | Medicaid 00070086 Homemaker Services: 07626363 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Acquired 03/01/04 | 10/01/81 |
| MS | 27-0078077 | Branch | 1405 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health of Picayune 509 Highway 11 N Suite B Picayune, MS 39466-3349 County: Pearl River | P: 601-799-2626 F: 601-799-0839 TF: 866-910-0353 | 9595 | 1093763773 (1405MS) BCBS Only: 1619209301 (1411MS) | 25-7100 Branch ID: 25Q7100002 | Medicaid 00070086 Homemaker Services: 07626363 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Opened 03/30/07 | 10/01/81 |
| MS | 27-0078077 | *Parent | 1406 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health of Vicksburg 2080 South Frontage Road Suite 105 Vicksburg, MS 39180-5328 County: Warren | P: 601-619-3670 F: 601-619-3672 TF: 866-332-6340 | 7394 | 1245288943 (1406MS) | 25-7103 | Medicaid 00770548 | PGBA / TriSpan | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Acquired 06/01/04 | 02/11/77 |
| MS | 27-0078077 | Branch | 1406 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health 310 Byram Place Suite E Byram, MS 39272-8750 County: Hinds <i>*Relocated from Jackson eff. 8/23/2007</i> | P: 601-371-9051 F: 601-371-7459 TF: 800-298-7810 | 7394 | 1245288943 (1406MS) BCBS Only: 1348572039 (1408MS) | 25-7103 Branch ID: 25Q7103001 | Medicaid 00770548 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Opened 08/08/05 | 02/11/77 |
| MS | 27-0078077 | Branch | 1406 | Amedisys Mississippi, LLC d/b/a Amedisys Home Health 4294 Lakeland Drive Suite 200 Flowood, MS 39232-9518 County: Rankin <i>*Relocated from Jackson 8/23/2007 *Relocated from Hazelhurst 11/18/2005</i> | P: 601-420-2056 F: 601-420-4874 TF: 866-448-2357 | 7394 | 1245288943 (1406MS) BCBS Only: 1437481124 (1415MS) | 25-7103 Branch ID: 25Q7103002 | Medicaid 00770548 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Opened 03/31/08 | 02/11/77 |
| MS | 27-0078077 | *Parent | 1428 | Amedisys Mississippi, L.L.C. d/b/a Amedisys Home Health 2900 North Hills Street Meridian, MS 39305-2645 County: Lauderdale | P: 601-484-3293 F: 601-484-3133 TF: 866-327-5017 | 9985 | 1427220649 (1428MS) | 25-7121 | Medicaid 00770267 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Mississippi, L.L.C. #27-0078077 which owns (100%) this agency. | Acquired 06/01/08 | 08/15/78 |
| MS | 52-2363676 | *Parent | 1421 | Nine Palms 2 L.L.C. d/b/a Tender Loving Care, an Amedisys Company 11010 Highway 49 Suite 4 Gulfport, MS 39503-4191 County: Harrison | P: 228-831-9821 F: 228-831-9826 TF: 866-898-7970 | 12384 | 1104871094 (1c257143) | 25-7143 | Medicaid 00770616 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Nine Palms 2 L.L.C. #52-2363676 which owns (100%) of this agency *Effective 8/28/17, Nine Palms L.L.P. converted to Nine Palms L.L.C. Nine Palms L.L.C. was reorganized under Amedisys Holding L.L.C. | Acquired 03/26/08 | 10/08/02 |
| NC | 20-1032665 | *Parent | 3225 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Hospice 3320 US 1 Highway Suite B Franklinton, NC 27525-8438 County: Franklin | P: 919-494-3773 F: 919-494-2585 TF: 855-396-7459 | HOS3826 | 1215976436 (1c341560) | 34-1560 | Medicaid 1215976436 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| NC | 20-1032665 | Branch | 3225 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Hospice 220 New Fidelity Court Garner, NC 27529-2896 County: Wake | P: 919-773-4865 F: 919-773-4985 TF: 866-773-8797 | HOS3147 | 1215976436 (1c341560) | 34-1560 | Medicaid 1215976436 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| NC | 20-1032665 | Branch | 3225 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Hospice 2975 Crouse LN Burlington, NC 27215-8833 County: Alamance <i>*Relocated from 2929 Crouse Lane Suite E, Burlington eff. 4/24/19 *Relocated from 1111 Huffman Mill Road Suite 102A Burlington eff. 07/30/15</i> | P: 336-584-4440 F: 336-584-4404 TF: 866-478-4644 | HOS3823 | 1215976436 (1c341560) | 34-1560 | Medicaid 1215976436 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------------|----------------------------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| NC | 20-1032665 | *Parent | 3223 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health 1005 Slater Road Suite 105 Durham, NC 27703-8471 County: Durham | P: 919-941-5793 F: 919-941-9012 TF: 800-682-6670 | HC0145 | 1083669873 (tlc347110) | 34-7110 | Medicaid 1083669873 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 | Acquired 03/26/08 | 06/30/82 |
| NC | 20-1032665 | Branch | 3223 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health 3320 US 1 Highway Suite C Franklin, NC 27525-8438 County: Franklin <i>*Relocated from Louisburg, NC eff. 02/04/2009</i> | P: 919-494-2462 F: 866-690-0690 TF: 866-327-4195 | HC0078 | 1083669873 (tlc347110) | 34-7110 Branch ID: 34Q7110001 | Medicaid 1083669873 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 | Acquired 03/26/08 | 06/30/82 |
| NC | 20-1032665 | Branch | 3223 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health 2929 Crouse LN Suite F Burlington, NC 27215-8316 County: Alamance <i>*Relocated from 1111 Huffman Mill Road Suite 102, Burlington eff. 07/30/15</i> | P: 336-524-0127 F: 336-524-0257 TF: 800-377-5829 | HC0134 | 1083669873 (tlc347110) | 34-7110 Branch ID: 34Q7110002 | Medicaid 1083669873 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 | Acquired 03/26/08 | 06/30/82 |
| NC | 27-0078073 | *Parent | 3215 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care 56 Three Hunts Drive, Bldg 3 Pembroke, NC 28372-8998 County: Robeson <i>*Relocated from 30 Three Hunts Drive Suite C, Pembroke eff 9/8/16</i> | P: 910-521-8211 F: 910-521-8298 TF: 855-641-1982 | HC4027 | 1154652428 (elocklear30) | 34-1596 | Medicaid: 1154652428 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) of this agency. | Acquired 08/06/2012 | #N/A |
| NC | 27-0078073 | Branch | 3215 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care 1729 Southport Supply Road, Unit A Bolivia, NC 28422-7679 County: Brunswick <i>*Relocated from Sunset Beach eff. 7-30-14</i> | P: 855-809-0997 F: 866-268-3451 | HOS4018 | 1154652428 (elocklear30) | 34-1596 | Medicaid: 1154652428 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) of this agency. | Acquired 08/06/2012 | #N/A |
| NC | 27-0078073 | *Parent | 3230 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care 201 E. Water Street Plymouth, NC 27962-1301 County: Washington <i>*Relocated from 1072 US Highway 64 W, eff 6/28/17</i> | P: 252-791-0490 F: 252-791-0545 TF: 855-808-4202 | HOS4596 | 1518205277 (3230NC) | 34-1598 | Medicaid: 1518205277 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) of this agency. | Acquired 12/31/2012 | #N/A |
| NC | 56-1697708 | *Parent | 3221 | Emerald Care, L.L.C. d/b/a Amedisys Home Health Care 1050 Xray Drive Gastonia, NC 28054-7488 County: Gaston | P: 704-867-1141 F: 704-868-2267 TF: 800-427-1143 | HC0353 | 1154376028 (tlc347099) | 34-7099 | Medicaid 1154376028 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Emerald Care, L.L.C. #56-1697708 which owns (100%) of this agency. <i>*Emerald Care Inc. converted to L.L.C. and moved directly under Amedisys Holding, L.L.C. effective 06-30-13</i> | Acquired 03/26/08 | 05/22/80 |
| NC | 72-1428474 | *Parent | 3208 | Amedisys North Carolina, LLC d/b/a Amedisys Home Health of Chapel Hill 120 Providence Road Suite 200 Chapel Hill, NC 27514-2273 County: Orange | P: 919-401-3000 F: 919-402-1952 TF: 800-672-5905 | HC0166 | 1326096074 (3208NC) | 34-7030 | Medicaid 1326096074 CAP: 3409117 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys North Carolina, L.L.C. #72-1428474 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of North Carolina which has been merged into Amedisys North Carolina, L.L.C. - 12/31/2001</i> | Acquired 12/01/98 | 09/25/70 |
| NC | 72-1428474 | *Parent | 3212 | Amedisys North Carolina, LLC d/b/a Amedisys Home Health Care 1630 Liberty Drive Suite 100 Thomasville, NC 27360-5365 County: Davidson <i>*Relocated from 524 Turner Street eff 3/1/17</i> | P: 336-472-4449 F: 336-475-4449 TF: 866-233-0690 | HC0495 | 1124076872 (3212NC) | 34-7094 | Medicaid 1124076872 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys North Carolina, L.L.C. #72-1428474 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of North Carolina which has been merged into Amedisys North Carolina, L.L.C. - 12/31/2001</i> | Acquired 11/01/05 | 10/01/78 |
| NC | 72-1428474 | *Parent | 3213 | Amedisys North Carolina, LLC d/b/a Amedisys Home Health of Fayetteville 2021 Valleygate Drive Suite 201 Fayetteville, NC 28304-3763 County: Cumberland | P: 910-483-8153 F: 910-483-4473 TF: 866-381-5703 | HC0292 | 1548205487 (3213NC) | 34-7132 | Medicaid 1548205487 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys North Carolina, L.L.C. #72-1428474 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of North Carolina which has been merged into Amedisys North Carolina, L.L.C. - 12/31/2001</i> | Acquired 08/08/06 | 10/14/85 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | F1/ Prior F1 | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| NC | 72-1428474 | *Parent | 3211 | Amedisys North Carolina, LLC d/b/a Amedisys Home Health of Winston-Salem 1100 South Stratford Road Suite 531 Winston-Salem, NC 27103-3217 County: Forsyth | P: 336-768-7200 F: 336-768-7272 TF:866-724-4542 | HC1304 | 1558319202 (3211NC) | 34-7212 | Medicaid: 1558319202 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys North Carolina, L.L.C. #72-1428474 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of North Carolina which has been merged into Amedisys North Carolina, L.L.C. - 12/31/2001 | Acquired 12/01/04 | 10/06/95 |
| NE | 80-0479616 | Parent | 3802 | Pathways to Compassion, LLC 287 North 115th Street Omaha, NE 68154-2520 County: Douglas | P: 402-333-3149 F: 402-333-3146 | 41 | 1851538961 | 28-1542 | Medicaid: 100259249-00 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) of Pathways to Compassion, LLC which owns (100%) of this agency | Acquired 2/01/19 | |
| NE | 80-0479616 | Branch | 3802 | Pathways to Compassion, LLC 1401 Infinity Road, Suite A Lincoln, NE 68516-3713 County: Lancaster | P: 402-474-0020 F: 402-742-3109 | 41 | 1851538961 | 28-1542 | Medicaid: 100264949-00 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) of Pathways to Compassion, LLC which owns (100%) of this agency | Acquired 2/01/19 | |
| NH | 03-0443397 | *Parent | 0912 | Wentworth Home Care and Hospice, LLC d/b/a Wentworth Home Care and Hospice, an Amedisys Partner 9 Andrews Road Somersworth, NH 03878-1042 County: Strafford <i>*Relocated from 121 Broadway Suite 117 Dover, NH eff 9/30/16</i> | P: 603-692-0220 F: 603-692-0232 TF:866-835-3390 | 03717 (NH) 39141 (ME) | 1831163211 (WentworthHHH) | 30-1512 | Medicaid 3077141 MaineCare: 1831163211-001 | CGS / CAHABA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys New Hampshire, L.L.C. #26-0590826 which owns (50%) Wentworth Home Health Care and Hospice, L.L.C. #03- 0443397 which owns (100%) this agency. JV Partner Info: Wentworth Douglas Hospital, #02-0260334 owns 50% Wentworth Home Care and Hospice, LLC, #03-0443397 which owns (100%) this agency. | Acquired 09/01/07 | #N/A |
| NH | 03-0443397 | *Parent | 0911 | Wentworth Home Care and Hospice, LLC d/b/a Wentworth Home Care and Hospice, an Amedisys Partner 9 Andrews Road Somersworth, NH 03878-1042 County: Strafford <i>*Relocated from 121 Broadway Suite 115 Dover, NH eff 9/30/16</i> | P: 603-692-0200 F: 603-692-0154 TF:888-742-7921 | 03718 (NH) 38658 (ME) | 1568436194 (WentworthHH) MEDICAID WAIVER ONLY: 1598066102 (NH0911) | 30-7014 | Medicaid 3076668 Medicaid Waiver: 3079038 MaineCare: 1568436194-001 | CGS / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys New Hampshire, L.L.C. #26-0590826 which owns (50%) Wentworth Home Health Care and Hospice, L.L.C. #03- 0443397 which owns (100%) this agency. JV Partner Info: Wentworth Douglas Hospital, #02-0260334 owns 50% Wentworth Home Care and Hospice, LLC, #03-0443397 which owns (100%) this agency. | Acquired 09/01/07 | 07/01/66 |
| NH | 20-1916796 | *Parent | 0917 | Beacon Hospice, L.L.C d/b/a Beacon Hospice, an Amedisys Company 25 New Hampshire Avenue Suite 272 Portsmouth, NH 03801-2923 County: Rockingham <i>**Relocated from Concord, NH to Portsmouth, NH eff. 05/01/14 to Portsmouth's branch address and assumed Portsmouth's loc code) *Relocated from 95 Brewery Lane, Unit 10 Portsmouth, NH eff. 12/09/16</i> | P: 603-433-2480 F: 603-433-4185 TF:800-416-9207 | 39074 (ME) 03277 (NH) | 1023193703 (beahos7) | 30-1526 | Medicaid 3077135 MaineCare: 1023193703-003 | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. # 45-1646852 which owns (100%) *Beacon Hospice, L.L.C. #20-1916796. which owns (100%) this agency. *Converted from Beacon Hospice, Inc. effective 12/31/2012 | Acquired 06/07/11 | #N/A |
| NH | 27-2628612 | Parent | 0922 | Compassionate Care Hospice of New Hampshire, L.L.C 18 Orchard View Drive, Unit 4 Londonderry, NH 03053-6603 County: Rockingham | P: 603-421-9887 F: 603-421-9907 | 03644 | 1518286020 | 30-1531 | Medicaid 30069162 | NGS/ NHIC | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) Compassionate Care Hospice of New Hampshire LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| NH | 26-0590826 | *Parent | 0902 | Amedisys New Hampshire, LLC d/b/a Amedisys Hospice Care 8 Commerce Drive, Suite 101 Bedford, NH 03110-6946 County: Hillsborough <i>*Relocated from Londonderry 05/22/18 *Relocated from Portsmouth 10/31/2010</i> | P: 603-421-0414 F: 603-421-0548 TF:866-230-3143 | 03315 (NH) | 1710170204 (0902NH) | 30-1507 | Medicaid 3076670 | CGS / CAHABA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys New Hampshire, L.L.C. #26-0590826 which owns (100%) this agency. | Acquired 09/01/07 | #N/A |
| NH | 26-0590826 | *Parent | 0901 | Amedisys New Hampshire, LLC d/b/a Amedisys Home Health 25 New Hampshire Avenue Suite 270 Portsmouth, NH 03801-2923 County: Rockingham <i>*Relocated from 95 Brewery Lane, Unit 11 Portsmouth, NH eff. 12/9/16</i> | P: 603-436-0815 F: 603-431-5457 TF:888-870-6952 | 03314 (NH) 39101 (ME) | 1328230251 (0901NH) MEDICAID WAIVER ONLY: 1730480534 (NH0901) | 30-7006 | Medicaid: 3077867 Medicaid Waiver: 3076340 | CGS / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys New Hampshire, L.L.C. #26-0590826 which owns (100%) this agency. | Acquired 09/01/07 | 07/01/66 |
| NH | 26-0590826 | Branch | 0901 | Amedisys New Hampshire, LLC d/b/a Amedisys Home Health 8 Commerce Drive, Suite 101 Bedford, NH 03110-6946 County: Hillsborough <i>*Relocated from Londonderry 05/22/18</i> | P: 603-437-9443 F: 603-437-9445 TF:877-810-6018 | 03314 (NH) 38912 (ME) | 1328230251 (0901NH) | 30-7006 Branch ID: 30Q7006001 | Medicaid: 3077867 Medicaid Waiver: 3076340 | CGS / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys New Hampshire, L.L.C. #26-0590826 which owns (100%) this agency. | Acquired 09/01/07 | 07/01/66 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| NJ | 27-0797096 | *Parent | 4203 | Amedisys New Jersey, L.L.C. d/b/a Hospice Care of Hackensack, an Amedisys Company 21 Main Street Suite 253 Hackensack, NJ 07601-7086 County: Bergen <i>*Relocated from 25 E. Salem Street, 2nd Floor, Hackensack, NJ eff. 10/24/14</i> | P: 201-342-7766 F: 201-487-1982 TF: 855-690-9770 | 22614 | 1033216338 (hunc2014c) | 31-1510 | Medicaid 0292044 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys New Jersey, L.L.C. #27-0797096 which owns (100%) of this agency. | Acquired 11/01/11 | #N/A |
| NJ | 22-3345884 | Parent | 4208 | Compassionate Care Hospice of Clifton, L.L.C. 1373 Broad Street Suite 306 Clifton, NJ 07013-4200 County: Passaic | P: 973-916-1400 F: 973-947-6747 | 22829 | 1245233816 | 31-1542 | Medicaid 0682039 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) own Compassionate Care Hospice of Clifton, LLC which owns (100%) of this agency which owns (100%) of this agency. | Acquired 02/01/19 | |
| NJ | 22-3345884 | Branch | 4208 | Compassionate Care Hospice of Clifton, L.L.C. 9 Lamington Road, Suite A Branchburg, NJ 08876-3374 County: Somerset | P: 908-526-2600 F: 908-526-3700 | 24451 | 1245233816 (MEDICAID ONLY) 1114580685 | 31-1542 | Medicaid 0677949 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) own Compassionate Care Hospice of Clifton, LLC which owns (100%) of this agency which owns (100%) of this agency. | Acquired 02/01/19 | |
| NJ | 22-3329276 | Parent | 4211 | Compassionate Care Hospice of Marlton, L.L.C. 261 Connecticut Drive, Suite 1 Burlington, NJ 08016-4177 County: Burlington | P: 609-267-1178 F: 609-245-0095 | 22827 | 1033112685 | 31-1537 | Medicaid 0682128 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Copassionate Care Hospice of Marlton, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| NJ | 22-3329276 | Branch | 4211 | Compassionate Care Hospice of Marlton, L.L.C. 518 South Shore Road Marmora, NJ 08223-1201 County: Cape May | P: 609-390-9792 F: 609-390-5979 | 24455 | 1033112685 (MEDICAID ONLY) 1669035135 | 31-1537 | Medicaid 0677922 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Copassionate Care Hospice of Marlton, LLC which owns (100%) of this agency which owns (100%) of this agency. | Acquired 02/01/19 | |
| NJ | 22-3329276 | Branch | 4211 | Compassionate Care Hospice of Marlton, L.L.C. 1130 Hooper Avenue Toms River, NJ 08753-8345 County: Ocean | P: 732-244-6380 F: 732-244-6420 | 24357 | 1033112685 (MEDICAID ONLY) 1568025039 | 31-1537 | Medicaid 0677931 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Copassionate Care Hospice of Marlton, LLC which owns (100%) of this agency which owns (100%) of this agency. | Acquired 02/01/19 | |
| NJ | 20-3106714 | Parent | 4215 | Compassionate Care Hospice of Northern New Jersey, L.L.C. 350 Sparta Avenue, Building B, Suite 2 Sparta, NJ 07871-1120 County: Sussex | P: 973-726-7510 F: 973-726-3855 | 24253 | 1134388077 | 31-1573 | Medicaid 0682055 NY #04979360 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 0080458 which owns (100%) of Compassionate Care Hospice of Northern New Jersey, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| NJ | 27-0797096 | *Parent | 4201 | Amedisys New Jersey, L.L.C. d/b/a Home Health Services of Hackensack, an Amedisys Company 21 Main Street Suite 252 Hackensack, NJ 07601-7086 County: Bergen <i>*Relocated from 25 E. Salem Street, 2nd Floor, Hackensack, NJ eff. 10/24/14</i> | P: 201-342-6311 F: 201-678-9670 TF: 877-816-8790 | 70202 | 1952402737 (hunc2014b) | 31-7047 | Medicaid: 0249114 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys New Jersey, L.L.C. #27-0797096 which owns (100%) of this agency. | Acquired 12/31/09 | 07/01/66 |
| NJ | 27-0797096 | Branch | 4201 | Amedisys New Jersey, L.L.C. d/b/a Amedisys Home Health One Harmon Plaza Suite 804 Secaucus, NJ 07094-2803 County: Hudson | P: 201-902-1490 F: 201-902-1495 TF: 877-478-5628 | 70202 | 1952402737 (hunc2014b) MEDICAID ONLY: 1962791756 (4202NI) | 31-7047 Branch ID: 31Q7047002 | Medicaid 0261653 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys New Jersey, L.L.C. #27-0797096 which owns (100%) of this agency. | Opened 02/01/11 | 07/01/66 |
| OH | 20-1032641 | *Parent | 4333 | Tender Loving Care Health Care Services of West Virginia, LLC d/b/a Amedisys Hospice 52171 National Road E. Suite 1 St. Clairsville, OH 43950-8398 County: Belmont | P: 740-526-0970 F: 740-526-0971 TF: 877-568-8572 | 0176HSP | 1679767743 (stclairhosp) | 36-1652 | Medicaid: 3095127 | PGBA/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisition, LLC # 26-2040823 which owns (100%) TLC Holdings I LLC # 20-1042010 which owns (100%) TLC Healthcare Services, LLC. # 20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, LLC # 20-1032641 which owns (100%) this agency. | Opened 6/2/10 | #N/A |
| OH | 27-3351959 | Parent | 4342 | Compassionate Care Hospice of Ohio, LLC 300 N. Cleveland-Massillon Road, Suite 103 Akron, OH 44333-2484 County: Summit | P: 330-666-5242 F: 330-666-5256 | 0199HSP | 1881900645 | 36-1669 | Medicaid: 0087631 | PGBA/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, LLC # 27-0078073 which owns (100%) Compassionate Care Hospice Group, LLC #90- 0080458 which owns (100%) of Compassionate Care Hospice of Ohio, LLC which owns (100%) of this agency | Acquired 02/01/19 | |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPJ (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| OH | 26-1480799 | *Parent | 4331 | Marietta Home Health and Hospice, L.L.C. d/b/a Marietta Home Health and Hospice, an Amedisys Partner 27855 State Route 7 Marietta, OH 45750-9060 County: Washington *Relocated from 450 Pike St Suite 1-1 eff 2/1/19 *Relocated from 210 N. Seventh St Suite 400 eff 6/8/12 | P: 740-374-9100 F: 740-374-9105 TF:866-961-1905 | 0188HSP | 1043489156 (4331HO) | 36-1650 | Medicaid 3073178 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Ohio, LL #20-5509220 which owns (50%) Marietta Home Health and Hospice, LLC #26-1480799 which owns (100%) this agency. JV Partner Info: Marietta Memorial Hospital, #31-4379509 owns (50%) Marietta Home Health and Hospice, L.L.C., #26-1480799 which owns (100%) this agency. | Opened 4/30/10 | #N/A |
| OH | 26-1480799 | *Parent | 4330 | Marietta Home Health and Hospice, LLC d/b/a Marietta Home Health and Hospice, an Amedisys Partner 27855 State Route 7 Marietta, OH 45750-9060 County: Washington *Relocated from 450 Pike St Suite 1-2 eff 2/1/19 *Relocated from 210 N. Seventh St Suite 300 eff 6/8/12 | P: 740 373-8549 F: 740 373-3995 TF:800-822-2165 | | 1265600571 (4330HH) | 36-8230 | Medicaid 2936041 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Ohio, LL #20-5509220 which owns (50%) Marietta Home Health and Hospice, LLC #26-1480799 which owns (100%) this agency. JV Partner Info: Marietta Memorial Hospital, #31-4379509 owns (50%) Marietta Home Health and Hospice, L.L.C., #26-1480799 which owns (100%) this agency. | Opened 01/21/09 | 12/17/08 |
| OK | 62-1752120 | *Parent | 2037 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 1637 S. Main Street Grove, OK 74344-5368 County: Delaware | P: 918-787-9496 F: 918-787-9497 TF:866-787-9496 | 7210 | 1417905175 (2037OK) | 37-7072 | Medicaid 1002604201 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Acquired 04/01/04 | 04/25/84 |
| OK | 62-1752120 | *Parent | 2045 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 2503 SE Washington Blvd Suite 4 Bartlesville, OK 74006-7608 County: Washington *Relocated From Tulsa 7/1/18 *Relocated from Oklahoma City, OK (2035) on 07/31/2006 | P: 918-333-2802 F: 918-333-3325 TF:866-841-2068 | 7191 | 1598723140 (2033okla) | 37-7180 | Medicaid: 100260420C Advantage Personal Care: 100260420F (Withdraw 7/1/03) Advantage Skilled Home: 100260420G (Withdraw 7/1/03) | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Opened 11/17/03 | 02/06/91 |
| OK | 62-1752120 | Branch | 2045 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 206 West Blue Starr Drive Claremore, OK 74017-4228 County: Rogers *Parent agency relocated to Tulsa, OK 05/01/1999 and Claremore, OK converted to branch agency. | P: 918-341-9255 F: 918-342-4520 TF:800-246-9255 | 7191 | 1598723140 (2033okla) | 37-7180 Branch ID: 3707180001 | Medicaid: 100260420C Advantage Personal Care: 100260420F (Withdraw 7/1/03) Advantage Skilled Home: 100260420G (Withdraw 7/1/03) | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Acquired 11/17/98 | 02/06/91 |
| OK | 62-1752120 | Branch | 2045 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 10108 E. 79th Street Suite A Tulsa, OK 74133-4539 County: Tulsa *Relocated From Bartlesville 7/1/18 *Relocated from Claremore to Tulsa 5/01/1999 *Relocated to current address in Tulsa 6/30/2010 | P: 918-294-3902 F: 918-294-3432 TF:866-256-8200 | 7191 | 1598723140 (2033okla) | 37-7180 Branch ID: 3707180002 | Medicaid 100260420C | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Opened 11/17/03 | 02/06/91 |
| OK | 62-1752120 | *Parent | 2038 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 5828 NW 135th Street, Suite A Oklahoma City, OK 73142-5944 County: Oklahoma | P: 405-748-7104 F: 405-748-7285 TF:800-891-7010 | 7711 | 1255380275 (2038OK) | 37-7642 | Medicaid 100260420A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Acquired 01/01/06 | 12/21/01 |
| OK | 62-1752120 | Branch | 2038 | Amedisys Oklahoma, LLC d/b/a Amedisys Home Health 404 West Main St Stroud, OK 74079-3614 County: Lincoln Mailing: P.O. Box 530 Stroud, OK 74079-0530 | P: 918-968-1179 F: 918-968-1182 TF:866-334-8400 | 7711 | 1255380275 (2038OK) | 37-7642 Branch ID: 3707642006 | Medicaid 100260420A | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Oklahoma, L.L.C. #62-1752120 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Oklahoma which has been merged into Amedisys Oklahoma, L.L.C. - 12/27/2001 | Acquired 01/01/06 | 12/21/01 |
| OK | 27-0078073 | Parent | 2051 | Amedisys Hospice, LLC d/b/a RoseRock Healthcare, an Amedisys Company 2642 E 21st Street, Suite 120 Tulsa, OK 74114-1739 County: Tulsa | P: 918-236-4866 F: 918-236-4867 | HO4196 | 1447718044 | 37-1645 | N/A | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) of this agency | Acquired 04/01/19 | |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|------------------------------|---------------------------------------|---------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| OR | 26-0528775 | *Parent | 3902 | Amedisys Oregon, LLC d/b/a Amedisys Hospice Care 1820 NW Mulholland Drive Roseburg, OR 97470-1945 County: Douglas <i>*Relocated from 2510 NW Edenbower Blvd Suite 112 eff. 06/28/13</i> | P: 541-440-2583 F: 541-440-2530 TF: 800-556-7457 | 16-1048 | 1083807101 (3902OR) | 38-1518 | Medicaid 218450 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Oregon, L.L.C. #26-0528775 which owns (100%) this agency. | Acquired 09/01/07 | #N/A |
| OR | 26-0528775 | *Parent | 3905 | Amedisys Oregon, LLC d/b/a Amedisys Home Health Care 12021 NE Glenn Widing Drive Bldg G Portland, OR 97220-9550 County: Multnomah <i>*Relocated from 16093 SW Upper Boones Ferry Road Suite 100, Portland, OR 97224-7736 on 07/29/16</i> | P: 503-253-5155 F: 503-253-8097 TF: 877-259-1074 | 13-1395 | 1134311989 (3904OR) | 38-7003 | Medicaid 007146 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Oregon, L.L.C. #26-0528775 which owns (100%) this agency. | Acquired 09/01/07 | 07/01/66 |
| OR | 26-0528775 | *Parent | 3903 | Amedisys Oregon, LLC d/b/a Amedisys Home Health Care 3220 State Street Suite 100 Salmon, OR 97301-6868 County: Marion <i>*Relocated from McMinnville, OR eff. 01/06/2011</i> | P: 503-364-9850 F: 503-364-1874 TF: 877-263-0066 | 13-1367 | 1639362742 (3903OR) | 38-7136A | Medicaid 007142 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Oregon, L.L.C. #26-0528775 which owns (100%) this agency. | Acquired 09/01/07 | 07/30/96 |
| OR | 26-0528775 | *Parent | 3901 <i>*Formerly Sub Unit of 3903</i> | Amedisys Oregon, LLC d/b/a Amedisys Home Health Care 1820 NW Mulholland Drive Roseburg, OR 97470-1945 County: Douglas <i>*Relocated from 2510 NW Edenbower Blvd Suite 112 eff. 06/28/13 *Converted from Sub-Unit to Parent 1/13/18</i> | P: 541-440-3052 F: 541-440-8964 TF: 877-816-8789 | 13-1368 | 1093808725 (3901OR) | 38-7311 | Medicaid 007147 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Oregon, L.L.C. #26-0528775 which owns (100%) this agency. | Acquired 09/01/07 | 04/01/99 |
| PA | 20-1031909 | *Parent | 2619 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Hospice of PA 1368 Mall Run Road Suite 624 Uniontown, PA 15401-7512 County: Fayette | P: 724-439-4440 F: 724-438-2072 TF: 800-245-4144 | 154499 | 1629015250 (AGHC391544) | 39-1544 | Medicaid: 1014856420015 | NGS/ NGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| PA | 20-1031909 | Branch | 2619 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Hospice of PA 109 Crossroads Road Suite 400 Scottdale, PA 15683-2458 County: Westmoreland <i>*Relocated from Connelsville eff. 07/02/2009</i> | P: 724-887-3161 F: 724-887-3548 TF: 887-370-3572 | 154499 | 1629015250 (AGHC391544) MEDICAID ONLY 1365763724 (2613PA) | 39-1544 | Medicaid: 1014856420018 | NGS/ NGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| PA | 20-1031909 | Branch | 2619 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Hospice of PA 2183 McClellantown Road Masontown, PA 15461-2593 County: Fayette | P: 724-583-2680 F: 724-583-2685 TF: 866-583-9675 | 154499 | 1629015250 (AGHC391544) MEDICAID ONLY 146773820 (2615PA) | 39-1544 | Medicaid: 101485642 0011 | NGS/ NGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| PA | 20-1031909 | Branch | 2619 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Hospice of PA 100 Stoops Drive Suite 300 Monongahela, PA 15063-3553 County: Washington | P: 724-483-4109 F: 724-483-4015 TF: 877-895-8739 | 154499 | 1629015250 (AGHC391544) MEDICAID ONLY 1194046557 (2617PA) | 39-1544 | Medicaid: 1014856420009 | NGS/ NGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| PA | 20-1031909 | Branch | 2619 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Hospice of PA 480 Johnson Road Suite 230 Washington, PA 15301-8936 County: Washington <i>*Relocated from Washington on 06/12/2009 *Relocated from Canonsburg on 08/30/2012 *Relocated from 275 Meadowlands Boulevard eff. 11/4/16</i> | P: 724-746-6581 F: 724-222-2637 TF: 877-896-5620 | 154499 | 1629015250 (AGHC391544) MEDICAID ONLY 1538480991 (2621PA) | 39-1544 | Medicaid: 1014856420025 | NGS/ NGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | #N/A |
| PA | 20-1031909 | *Parent | 2618 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Home Health of PA 1368 Mall Run Road Suite 628 Uniontown, PA 15401-7512 County: Fayette | P: 724-438-6660 F: 724-438-3858 TF: 800-255-6221 | 713905 | 1598719379 (AGHC397139) | 39-7139 | Medicaid: 1014856420023 | NGS/ NGS | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | 02/15/79 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| PA | 20-1031909 | Branch | 2618 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Home Health of PA 100 Stoops Drive Monongahela, PA 15063-3553 County: Washington | P: 724-483-4183 F: 724-483-0537 TF: 800-860-4445 | 713905 | 1598719379 (AGHC397139) MEDICAID ONLY 1457672677 (2616PA) | 39-7139 Branch ID: 39Q7139003 | Medicaid: 1014856420012 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | 02/15/79 |
| PA | 20-1031909 | Branch | 2618 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Home Health of PA 2181 McClellandtown Road Masontown, PA 15461-2593 County: Fayette | P: 724-593-0414 F: 724-583-2085 TF: 877-895-1020 | 713905 | 1598719379 (AGHC397139) MEDICAID ONLY 1538480751 (2614PA) | 39-7139 Branch ID: 39Q7139007 | Medicaid: 1014856420004 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | 02/15/79 |
| PA | 20-1031909 | Branch | 2618 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Home Health of PA 480 Johnson Road Suite 200 Washington, PA 15301-8936 County: Washington <i>*Relocated to Washington 11/22/2010</i> <i>*Relocated from Washington on 6/4/2009</i> <i>*Relocated from 275 Meadowslands Boulevard</i> <i>eff. 11/4/16</i> | P: 724-873-7325 F: 724-222-2836 TF: 877-746-1258 | 713905 | 1598719379 (AGHC397139) MEDICAID ONLY 1477874832 (2620PA) | 39-7139 Branch ID: 39Q7139008 | Medicaid: 1014856420024 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | 02/15/79 |
| PA | 20-1031909 | Branch | 2618 | Albert Gallatin Home Care and Hospice Services, L.L.C. d/b/a Amedisys Home Health of PA 109 Crossroads Road Suite 400 Scottdale, PA 15683-2458 County: Westmoreland | P: 724-887-3846 F: 724-887-3549 TF: 877-370-3572 | 713905 | 1598719379 (AGHC397139) MEDICAID ONLY 1518288976 (2612PA) | 39-7139 Branch ID: 39Q7139009 | Medicaid: 1014856420017 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Albert Gallatin Home Care and Hospice Services, L.L.C. #20-1031909 which owns (100%) of this agency. | Acquired 03/26/08 | 02/15/79 |
| PA | 20-8619703 | Parent | 2601 | Amedisys Pennsylvania, LLC d/b/a Amedisys Home Health 480 New Holland Avenue, Suite 8101 Lancaster, PA 17602-2292 County: Lancaster | P: 717-291-8396 F: 717-291-6788 TF: 866-305-4135 | 740105 | 1780889402 (2601PA) | 39-7401C | Medicaid: 1020418560013 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Pennsylvania, L.L.C. #20-8619703 which owns (100%) this agency. | Acquired 06/01/07 | 06/28/85 |
| PA | 20-8619703 | Parent | 2634 | Amedisys Pennsylvania, L.L.C. d/b/a Amedisys Home Health 240 Pullman Square Suite 255 Butler, PA 16001-5654 County: Butler | P: 724-284-4663 F: 724-284-1034 TF: 800-361-1551 | 04110501 | 1407177322 (2634PA) | 39-8146 | Medicaid: 1020418560016 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Pennsylvania, L.L.C. #20-8619703 which owns (100%) this agency. | Opened 10/26/10 | 10/26/10 |
| PA | 27-0078073 | Parent | 2635 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice Care 240 Pullman Square Suite 255 Butler, PA 16001-5654 County: Butler | P: 724-431-4170 F: 724-431-4175 TF: 877-274-9306 | 17261601 | 1932431400 (2635PA) | 39-1726 | Medicaid: 1023769740002 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Opened 10/26/10 | #N/A |
| PA | 23-2767007 | Parent | 2656 | Compassionate Care Hospice, Inc. 1513 Cedar Cliff Drive, Suite 100 Camp Hill, PA 17011-1207 County: Cumberland | P: 717-944-4466 F: 717-944-4497 | 158989 | 1619970266 | 39-1589 | Medicaid: 001491988 0004 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2012 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| PA | 23-2767007 | Branch | 2656 | Compassionate Care Hospice, Inc. 2449 South Queen Street York, PA 17402-5075 County: York | P: 717-747-0047 F: 717-747-0080 | 158989 | 1619970266 | 39-1589 | Medicaid: 001491988 0004 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2013 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice, Inc. which owns (100%) of this agency. | Acquired 02/01/19 | |
| PA | 23-2794896 | Parent | 2657 | Compassionate Care Hospice of Gwynedd, Inc. 3331 Street Road, Suite 410 Bensalem, PA 19020-2052 County: Bucks | P: 215-245-3525 F: 215-245-3540 | 159789 | 1407859978 | 39-1597 | Medicaid: 001549120 0005 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2014 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Gwynedd, Inc which owns (100%) this agency. | Acquired 02/01/19 | |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| PA | 23-2794896 | Branch | 2657 | Compassionate Care Hospice of Gwynedd, Inc. 3897 Adler Place, Building C, Suite 180 Bethlehem, PA 18017-9484 County: Northampton | P: 610-770-6500 F: 610-770-6503 | 159799 | 1407859978 | 39-1597 | Medicaid: 001549120 0005 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2015 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Gwynedd, Inc which owns (100%) this agency. | Acquired 02/01/19 | |
| PA | 23-2794896 | Branch | 2657 | Compassionate Care Hospice of Gwynedd, Inc. 600 North Jackson, Suite 103 Media, PA 19063-2561 County: Delaware | P: 610-323-0348 F: 610-891-2774 | 159799 | 1407859978 | 39-1597 | Medicaid: 001549120 0005 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2016 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Gwynedd, Inc which owns (100%) this agency. | Acquired 02/01/19 | |
| PA | 13-4290388 | Parent | 2660 | Compassionate Care Hospice of Northwestern Pennsylvania, LLC 366 North Main Street, First Floor Taylor, PA 18517-1113 County: Lackawanna | P: 570-451-1031 F: 570-451-1241 | 16671601 | 1386647915 | 39-1667 | Medicaid: 101243795 0002 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2017 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Northwestern Pennsylvania, LLC with owns (100%) of this agency. | Acquired 02/01/19 | |
| PA | 13-4290388 | Branch | 2660 | Compassionate Care Hospice of Northwestern Pennsylvania, LLC 237 E. Brown Street East Stroudsburg, PA 18301-3005 County: Monroe | P: 570-476-0150 F: 570-476-0151 | 16671601 | 1386647915 | 39-1667 | Medicaid: 101243795 0002 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2018 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Northwestern Pennsylvania, LLC with owns (100%) of this agency. | Acquired 02/01/19 | |
| PA | 27-2385415 | Parent | 2662 | Compassionate Care Hospice of Pittsburgh, LLC 1725 Washington Road, Suite 509 Pittsburgh, PA 15241-1207 County: Allegheny | P: 412-241-8240 F: 412-241-8328 | 17281601 | 1962729681 | 39-1728 | Medicaid: 102651265 0002 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2019 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Pittsburgh, LLC 27- 2385415 which owns (100%) of this agency. | Acquired 02/01/19 | |
| RI | 20-1033012 | *Parent | 4901 | Tender Loving Care Health Care Services of New England, L.L.C. d/b/a Amedisys Home Health Care 300 Centerville Road Suite 202 East Warwick, RI 02886-0200 County: Kent <i>*Relocated from Providence, RI eff. 5/26/16</i> | P: 401-737-4236 F: 401-738-1618 TF: 800-649-2280 | HNC02384 | 1770537854 (llc417036) | 41-7036 | Medicaid: TL56604 Waivers #: TL57249 TL57250 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC . #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services of New England, L.L.C. #20-1033012 which owns (100%) of this agency | Acquired 03/28/08 | 08/31/94 |
| RI | 20-1916796 | *Parent | 4902 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company 1 Catamore Boulevard East Providence, RI 02914-1228 County: Providence | P: 401-438-0008 F: 401-438-2252 TF: 800-981-8791 | HSP01626 | 1558445569 (beahos2) | 41-1510 | BH55689 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) Beacon Hospice, L.L.C. #20-1916796. which owns (100%) this agency. | Acquired 06/07/11 | #N/A |
| RI | 20-1916796 | Branch | 4902 | Beacon Hospice, L.L.C. d/b/a Beacon Hospice, an Amedisys Company Meadows Professional Office Park 1130 Ten Rod Road Suite A203-A206 North Kingstown, RI 02852-4174 County: Washington | P: 401-294-6204 F: 401-294-6452 TF: 855-876-6687 | HSP01626-01 | 1558445569 (beahos2) | 41-1510 | BH55689 | NGS/ NHIC *JK MAC Transition Effective 10/18/13 | Hospice | <i>*Converted from Beacon Hospice, Inc. effective 12/31/2012</i> Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys BA, L.L.C. #45-1646852 which owns (100%) Beacon Hospice, L.L.C. #20-1916796. which owns (100%) this agency. | Acquired 06/07/11 | #N/A |
| SC | 20-1968800 | *Parent | 2207 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Charleston East 1027 Physicians Drive Suite 210 Charleston SC 29414-5352 County: Charleston | P: 843-556-0200 F: 843-556-0202 TF: 800-951-6677 | HHA-0191 | 1447218748 (2207SC) | 42-7027 | Medicaid HHA191 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 09/13/82 |
| SC | 20-1968800 | Branch | 2207 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Wallerboro 305 Robertson Blvd. Wallerboro SC 29488-5712 County: Colleton <i>*Relocated from 402 Robertson Blvd. eff. 06/24/14</i> | P: 843-542-9020 F: 843-549-3236 TF: 888-952-6677 | HHA-0191 | 1447218748 (2207SC) | 42-7027 Branch ID: 42Q027001 | Medicaid HHA191 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 09/13/82 |
| SC | 20-1968800 | Branch | 2207 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Mount Pleasant 950 Houston Northcutt Blvd Suite 105 Mt. Pleasant SC 29464-5648 County: Charleston | P: 843-972-0416 F: 843-972-0421 TF: 868-972-0416 | HHA-0191 | 1447218748 (2207SC) | 42-7027 Branch ID: 42Q027002 | Medicaid HHA191 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 09/13/82 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|-------------------------------------|--------------------------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| SC | 20-1968800 | *Parent | 2216 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Camden 1110 Broad Street Suite B Camden SC 29020-3624 County: Kershaw <i>*Relocated from West Columbia SC eff. 06/26/2006</i> | P: 803-713-9774 F: 803-713-9264 TF: 888-918-7323 | HHA-0194 | 1699733246 (2216SC) | 42-7036 | Medicaid HHA184 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/06 | 12/04/85 |
| SC | 20-1968800 | Branch | 2216 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Columbia 2611 Forest Drive, Suite 120 Columbia SC 29204-2372 County: Richland <i>*Relocated from 3227 Sunset Blvd., Suite F101, West Columbia, SC 29169-3201 6/22/18</i> | P: 803-739-5881 F: 803-739-5886 TF: 866-231-8731 | HHA-0194 | 1699733246 (2216SC) | 42-7036 Branch ID: 42Q7036002 | Medicaid HHA194 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Opened 11/03/08 | 12/04/85 |
| SC | 20-1968800 | *Parent | 2211 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Lexington 714 South Lake Drive Suite 250 Lexington SC 29072-3462 County: Lexington <i>*Relocated from West Columbia eff. 3/11/2008</i> | P: 803-359-2253 F: 803-356-7136 TF: 866-318-7323 | HHA-0190 | 1760430375 (2211SC) | 42-7039 | Medicaid HHA190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 02/26/87 |
| SC | 20-1968800 | Branch | 2211 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Sumter 3481 Declaration Blvd Sumter SC 29154-8140 County: Sumter | P: 803-720-5244 F: 866-882-9263 | HHA-0190 | 1760430375 (2211SC) | 42-7039 Branch ID: 42Q7039001 | Medicaid HHA190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 02/26/87 |
| SC | 20-1968800 | Branch | 2211 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Newberry 184 Commerce Dr. Newberry SC 29108-2964 County: Newberry | P: 803-276-9359 F: 803-276-9560 TF: 866-276-9359 | HHA-0190 | 1760430375 (2211SC) | 42-7039 Branch ID: 42Q7039004 | Medicaid HHA190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 02/26/87 |
| SC | 20-1968800 | Branch | 2211 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Orangeburg 1704 Village Park Drive Orangeburg SC 29118-2401 County: Orangeburg | P: 803-534-2022 F: 803-534-3731 TF: 888-534-2022 | HHA-0190 | 1760430375 (2211SC) | 42-7039 Branch ID: 42Q7039005 | Medicaid HHA190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 02/26/87 |
| SC | 20-1968800 | Branch | 2211 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Aiken 6240 Woodside Executive Court Aiken SC 29803-3822 County: Aiken | P: 803-626-9698 F: 866-557-8537 TF: 877-706-9359 | HHA-0190 | 1760430375 (2211SC) | 42-7039 Branch ID: 42Q7039007 | Medicaid HHA190 | PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Opened 04/22/19 | |
| SC | 20-1968800 | *Parent | 2224 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Bluffton 59 Sheridan Park Circle Suite. A Bluffton SC 29910-6029 County: Beaufort <i>*Relocated from 23 Plantation Park Dr. eff. 1/15/16</i> | P: 800-697-5235 F: 866-882-9294 | HHA-0203 | 1215110226 (2224SC) | 42-7048 | Medicaid HHA203 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 12/31/07 | 04/03/91 |
| SC | 20-1968800 | *Parent | 2226 | Amedisys SC, L.L.C. d/b/a Neighbors Care Home Health Agency, an Amedisys Company 1645 JA Cochran Bypass Suite I Chester, SC 29706-3101 County: Chester | P: 866-327-3205 F: 866-882-9378 | HHA-0198 | 1629245808 (2226SC) | 42-7063 | Medicaid HHA301 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 06/01/08 | 07/30/93 |
| SC | 20-1968800 | Branch | 2226 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Rock Hill 231 South Harford Ave., Suite 201 Rock Hill, SC 29732-1159 County: York | P: 803-620-8604 F: 844-227-3491 | HHA-0198 | 1629245808 (2226SC) | 42-7063 Branch ID: 42Q7063001 | Medicaid HHA355 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Open 8/20/18 | 7/1/18 |
| SC | 20-1968800 | *Parent | 2210 | Amedisys SC, L.L.C. d/b/a Amedisys Home Health of Beaufort 35 Professional Village Circle Lady's Island SC 29907-1575 County: Beaufort <i>*Relocated from Beaufort Eff. 4/12/17 *Relocated from Hilton Head Eff. 1/26/2012</i> | P: 843-379-2320 F: 843-379-2321 TF: 800-300-9559 | HHA-0189 | 1043278542 (2210SC) | 42-7304 | Medicaid HHA189 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, L.L.C. #20-1968800 which owns (100%) this agency. | Acquired 02/01/05 | 07/01/03 |
| SC | 27-0078073 | *Parent | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 500 Pamplico Highway Suite D Florence SC 29505-6051 County: Florence | P: 843-656-0820 F: 843-669-7957 TF: 877-656-0820 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 08/01/09 | #N/A |
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 1027 Physicians Drive Suite 240 Charleston SC 29414-5352 County: Charleston | P: 843-554-7161 F: 843-554-7830 TF: 866-554-7161 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 08/01/09 | #N/A |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|------------------------------|---------------------------------------|-----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 2201 Boundary Street, Suite 112 Beaufort, SC 29902-3879 County: Beaufort <i>*Relocated from 305 Robertson Blvd., Ste A, Walterboro, SC 29488-5712 eff 6/28/18 *Relocated from 203-A & 203-B Eddie Chasteen Drive, Walterboro SC, eff. 06/26/14</i> | P: 843-549-5166 F: 843-549-5177 TF: 866-549-5166 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010</i> | Acquired 08/01/09 | #N/A |
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 198 E. Wesmark Blvd. Suite 2 Sumter SC 29150-2020 *County: Sumter <i>*Relocated from 2555 Lin Do Court Suite B, eff. 9/25/15</i> | P: 803-774-4036 F: 803-774-7011 TF: 800-463-4349 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010</i> | Acquired 08/01/09 | #N/A |
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 1900 Sunset Blvd, Suite 103 West Columbia, SC 29169-5959 County: Lexington <i>*Relocated from 220 Stoneridge Drive Suite 105 Columbia SC, eff. 10/21/16</i> | P: 803-251-2287 F: 803-796-9150 TF: 877-794-2515 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010</i> | Acquired 08/01/09 | #N/A |
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 250 Commonwealth Drive Suite 105 Greenville SC 29615-4846 County: Greenville | P: 864-335-0455 F: 864-335-0456 TF: 866-381-2085 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/28/2010</i> | Acquired 08/01/09 | #N/A |
| SC | 27-0078073 | Branch | 2227 | Amedisys Hospice, L.L.C. d/b/a Amedisys Hospice of South Carolina 391 Seaboard Street, Unit 6 Myrtle Beach SC 29577-9635 County: Georgetown <i>*Relocated from Pawley's Island eff. 01-16-16</i> | P: 843-839-2505 F: 843-839-1615 TF: 877-652-0093 | HPC-0091 | 1437160058 (Winyah137) | 42-1555 | Medicaid: HSP111 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization effective 1/29/2010</i> | Acquired 08/01/09 | #N/A |
| SC | 27-2052580 | Parent | 2253 | Compassionate Care Hospice of South Carolina, L.L.C. 100 Ashland Park Lane, Suite B Columbia, SC 29210-5100 County: Lexington | P: 803-731-8110 F: 803-728-3335 | HPC-0156 | 1144545484 | 42-1606 | Medicaid: HSP126 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of South Carolina, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| SC | 36-4754427 | *Parent | 2245 | Georgetown Hospital Home Health, L.L.C. d/b/a Amedisys Home Health of Georgetown 2503 Highmarket Street Georgetown SC 29440-2900 County: Georgetown <i>*Relocated from 1105 Church Street, Georgetown SC eff. 06-26-14</i> | P: 843-546-1730 F: 843-545-9260 TF: 800-946-9244 | HH-A-0192 | 1760430334 (2205SC) | 42-7065 | Medicaid HHA310 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, LLC. #20-1968800 owns (70%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency. JV Partner Info: GHS Transitional Care, LLC #46-2161616 Owns (30%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency | Acquired 09/01/2013 | 12/21/93 |
| SC | 36-4754427 | *Parent | 2246 | Georgetown Hospital Home Health, L.L.C. d/b/a Amedisys Home Health of Myrtle Beach 1309 Professional Drive Suite 100 Myrtle Beach SC 29577-5701 County: Horry | P: 843-916-0931 F: 843-916-0985 TF: 866-604-1172 | HHA-0187 | 1811955065 (2206SC) | 42-7067 | Medicaid HHA312 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, LLC. #20-1968800 owns (70%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency. JV Partner Info: GHS Transitional Care, LLC #46-2161616 Owns (30%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency | Acquired 09/01/2013 | 02/17/94 |
| SC | 36-4754427 | *Parent | 2241 | Georgetown Hospital Home Health, L.L.C. d/b/a Amedisys Home Health Care 127 E Mill Street Kingstree SC 29556-3427 County: Williamsburg | P: 843-355-5103 F: 866-882-8488 TF: 800-816-6668 | HHA-0188 | 1255399747 (2221SC) | 42-7068 | Medicaid HHA311 | PGBA/ PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys SC, LLC. #20-1968800 owns (70%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency. JV Partner Info: GHS Transitional Care, LLC #46-2161616 Owns (30%) Georgetown Hospital Home Health, L.L.C. #36-4754427 which owns (100%) of this agency | Acquired 09/01/2013 | 04/08/94 |
| SC | 57-1119857 | *Parent | 2203 | Amedisys Home Health of South Carolina, LLC d/b/a Amedisys Home Health of Charleston 2675 Lake Park Drive North Charleston SC 29406-9100 County: Charleston | P: 843-553-1263 F: 843-553-0651 TF: 800-849-2421 | HHA-0172 | 1033177290 (2203SC) | 42-7005 | Medicaid HHA172 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of South Carolina, LLC #57- 1119857 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of South Carolina eff 1/13/17 *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization eff 1/29/2010</i> | Acquired 06/11/01 | 01/20/77 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------|-------------------------------------|---------------------------------------|-----------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| SC | 57-1119857 | *Parent | 2222 | Amedisys Home Health of South Carolina, LLC d/b/a Amedisys Home Health of Conway 176 Waccamaw Medical Park Court Conway SC 29526-8965 County: Horry | P: 866-205-4247 F: 866-717-5478 | HHA-0195 | 1316905573 (2222SC) | 42-7112 | Medicaid HHA195 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of South Carolina, LLC #57- 1119857 which owns (100%) this agency. *Converted from Amedisys Home Health, Inc. of South Carolina eff 1/13/17 *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization eff 1/29/2010 | Acquired 04/01/06 | 04/09/99 |
| SC | 57-1119857 | *Parent | 2204 | Amedisys Home Health of South Carolina, LLC d/b/a Amedisys Home Health of Clinton 210 Physicians Park Dr Suite U Clinton SC 29325-7565 County: Laurens | P: 864-833-3212 F: 864-833-3234 TF:866-833-3210 | HHA-0186 | 1679531156 (2204SC) | 42-7116 | Medicaid HHA186 | PGBA / PGBA | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of South Carolina, LLC #57- 1119857 which owns (100%) this agency. *Converted from Amedisys Home Health, Inc. of South Carolina eff 1/13/17 *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization eff 1/29/2010 | Acquired 10/01/04 | 02/12/03 |
| SC | 57-1119857 | Branch | 2204 | Amedisys Home Health of South Carolina, LLC d/b/a Amedisys Home Health of Greenville 440 Roper Mountain Road Suite G-1 Greenville SC 29615-4235 County: Greenville | P: 864-288-9441 F: 864-288-7705 TF:866-299-2890 | HHA-0186 | 1679531156 (2204SC) | 42-7116 Branch ID: 42Q7116001 | Medicaid HHA186 | PGBA / N/A | Home Health | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of South Carolina, LLC #57- 1119857 which owns (100%) this agency. *Converted from Amedisys Home Health, Inc. of South Carolina eff 1/13/17 *Formerly owned directly by Amedisys, Inc, 11-3131700 - Reorganization eff 1/29/2010 | Opened 07/17/06 | 02/12/03 |
| SD | 90-0128301 | Parent | 0602 | Compassionate Care Hospice of the Midwest, LLC Kirkwood Plaza, 6009 W. 41st Street, Suite 4 Sioux Falls, SD 57106-1277 County: Minnehaha | P: 605-338-2066 F: 605-371-3754 | | 1215930847 | 43-1516 | 1215930847 | CGS | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, LLC #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of the Midwest, LLC whic owns (100%) of this agency. | Acquired 02/01/19 | |
| TN | 02-0674282 | *Parent | 5529 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 1420 Dutch Valley Road Suite C Knoxville, TN 37918-1424 County: Knox | P: 865-689-7123 F: 865-689-8445 TF:866-462-7182 | 0000000344 | 1053379214 (5529TN) | 44-1525 | Medicaid: Q014931 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5529 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 1423 West Morris Blvd Suite C Morristown, TN 37813-2975 County: Hamblen | P: 423-587-9484 F: 423-587-9408 TF:800-659-2633 | 0000000344 | 1053379214 (5529TN) | 44-1525 | Medicaid: Q014931 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5529 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 665 New Highway 68 Suite B Sweetwater, TN 37874-1908 County: Monroe | P: 423-351-0233 F: 423-351-0238 TF:877-370-3477 | 0000000344 | 1053379214 (5529TN) | 44-1525 | Medicaid: Q014931 | PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Opened 7/31/09 | #N/A |
| TN | 02-0674282 | *Parent | 5543 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 7205 Lee Hwy, Suite B Chattanooga, TN 37421-6801 County: Hamilton *Relocated from: 7161 Lee Hwy Suite 400 eff. 11/20/13 | P: 423-499-0018 F: 423-499-4342 TF:800-951-2561 | 0000000343 | 1104884493 (5543TN) | 44-1533 | Medicaid: Q014929 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5543 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 2306 Congress Parkway South Athens, TN 37303-2820 County: McMinn *Relocated from 614 Congress Parkway N, Athens, TN *Relocated from 744 Tell Street, Athens eff. 4/13/09 | P: 423-507-8755 F: 423-507-8748 TF:866-890-2977 | 0000000343 | 1104884493 (5543TN) | 44-1533 | Medicaid: Q014929 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventa Hospice, Inc. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5543 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 310 Kimball Crossing Suite 3 & 4 Kimball, TN 37347-5644 County: Marion *Relocated from Montague eff 6/24/15 *Relocated from South Pittsburg eff. 8/18/2010 | P: 423-837-3636 F: 423-837-3640 TF:866-890-2981 | 0000000343 | 1104884493 (5543TN) | 44-1533 | Medicaid: Q014929 | PGBA / PGBA | Hospice | Amedisys, Inc, 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FF/ Prior FI | Location Type | Ownership, Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|----------------------------|-----------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 02-0674282 | *Parent | 5539 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 1500 West Elk Ave. Suite 202 Elizabethton, TN 37643-2655 County: Carter | P: 423-547-0852 F: 423-543-6449 TF:800-774-1404 | 0000000353 | 1518925783 (5539TN) | 44-1534 | Medicaid: Q014930 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5539 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 2025 Meadowview Parkway, Suite 101 Kingsport, TN 37664-7387 County: Sullivan *Relocated from 116 Jack White Drive, Ste 6, Kingsport, TN 37660-2379 eff. 7-31-18 *Relocated from 200 Professional Park Pvt. Drive eff. 7-30-13 | P: 423-288-9777 F: 423-288-9781 TF:866-462-7180 | 0000000353 | 1518925783 (5539TN) | 44-1534 | Medicaid: Q014930 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | Branch | 5539 | Adventa Hospice, L.L.C. d/b/a Amedisys Hospice, an Adventa Company 127 Serral Drive Suite 1 Greenville, TN 37745-3111 County: Greene | P: 423-638-2707 F: 423-638-4732 TF:866-462-7167 | 0000000353 | 1518925783 (5539TN) | 44-1534 | Medicaid: Q014930 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. *Converted from Adventa Hospice Inc effective 1/1/2013 | Acquired 07/01/05 | #N/A |
| TN | 02-0674282 | *Parent | 0547 | Adventa Hospice, L.L.C. Amedisys Hospice, an Adventa Company 400 Royal Parkway Nashville, TN 37214-3636 County: Davidson | P: 615-231-7113 F: 615-886-7296 TF:844-269-3912 | 326 | 1942685565 0547TN | 44-1602 | Medicaid Q020750 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Adventa Hospice, L.L.C. #02-0674282 which owns (100%) this agency. | Opened 7/23/15 | #N/A |
| TN | 20-1032665 | *Parent | 0545 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Care 8245 Tournament Drive Suite 255 Memphis, TN 38125-8873 County: Shelby *Relocated from 6263 Poplar Avenue Suite 1000 Memphis, TN 38119-4738 eff. 8/20/16 | P: 901-748-9121 F: 901-748-9125 TF:877-896-5612 | 0000000239 | 1629018999 (tlc4457538) | 44-7538 | Medicaid: 0447538 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services Southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | 07/28/94 |
| TN | 20-3218056 | *Parent | 0551 | Amedisys Sp-TN, LLC d/b/a Amedisys Home Health Services 900 Conference Drive Suite 1A Goodlettsville, TN 37072-1925 County: Davidson *Relocated from Nashville East to Hermitage eff. 01/16/2008 *Relocated from Hermitage to Nashville eff. 02/02/2012 *Relocated from Nashville (230 Cumberland Bend) eff. 10/7/13 | P: 615-851-3881 F: 866-588-1235 TF:866-610-4079 | 0000000068 | 1356399752 (0551TN) | 44-7558 | Medicaid: 0447558 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys SP-TN, L.L.C. #20-3218056 which owns (100%) this agency. | Acquired 08/01/05 | 08/02/00 |
| TN | 27-0078073 | *Parent | 0570 | Amedisys Hospice, LLC d/b/a Amedisys Hospice Care 6570 Stage Road Suite 120 Bartlett, TN 38134-2803 County: Shelby *Relocated from Memphis to Bartlett eff. 11/16/17 | P: 901-680-0378 F: 901-818-4894 TF:866-877-2396 | 0000000376 | 1265490726 (0570TN) | 44-1506 | Medicaid Q014932 | PGBA/ PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 04/01/04 | #N/A |
| TN | 62-1139940 | *Parent | 5517 | HHC, LLC. d/b/a Amedisys Home Health Care 1423 W. Morris Blvd. Suite B Morristown, TN 37813-2975 County: Hamblen | P: 423-586-0106 F: 423-581-8391 TF:866-586-0106 | 0000000091 | 1639127319 (5517TN) | 44-7190 | Medicaid: 0447190 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 12/08/82 |
| TN | 62-1139940 | Branch | 5517 | HHC, LLC. d/b/a Amedisys Home Health Care 170 Beech Street Suite 3 Harrogate, TN 37752-8515 County: Claiborne Mailing: P.O. Box 4177, Harrogate, TN 37752-4177 | P: 423-869-3977 F: 423-869-3738 TF:866-864-1379 | 0000000091 | 1639127319 (5517TN) | 44-7190 Branch ID: 44Q7190001 | Medicaid: 0447190 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 12/08/82 |
| TN | 62-1139940 | Branch | 5517 | HHC, LLC. d/b/a Amedisys Home Health Care 109 Apple Lane Suite A Rogersville, TN 37857-2943 County: Hawkins | P: 423-272-4484 F: 423-272-4485 TF:866-864-2075 | 0000000091 | 1639127319 (5517TN) | 44-7190 Branch ID: 44Q7190002 | Medicaid: 0447190 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 12/08/82 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------|-----------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 62-1139940 | Branch | 5517 | HHC, LLC. d/b/a Amedisys Home Health Care 154 Campbell Drive Suite A Sneedville, TN 37869-3900 County: Hancock Mailing: P.O. Box 428 Sneedville, TN 37869-0428 | P: 423-733-2441 F: 423-733-2443 | 0000000091 | 1639127319 (5517TN) | 44-7190 Branch ID: 44Q7190003 | Medicaid: 0447190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 12/08/82 |
| TN | 62-1139940 | Branch | 5517 | HHC, LLC. d/b/a Amedisys Home Health Care 404 E. Bernard Avenue Suite B Greenville, TN 37745-5123 County: Greene *Relocated from 1350 East Andrew Johnson Highway, Greenville eff. 12-2-2016 | P: 423-638-7389 F: 423-639-9386 TF:866-864-1376 | 0000000091 | 1639127319 (5517TN) | 44-7190 Branch ID: 44Q7190005 | Medicaid: 0447190 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 12/08/82 |
| TN | 62-1139940 | *Parent | 5507 | HHC, LLC. d/b/a Amedisys Home Health Care 8 Stonebridge Boulevard Suite L Jackson, TN 38305-2178 County: Madison *Other d/b/a: Housecall Home Healthcare | P: 731-664-2264 F: 731-668-0490 TF:800-261-2264 | 0000000177 | 1851349559 (5507TN) | 44-7278 | Medicaid: Q014862 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 05/08/84 |
| TN | 62-1139940 | Branch | 5507 | HHC, LLC. d/b/a Amedisys Home Health Care 2490 Parr Avenue Suite 1 Dyersburg, TN 38024-2030 County: Dyer *Other d/b/a: Housecall Home Healthcare | P: 731-286-2097 F: 731-286-2253 TF:877-255-2097 | 0000000177 | 1851349559 (5507TN) | 44-7278 Branch ID: 44Q7278001 | Medicaid: Q014862 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 05/08/84 |
| TN | 62-1139940 | Branch | 5507 | HHC, LLC. d/b/a Amedisys Home Health Care 331 Jim Adams Drive Suite A Paris, TN 38242-5037 County: Henry *Other d/b/a: Housecall Home Healthcare | P: 731-644-0723 F: 731-644-7964 TF:866-355-3101 | 0000000177 | 1851349559 (5507TN) | 44-7278 Branch ID: 44Q7278002 | Medicaid: Q014862 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Opened 01/03/07 | 05/08/84 |
| TN | 62-1139940 | Branch | 5507 | HHC, LLC. d/b/a Amedisys Home Health Care 880 Pickwick Street, Unit 1 Savannah, TN 38372-3071 County: Hardin *Other d/b/a: Housecall Home Healthcare | P: 731-926-2371 F: 731-926-3979 TF:866-472-8086 | 0000000177 | 1851349559 (5507TN) | 44-7278 Branch ID: 44Q7278003 | Medicaid: Q014862 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Opened 01/03/07 | 05/08/84 |
| TN | 62-1139940 | Branch | 5507 | HHC, LLC. d/b/a Amedisys Home Health Care 1110 Bishop Street Union City, TN 38261-5402 County: Obion *Other d/b/a: Housecall Home Healthcare | P: 731-886-1113 F: 731-886-0224 TF:866-516-1113 | 0000000177 | 1851349559 (5507TN) | 44-7278 Branch ID: 44Q7278004 | Medicaid: Q014862 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Opened 03/12/07 | 05/08/84 |
| TN | 62-1139940 | *Parent | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 1420 Dutch Valley Drive Suite A Knoxville, TN 37918-1424 County: Knox | P: 865-688-7500 F: 865-689-2804 TF:866-864-1381 | 0000000150 | 1710935408 (5524TN) | 44-7312 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------|-------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 1855 Tanner Way Suite 230 Harriman, TN 37748-8331 County: Roane | P: 865-376-6207 F: 865-376-7183 TF: 866-864-1377 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312001 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 1229 Fox Meadows Blvd Suite 1 Sevierville, TN 37862-6923 County: Sevier | P: 865-428-2510 F: 865-429-4402 TF: 866-666-6595 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312003 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 1713 North Highway 92 Jefferson City, TN 37769-5220 County: Jefferson | P: 865-475-6400 F: 865-471-0919 TF: 866-864-1380 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312004 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 611 West Broadway Newport, TN 37821-9032 County: Cocke | P: 423-623-6540 F: 423-625-2040 TF: 866-864-2069 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312005 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 575 Oak Ridge Turnpike Suite 130 Oak Ridge, TN 37830-7173 County: Anderson | P: 865-481-3434 F: 865-481-3601 TF: 866-610-4116 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312006 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 08/31/84 |
| TN | 62-1139940 | Branch | 5524 | HHC, LLC. d/b/a Amedisys Home Health Care 504 West Broadway Ave. Maryville, TN 37801-4712 County: Blount | P: 865-324-0027 F: 888-233-4829 TF: 833-295-5438 | 0000000150 | 1710935408 (5524TN) | 44-7312 Branch ID: 44Q7312008 | Medicaid: Q014861 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Opened 05/01/19 | |
| TN | 62-1139940 | *Parent | 5509 | HHC, LLC. d/b/a Amedisys Home Health Care 1655 Wynne Road Suite 101 Cordova, TN 38016-4905 County: Shelby *Relocated from Bartlett eff. 6/22/12 *Other d/b/a: Housecall Home Healthcare | P: 901-388-3335 F: 901-388-3866 TF: 866-666-6950 | 0000000215 | 1134177983 (5509TN) | 44-7451 | Medicaid: 0447451 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 09/18/84 |
| TN | 62-1139940 | *Parent | 5535 | HHC, LLC. d/b/a Amedisys Home Health Care 1500 W. Elk Ave. Suite 201 Elizabethton, TN 37643-2655 County: Carter *Other d/b/a: Housecall Home Healthcare | P: 423-547-2310 F: 423-547-2319 TF: 800-897-8975 | 0000000023 | 1487602488 (5535TN) | 44-7505 | Medicaid: 0447505 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. *HHC LLC moved directly under Amedisys Holding, LLC eff 2/19 *HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17 *Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012 | Acquired 07/01/05 | 01/01/87 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|-----------------------------------------|------------------------------------------------------------------------------------------|-----------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 62-1139940 | Branch | 5535 | HHC, LLC. d/b/a Amedisys Home Health Care 203 Forge Creek Road Mountain City, TN 37683-2057 County: Johnson <i>*Other d/b/a: Housecall Home Healthcare</i> | P: 423-727-2130 F: 423-727-2134 TF: 800-231-1513 | 0000000023 | 1487602488 (5535TN) | 44-7505 Branch ID: 44Q7505002 | Medicaid: 0447505 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Acquired 07/01/05 | 01/01/87 |
| TN | 62-1139940 | *Parent | 5506 | HHC, LLC. d/b/a Amedisys Home Health Care 537 Stonecrest Parkway Suite 109 Smyrna, TN 37167-6889 County: Rutherford <i>*Other d/b/a: Housecall Home Healthcare</i> <i>*Relocated from Murfreesboro eff. 02/24/2010</i> | P: 615-220-8417 F: 615-220-8422 TF: 866-666-7053 | 0000000005 | 1437107133 (5505TN) | 44-7563 | Medicaid: 0447563 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Acquired 07/01/05 | 03/25/03 |
| TN | 62-1139940 | Branch | 5506 | HHC, LLC. d/b/a Amedisys Home Health Care 1127 E. College Street Suite B Pulaski, TN 38478-4520 County: Giles <i>*Other d/b/a: Housecall Home Healthcare</i> | P: 931-363-9039 F: 931-366-9066 TF: 866-401-2978 | 0000000005 | 1437107133 (5505TN) | 44-7563 Branch ID: 44Q7563001 | Medicaid: 0447563 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Opened 06/30/06 | 03/25/03 |
| TN | 62-1139940 | Branch | 5506 | HHC, LLC. d/b/a Amedisys Home Health Care 220 Town Center Parkway Suite 201 Spring Hill, TN 37174-2406 County: Maury <i>*Other d/b/a: Housecall Home Healthcare</i> | P: 931-486-1911 F: 931-486-3129 TF: 866-335-9319 | 0000000005 | 1437107133 (5505TN) | 44-7563 Branch ID: 44Q7563002 | Medicaid: 0447563 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Opened 08/01/06 | 03/25/03 |
| TN | 62-1151058 | *Parent | 0540 | Comprehensive Home Healthcare Services, L.L.C. d/b/a Amedisys Home Health of Tennessee 1006 Old Knoxville Road Tazewell, TN 37879-4138 County: Claiborne | P: 423-626-2405 F: 423-626-2407 TF: 866-666-6597 | 0000000025 | 1639149586 (CBRANDEN1) | 44-7188 | TennCare: 0447188 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Comprehensive Home Healthcare Services, L.L.C. #62-1151058 which owns (100%) of this agency. <i>* Comprehensive Home Healthcare Services, Inc. converted to L.L.C. and moved directly under Amedisys Holding L.L.C. effective 07/01/13</i> | Acquired 03/01/08 | 11/29/82 |
| TN | 62-1151058 | Branch | 0540 | Comprehensive Home Healthcare Services, L.L.C. d/b/a Amedisys Home Health of Tennessee 101 Brantley Lane Jacksboro, TN 37757-5162 County: Campbell <i>*Relocated from 2435 Jacksboro Pike Suite 4 La Follette, TN 37766-2908 eff. 1/12/18</i> | P: 423-563-0038 F: 423-563-0021 TF: 866-563-0038 | 0000000025 | 1639149586 (CBRANDEN1) | 44-7188 Branch ID: 44Q7188003 | Medicaid: 0447188 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Comprehensive Home Healthcare Services, L.L.C. #62-1151058 which owns (100%) of this agency. <i>* Comprehensive Home Healthcare Services, Inc. converted to L.L.C. and moved directly under Amedisys Holding L.L.C. effective 07/01/13</i> | Acquired 03/01/08 | 11/29/82 |
| TN | 62-1755344 | *Parent | 0535 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 2000 Glen Echo Road Suite 115 Nashville, TN 37215-2877 County: Davidson <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 615-298-3931 F: 615-299-3163 TF: 866-505-0345 | 0000000038 | 1972551794 (0535TN) | 44-7107 | Medicaid Q014208 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee L.L.C. - 12/27/2001</i> | Acquired 06/01/05 | 01/13/76 |
| TN | 62-1755344 | Branch | 0535 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 2690 Madison Street Suite 200 Clarksville, TN 37043-5498 County: Montgomery Mailing: P.O. Box 3215, Clarksville, TN 37043-3215 | P: 931-358-9063 F: 931-358-9064 TF: 866-326-0069 | 0000000038 | 1972551794 (0535TN) | 44-7107 Branch ID: 44Q7107003 | Medicaid Q014208 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee L.L.C. - 12/27/2001</i> | Opened 4/20/2009 | 01/13/76 |
| TN | 62-1755344 | *Parent | 0512 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 7205 Lee Highway Suite A Chattanooga, TN 37421-6801 County: Hamilton <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 423-490-1100 F: 423-490-1111 TF: 800-903-8426 | 0000000113 | 1326096009 (0512TN) | 44-7156 | Medicaid Q014211 MR/DD Medicaid Walver: 00736 Homemaker Services: 0445786 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 07/31/81 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------|-----------------------------------------|---------------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 62-1755344 | Branch | 0512 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 3055 Rhea County Highway Suite 330 Dayton, TN 37321-5840 County: Rhea <i>*Relocated from Pikeville, TN eff. 7-30-13</i> <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 423-775-2739 F: 423-775-4354 TF: 800-891-1450 | 0000000113 | 1326096009 (0512TN) | 44-7156 Branch ID: 44Q7156001 | Medicaid: Q014211 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 07/31/81 |
| TN | 62-1755344 | Branch | 0512 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 616 Congress Parkway North Athens, TN 37303-1618 County: McMinn <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 423-744-8404 F: 423-744-3590 TF: 800-756-8404 | 0000000113 | 1326096009 (0512TN) | 44-7156 Branch ID: 44Q7156002 | Medicaid: Q014211 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 07/31/81 |
| TN | 62-1755344 | *Parent | 0506 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 2601 Elm Hill Pike, Suites A,B & C Nashville, TN 37214-3155 County: Davidson <i>*Relocated from 230 Cumberland Bend Suite D eff 2/17/2017</i> <i>*Relocated 12/01/99 from Hendersonville, TN,</i> <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> <i>*Prior Nashville, TN parent closed 11/30/1999</i> | P: 615-313-7400 F: 615-313-7410 TF: 800-643-5641 | 0000000254 | 1689622466 (0506TN) | 44-7206 | Medicaid: Q014209 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 03/14/83 |
| TN | 62-1755344 | Branch | 0506 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 100 Physicians Way Suite 240 Lebanon, TN 37090-8108 County: Wilson <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> <i>*Relocated from Gordonsville TN eff. 06/27/2008</i> <i>*Relocated from Carthage, TN eff. 07/31/2000</i> | P: 615-453-2532 F: 615-547-7480 TF: 800-287-6988 | 0000000254 | 1689622466 (0506TN) | 44-7206 Branch ID: 44Q7206002 | Medicaid: Q014209 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 03/14/83 |
| TN | 62-1755344 | Branch | 0506 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 437 Henslee Drive Dickson, TN 37055-2166 County: Dickson <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 615-326-0326 F: 615-326-0389 TF: 866-920-4082 | 0000000254 | 1689622466 (0506TN) | 44-7206 Branch ID: 44Q7206003 | Medicaid: Q014209 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Opened 02/01/05 | 03/14/83 |
| TN | 62-1755344 | *Parent | 0519 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 107 North Porter St Suite 3 Winchester, TN 37398-1480 County: Franklin <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 931-962-4663 F: 931-962-4251 TF: 800-876-9266 | 0000000082 | 1730137415 (0519TN) | 44-7238 | Medicaid: 0447238 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 10/05/83 |
| TN | 62-1755344 | *Parent | 0523 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 508 West Main Street Livingston, TN 38570-1718 County: Overton <i>*Other d/b/a's: Amedisys, Amedisys Home Care, Amedisys Home Health of Tennessee</i> | P: 800-844-8515 F: 866-460-8525 | 0000000191 | 1972551752 (0523TN) | 44-7260 | Medicaid: Q014212 | PGBA/ PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Acquired 12/01/98 | 01/17/84 |
| TN | 62-1755344 | Branch | 0523 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 1736 E Spring Street, Suite e Cookeville, TN 38506-4448 County: Putnam | P: 931-520-3005 F: 931-520-3008 TF: 866-377-4427 | 0000000191 | 1972551752 (0523TN) | 44-7260 Branch ID: 44Q7260004 | Medicaid: Q014212 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Opened 06/03/09 | 01/17/84 |
| TN | 62-1755344 | Branch | 0523 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 342 W. Central Avenue Jamestown, TN 38556-3407 County: Fentress Mailing: P.O. Box 607, Jamestown, TN 38556-0607 | P: 866-877-8291 F: 866-460-8530 | 0000000191 | 1972551752 (0523TN) | 44-7260 Branch ID: 44Q7260001 | Medicaid: Q014212 | PGBA/ N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. <i>*Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010</i> <i>*Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001</i> | Opened 05/03/04 | 01/17/84 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | F1/ Prior.F1 | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------------|-------------------------------------|---------------------------------------|-----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TN | 62-1755344 | *Parent | 0550 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 6005 Park Ave Suite 200B Memphis, TN 38119-5207 County: Shelby | P: 901-685-7231 F: 901-761-5485 TF:866-877-2027 | 0000000238 | 1114975539 (0550TN) | 44-7277 | Medicaid: 0447277 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001 | Acquired 04/01/04 | 03/09/84 |
| TN | 62-1755344 | Branch | 0550 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 1921 Highway 51 South, Unit C Covington, TN 38019-3659 County: Tipton | P: 901-476-0491 F: 901-476-3549 TF:866-610-4128 | 0000000238 | 1114975539 (0550TN) | 44-7277 Branch ID: 44Q7277001 | Medicaid: 0447277 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001 | Opened 12/21/05 | 03/09/84 |
| TN | 62-1755344 | *Parent | 0536 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 1809 Ward Drive Murfreesboro, TN 37129-0502 County: Rutherford | P: 615-893-0214 F: 615-896-3716 TF:866-893-0018 | 0000000207 | 1326096108 (0536TN) | 44-7296 | Medicaid: Q014652 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001 | Acquired 06/01/05 | 06/29/84 |
| TN | 62-1755344 | *Parent | 0509 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 2913 Boones Creek Road Suite. 6 Johnson City, TN 37615-4997 County: Washington <i>*Relocated from 136 W. Springbrook Drive, Johnson City, 37604-1758 effective 4-1-16</i> <i>*Other d/b/a's: Amedisys Home Health of Tennessee, Amedisys, Amedisys Home Care,</i> | P: 423-952-2340 F: 423-952-2313 TF:800-624-6770 | 0000000273 | 1942258769 (0509TN) | 44-7422 | Medicaid: Q014210 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001 | Acquired 12/01/98 | 08/02/84 |
| TN | 62-1755344 | Branch | 0509 | Amedisys Tennessee, LLC d/b/a Amedisys Home Health 116 Jack White Drive Suite 4 Kingsport, TN 37664-2379 County: Sullivan <i>*Other d/b/a's: Amedisys Home Health of Tennessee, Amedisys, Amedisys Home Care</i> | P: 423-392-5188 F: 423-392-5185 TF:800-842-2350 | 0000000273 | 1942258769 (0509TN) | 44-7422 Branch ID: 44Q7422002 | Medicaid: Q014210 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Tennessee, L.L.C. #62-1755344 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 *Formerly Amedisys Home Health, Inc. of Tennessee which has been merged into Amedisys Tennessee, L.L.C. - 12/27/2001 | Acquired 12/01/98 | 08/02/84 |
| TX | 04-3596203 | *Parent | 0781 | Amedisys Texas, LLC d/b/a Amedisys Home Health 5430 Fredericksburg Road, Suite 130 San Antonio, TX 78229-3539 County: Bexar | P: 210-558-9606 F: 210-558-6934 TF:844-401-9135 | 018046 | 1457896483 (0781TX) | 67-9002 | 382193601 | PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) *Amedisys Texas, L.L.C. #04-3596203 which owns (100%) this agency. | Acquired 05/01/2017 | 09/18/00 |
| TX | 27-0078073 | *Parent | 0770 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of San Antonio 5410 Fredericksburg Road, Bldg A Suite 310 San Antonio, TX 78229-3576 County: Bexar | P: 210-541-0922 F: 210-541-9118 TF:866-549-3804 | 013242 | 1336207034 (1738TX) | 45-1738 | Medicaid 001018661 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. *Formerly owned directly by Amedisys, Inc. 11-3131700 - Reorganization effective 1/29/2010 | Acquired 03/01/07 | #N/A |
| TX | 27-0078073 | Branch | 0770 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of San Antonio 5293 S 31st Street, Suite 131 Temple, TX 76502-3575 County: Bell | P: 254-246-4169 F: 866-767-8836 TF:877-838-8249 | 013242 | 1336207034 | 45-1738 Branch ID 4615486 | Medicaid 001018661 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. | Opened 05/09/19 | |
| TX | 27-0078073 | Branch | 0770 | Amedisys Hospice, LLC d/b/a Amedisys Hospice of San Antonio 510 N Valley Mills Drive, Suite 703 Waco, TX 76710-6077 County: McLennan | P: 254-246-4397 F: 866-767-8802 TF:877-839-6197 | 013242 | 1336207034 | 45-1738 Branch ID 4615487 | Medicaid 001018661 | PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) this agency. | Opened 05/09/19 | |
| TX | 27-2895644 | Parent | 0783 | Compassionate Care Hospice of Bryan Texas, LLC 3833 South Texas Avenue, Suite 200 Bryan, TX 77802-4015 County: Brazos | P: 979-260-9700 F: 979-260-7711 | 013721 | 1255642260 | 67-1679 | Medicaid 001020146 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Bryan Texas, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI/ Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------|------------------------------|---------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| TX | 27-2895644 | Branch | 0783 | Compassionate Care Hospice of Bryan Texas, LLC 540 W Main Bellville, TX 77418-1357 County: Austin | P: 979-232-2102 F: 979-314-1127 | 013721 | 1255642260 | 67-1679 | Medicaid 001020146 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Bryan Texas, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| TX | 27-3195141 | Parent | 0784 | Compassionate Care Hospice of Central Texas, LLC 102 Wonder World Drive, Suite 307 San Marcos, TX 78666-6070 County: Hays | P: 512-393-6003 F: 512-393-6007 | 013833 | 1235444134 | 67-1753 | Medicaid 001025892 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Central Texas, LLC which own (100%) of this agency. | Acquired 02/01/19 | |
| TX | 03-0453874 | Parent | 0785 | Compassionate Care Hospice of Houston, LLC 2040 North Loop West, Suite 320 Houston, TX 77018-8123 County: Houston | P: 713-667-3247 F: 713-688-0195 | 008059 | 1891799427 | 45-1735 | Medicaid 001012388 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Houston, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| TX | 27-1623197 | Parent | 0786 | Compassionate Care Hospice of North Texas, LLC 13612 Midway Road, Suite 294 Dallas, TX 75244-3407 County: Dallas | P: 972-547-3600 F: 972-547-3890 | 013503 | 1841520905 | 67-1674 | Medicaid 001020305 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of North Texas, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| TX | 26-2816779 | Parent | 0787 | Compassionate Care Hospice of Southeastern Texas, LLC 903C Hillcrest Drive Conroe, TX 77301-1106 County: Montgomery | P: 281-592-2830 F: 281-592-2837 | 012681 | 1518128990 | 67-1647 | Medicaid 001019303 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Hospice, L.L.C. #27-0078073 owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) Compassionate Care Hospice of Southeastern Texas, LLC which owns (100%) of this agency. | Acquired 02/01/19 | |
| VA | 02-0674282 | *Parent | 1734 | Adventia Hospice, L.L.C. d/b/a Amedisys Hospice Care 5221 Valley Park Drive Suite 2 Roanoke, VA 24019-3004 County: Roanoke <i>*Relocated from Salem, VA 01/30/14</i> <i>*Relocated from 154 W 4th St, Salem, to 1312 W Main</i> <i>St. Salem eff. 9/4/09</i> | P: 540-265-8509 F: 540-265-2510 TF: 800-394-8720 | Exempt | 1174581466 (1734VA) | 49-1513 | Medicaid: 004910222 | PGBA / PGBA | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) this agency. <i>*Converted from Adventia Hospice Inc effective 1/1/2013</i> | Acquired 07/01/05 | #N/A |
| VA | 02-0674282 | *Parent | 1750 | Adventia Hospice, L.L.C. d/b/a Amedisys Hospice Care 4591 Lifestyle Lane Midlothian, VA 23112-4807 County: Chesterfield | P: 804-245-8548 F: 866-841-4023 | Exempt | 1447752134 | 49-1630 | 1447752134 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) this agency. | Opened 10/02/18 | 10/02/18 |
| VA | 27-1765719 | Parent | 1771 | Compassionate Care Hospice of The Chesapeake Bay, L.L.C. 816 Greenbrier Circle, Suite 205 Chesapeake, VA 23320-2883 County: Chesapeake City | P: 757-405-3203 F: 757-405-3206 | Exempt | 1447575733 | 49-1600 | 1447575733 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 00804588 which owns (100%) of Compassionate Care Hospice of The Chesapeake Bay, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| VA | 27-1765719 | Branch | 1771 | Compassionate Care Hospice of The Chesapeake Bay, L.L.C. 109 Bullfants Blvd., Suite B Williamsburg, VA 23188-5718 County: James City <i>*Relocated from Midlothian</i> | P: 757-378-9379 F: 888-465-4056 | Exempt | 1447575733 | 49-1600 | 1447575733 | CGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Adventia Hospice, L.L.C. #02-0674282 which owns (100%) Compassionate Care Hospice Group, Inc. #90- 00804588 which owns (100%) of Compassionate Care Hospice of The Chesapeake Bay, LLC which owns (100%) of this agency | Acquired 02/01/19 | |
| VA | 20-1032665 | *Parent | 1754 | Tender Loving Care Health Care Services Southeast, L.L.C. d/b/a Amedisys Home Health Care 6353 Center Drive, Building 8 Suite 205 Norfolk, VA 23502-4112 County: Norfolk City | P: 757-466-1340 F: 757-466-1668 TF: 866-738-0578 | Exempt | 1063467801 (tlc497498) | 49-7498 | Medicaid: 010216982 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns TLC Holdings I LLC - #20-1042010 which owns TLC Health Care Services, LLC #20-1031840 which owns Tender Loving Care Health Care Services southeast, L.L.C. #20-1032665 which owns (100%) of this agency. | Acquired 03/26/08 | 03/01/95 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (Login) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| VA | 62-1139940 | *Parent | 1731 | HHC, LLC. d/b/a Amedisys Home Health Care 5221 Valley Park Drive Suite 1A Roanoke, VA 24019-3004 County: Roanoke <i>*Relocated from Salem, VA 01/17/2007</i> | P: 540-265-5980 F: 540-265-5985 TF: 800-276-3203 | Exempt | 1164470738 (1731VA) | 49-7275 | Medicaid 004972759 | | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Acquired 07/01/05 | 06/01/83 |
| VA | 62-1139940 | Branch | 1731 | HHC, LLC. d/b/a Amedisys Home Health of Martinsville 1077 Spruce Street Martinsville, VA 24112-4506 County: Henry | P: 276-656-2190 F: 276-656-2189 TF: 866-666-6778 | Exempt | 1164470738 (1731VA) <u>MEDICAID ONLY:</u> 1306965538 (1732VA) | 49-7275 Branch ID: 49Q7275001 | Medicaid 010110424 | | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Acquired 07/01/05 | 06/01/83 |
| VA | 62-1139940 | Branch | 1731 | HHC, LLC. d/b/a Amedisys Home Health of Lynchburg 2050 Langhorne Road Suite 103 Lynchburg, VA 24501-1402 County: Lynchburg City <i>*Suite 101 was corrected to be Suite 103 eff. 5-4-16</i> | P: 434-845-7555 F: 434-845-7557 TF: 866-768-0956 | Exempt | 1164470738 (1731VA) <u>MEDICAID ONLY:</u> 1528187853 (1736VA) | 49-7275 Branch ID: 49Q7275003 | Medicaid 010293669 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) HHC, L.L.C. #62-1139940 which owns (100%) this agency. <i>*HHC LLC moved directly under Amedisys Holding, LLC eff 2/19</i> <i>*HHC LLC moved directly under HMR Acquisition, Inc. eff 1/9/17</i> <i>*Formerly HHC, Inc. which converted to HHC, LLC. effective 01/01/2012</i> | Opened 06/28/06 | 06/01/83 |
| VA | 62-1818333 | *Parent | 1712 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health of Newport News One Enterprise Parkway Suite 120 Hampton, VA 23666-5845 County: Hampton City <i>*Relocated from Newport News eff. 2/26/09</i> | P: 757-223-5424 F: 757-223-5447 TF: 866-610-4122 | Exempt | 1578511242 (1712VA) | 49-7091 | Medicaid 010216222 | CGS / CAHABA <i>*Transitioned to J15 MAC effective Jun 13, 2011</i> | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16</i> | Acquired 08/01/05 | 08/13/93 |
| VA | 62-1818333 | Branch | 1712 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health of Chesapeake 4016 Raintree Road Suite 340 Chesapeake, VA 23321-3776 County: Chesapeake City | P: 757-465-1400 F: 757-465-8411 TF: 866-784-9806 | Exempt | 1578511242 (1712VA) <u>MEDICAID ONLY:</u> 1659490951 (1713VA) | 49-7091 Branch ID: 49Q7091001 | Medicaid 010216184 | CGS / CAHABA <i>*Transitioned to J15 MAC effective Jun 13, 2011</i> | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16</i> | Acquired 08/01/05 | 08/13/93 |
| VA | 62-1818333 | *Parent | 1704 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health 4589 Lifestyle Lane Midlothian, VA 23112-4807 County: Chesterfield <i>*Relocated from Chesterfield, VA eff. 12/28/2006</i> | P: 804-639-7903 F: 804-739-4963 TF: 800-313-4353 | Exempt | 1669420337 (1704VA) | 49-7538 | Medicaid 010131049 | PGBA / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16</i> | Acquired 09/01/04 | 05/15/97 |
| VA | 62-1818333 | Branch | 1704 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health 1602 West Virginia Avenue #12 Crewe, VA 23930-1051 County: Nottoway <i>*Relocated from Jetersville, VA eff. 12/15/2010</i> | P: 888-819-1951 F: 434-645-1021 | Exempt | 1669420337 (1704VA) <u>MEDICAID ONLY:</u> 1609994573 (1705VA) | 49-7538 Branch ID: 49Q7538001 | Medicaid 010131111 | PGBA / CAHABA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C.</i> | Acquired 09/01/04 | 05/15/97 |
| VA | 62-1818333 | Branch | 1704 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health 200 Executive Center Parkway Suite 100 Fredericksburg, VA 22401-3177 County: Spotsylvania | P: 540-371-7422 F: 540-371-7466 TF: 866-414-3487 | Exempt | 1669420337 (1704VA) <u>MEDICAID ONLY:</u> 1326166620 (1716VA) | 49-7538 Branch ID: 49Q7538006 | Medicaid 010293642 | PGBA / N/A | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16</i> | Opened 09/19/06 | 05/15/97 |
| VA | 62-1818333 | *Parent | 1702 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health Care 16009 Porterfield Highway Abingdon, VA 24210-8471 County: Washington <i>*Was branch agency of Johnson City, TN prior to 12/20/2000</i> <i>*Relocated from Weber City, VA eff. 01/30/2003</i> <i>*Relocated from Duffield, VA eff. 12/13/13</i> <i>*Other d/b/a's: Amedisys Home Health of Duffield</i> | P: 276-619-2532 F: 276-619-2539 TF: 866-889-5621 | Exempt | 1225096886 (1702VA) | 49-7566 | Medicaid 004970781 | PGBA / PGBA | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. <i>*Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16</i> | Opened 12/20/00 | 12/20/00 |

Amedisys, Inc. - Active Locations

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NPI (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #'s | F17 Prior Fl | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification or Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| VA | 62-1818333 | *Parent | 1721 | Amedisys Home Health of Virginia L.L.C. d/b/a Amedisys Home Health Care 729 Richmond Ave, Suite B Staunton, VA 24401-4991 County: Staunton City <i>*Relocated from Harrisonburg, VA eff. 11-13-13</i> <i>*Other d/b/a's: Amedisys Home Health of Harrisonburg</i> | P: 540-886-2970 F: 540-886-2999 TF:866-231-8425 | Exempt | 1073794863 (1721VA) | 49-7646 | Medicaid: 1073794863 | *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Home Health of Virginia L.L.C. #62-1818333 which owns (100%) this agency. *Converted from Amedisys Home Health, Inc. of Virginia to Amedisys Home Health of Virginia L.L.C. effective 12/31/16 | Opened 03/09/09 | 03/05/09 |
| VA | 74-3010642 | *Parent | 1753 | Nine Palms 1, L.L.C. d/b/a Brookside Home Health, an Amedisys Company 480 McLaws Circle Suite 250 Williamsburg, VA 23185-6428 County: James City | P: 757-253-2536 F: 757-253-8068 TF:800-296-2536 | Exempt | 1518912377 (11c497415A) | 49-7415 | Medicaid: 4971264 | *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Nine Palms 1, L.L.C. #74-3010642 which owns (100%) of this agency. *Brookside Home Health, LLC was dissolved eff. 09/14/2017 | Acquired 03/26/08 | 01/13/88 |
| VA | 74-3010642 | Branch | 1753 | Nine Palms 1, L.L.C. d/b/a Amedisys Home Health 6606 Main Street Gloucester VA 23061-5194 County: Gloucester <i>*Relocated from Saluda 05/31/18 and closed the P.O. Box</i> | P: 804-758-1311 F: 804-758-8817 TF:800-758-3028 | Exempt | 1518912377 (11c497415A) MEDICAID ONLY: 1881846087 (1752VA) | 49-7415 Branch ID: 4907415004 | Medicaid: 1881846087 | *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Nine Palms 1, L.L.C. #74-3010642 which owns (100%) of this agency. *Brookside Home Health, LLC was dissolved eff. 09/14/2017 | Acquired 03/26/08 | 01/13/88 |
| WA | 45-0506431 | *Parent | 0801 | Tri-Cities Home Health, LLC d/b/a Tri Cities Home Health 8819 W Victoria Ave Suite 110 Kennewick, WA 99336-7193 County: Benton <i>*Relocated from 8905 West Gage Boulevard Suite 101, Kennewick eff. 4/29/15</i> <i>*Relocated from Richland eff. 01/22/2009</i> | P: 509-783-1851 F: 509-783-1871 TF:866-946-7725 | IHS.FS.00000352 | 1679547244 (TriCities) | 50-7010 | Medicaid 9053836 | *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Washington, L.L.C. #26-0557106 which owns (50%) Tri-Cities Home Health, L.L.C. #45-0506431 which owns (100%) this agency. JV Partner Info: Kadlec Medical Center (Tri Cities), 91-0655392 owns (50%) of Tri-Cities Home Health, L.L.C. #45-0506431 which owns (100%) this agency. | Acquired 09/01/07 | 07/01/66 |
| WI | 26-1457534 | *Parent | 4601 | Amedisys Wisconsin, L.L.C. d/b/a Amedisys Home Health 2120 South Ridge Road Green Bay, WI 54304-4327 County: Brown | P: 920-497-1234 F: 920-497-1236 TF:866-833-0172 | 1170 | 1467602847 (4601WI) | 52-7308 | Medicaid: 1467602847 | NGS/ NGS | Home Health | Amedisys Inc., 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Wisconsin, L.L.C. #26-1457534 which owns (100%) this agency | Opened 2/13/2010 | 02/13/10 |
| WI | 26-3801240 | Parent | 4604 | Compassionate Care Hospice of Wisconsin, L.L.C. 16655 W Bluemound Road, Suite 275 Brookfield, WI 53005-5939 County: Waukesha | P: 414-257-1708 F: 414-257-1787 | 2027 | 1467697896 | 52-1589 | Medicaid: 100012596 | NGS/ NGS | Hospice | Amedisys Inc., 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys Hospice, L.L.C. #27-0078073 which owns (100%) Compassionate Care Hospice Group, Inc. #90-0080458 which owns (100%) of Compassionate Care Hospice of Wisconsin, L.L.C. which owns (100%) of this agency | Acquired 02/01/19 | |
| WV | 20-1032641 | *Parent | 3021 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Hospice Care 5006 Mid Atlantic Drive Morgantown, WV 26508-4290 County: Monongalia <i>*Relocated from 246 Cheat Rd. Suite 3 eff. 03-18-13</i> | P: 304-292-4868 F: 304-292-4867 TF:866-934-6229 | 19 | 1396799474 (11c511523) | 51-1523 | Medicaid 3810019181 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) of this agency. | Acquired 06/20/08 | #N/A |
| WV | 20-1032641 | Branch | 3021 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Hospice Care 67 Casino Drive Suite 102 Annoore, WV 26323 County: Harrison <i>*Relocated from Bridgeport, WV eff. 4-28-09</i> Mailing: P.O. Box 366, Annoore, WV 26323-0366 | P: 304-622-1297 F: 304-622-0978 TF:877-277-8574 | 19 | 1396799474 (11c511523) MEDICAID ONLY: 1649422239 (3022WV) | 51-1523 | Medicaid 3810019151 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) of this agency. | Acquired 06/20/08 | #N/A |
| WV | 20-1032641 | Branch | 3021 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Hospice Care 1251 Warwood Avenue Suite A Wheeling, WV 26003-7129 County: Ohio | P: 866-327-3204 F: 866-588-1239 | 19 | 1396799474 (11c511523) MEDICAID ONLY: 1548412133 (3023WV) | 51-1523 | Medicaid: 3810019174 | NGS/ NGS | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) of this agency. | Acquired 06/20/08 | #N/A |
| WV | 20-1032641 | *Parent | 3017 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Home Health Care 5007 Mid Atlantic Drive Morgantown, WV 26508-4298 County: Monongalia <i>*Relocated from 246 Cheat Rd. Suite 2 eff. 03-18-13</i> | P: 304-296-9898 F: 304-292-5210 TF:800-860-0101 | 19 | 1215976592 (11c517122) | 51-7122 | Medicaid 3810003006 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) of this agency. | Acquired 06/20/08 | 01/19/01 |

Amedisys, Inc. - Active Locations

8/16/2019

| State | Tax ID # | Status | Parent # | Legal Entity Name d/b/a Agency Name Agency Address | Phone Fax Toll Free | Home Care or Hospice License # | NP (LogIn) | Medicare # & Branch ID | Medicaid # & Other Provider #s | FI / Prior FI | Location Type | Ownership Structure with Tax ID # | Amedisys CMS Certification of Open Date | Original CMS Certification Date |
|-------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| WV | 20-1032641 | Branch | 3017 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Home Health Care 67 Casino Drive Suite 104 Annoore, WV 26323 County: Harrison Mailing: P.O. Box 315, Annoore, WV 26323-0315 | P: 304-622-1684 F: 304-622-0810 TF:800-321-8316 | | 1215976592 (1lc517122) MEDICAID ONLY: 1083865182 (3016WV) | 51-7122 Branch ID: 51Q7122001 | Medicaid 3810000004 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) this agency. | Acquired 06/20/08 | 01/19/01 |
| WV | 20-1032641 | Branch | 3017 | Tender Loving Care Health Care Services of West Virginia, L.L.C. d/b/a Amedisys Home Health Care 1251 Warwood Avenue Suite B Wheeling, WV 26003-7129 County: Ohio | P: 304-277-1500 F: 304-277-1507 TF:800-295-1501 | | 1215976592 (1lc517122) MEDICAID ONLY: 1457503047 (3018WV) | 51-7122 Branch ID: 51Q7122002 | Medicaid 3810000003 | NGS/ NGS | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys TLC Acquisitions, L.L.C. #26-2040823 which owns (100%) TLC Holdings I LLC . #20-1042010 which owns (100%) TLC Health Care Services, LLC #20-1031840 which owns (100%) Tender Loving Care Health Care Services of West Virginia, L.L.C. #20-1032641 which owns (100%) this agency. | Acquired 06/20/08 | 01/19/01 |
| WV | 20-4124842 | *Parent | 3014 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Hospice of Bluefield 545 Airport Road Suite 201 Bluefield, WV 24701-7388 County: Mercer *Relocated from 3879 Maple Acres Road eff. 3/10/17 | P: 304-327-0600 F: 304-327-0611 TF:866-381-5704 | 20 | 1902064892 (3014WV) | 51-1524 | Medicaid 3810019172 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 06/01/08 | #N/A |
| WV | 20-4124842 | *Parent | 3015 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Hospice of Vienna 2200 Grand Central Ave. Suite 102 Vienna, WV 26105-1300 County: Wood *Relocated from Parkersburg eff. 1/20/16 | P: 304-424-6270 F: 304-424-6274 TF:866-764-3262 | 21 | 1366600256 (3015WV) | 51-1525 | Medicaid 3810019171 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Hospice | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 06/01/08 | #N/A |
| WV | 20-4124842 | *Parent | 3010 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Home Health of West Virginia 108 Sunset Drive Beckley, WV 25801-2824 County: Raleigh *Relocated from 145 George Street eff. 7/24/14 | P: 304-253-2273 F: 304-256-6359 TF:800-876-1390 | | 1427240183 (3010WV) | 51-7054B | Medicaid 3810012504 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 12/01/07 | 04/17/85 |
| WV | 20-4124842 | Branch | 3010 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Home Health of West Virginia 545 Airport Road Suite 101 Bluefield, WV 24701-7388 County: Mercer *Relocated from 3887 Maple Acres Road eff. 3/10/17 | P: 304-325-0066 F: 304-325-0077 TF:800-390-0017 | | 1427240183 (3010WV) MEDICAID ONLY: 1487823183 (3011WV) | 51-7054B Branch ID: 51Q7054001 | Medicaid 3810012503 Service ID 1487823183-001 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 12/01/07 | 04/17/85 |
| WV | 20-4124842 | *Parent | 3013 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Home Health of West Virginia 2200 Grand Central Ave. Suite 101 Vienna, WV 26105-1300 County: Wood *Relocated from Parkersburg eff. 1/20/16 | P: 304-428-2554 F: 304-428-2518 TF:877-378-2273 | | 1780876441 (3013WV) | 51-7074A | Medicaid 3810012506 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 12/01/07 | 06/28/88 |
| WV | 20-4124842 | Branch | 3013 | Amedisys West Virginia, L.L.C. d/b/a Amedisys Home Health of West Virginia 208 Stone Street Ripley, WV 25271-1162 County: Jackson | P: 304-372-7590 F: 304-372-7594 TF:877-872-2061 | | 1780876441 (3013WV) MEDICAID ONLY: 1821327511 (3025WV) | 51-7074A Branch ID: 51Q7074001 | Medicaid 3810018146 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Opened 12/07/09 | 06/28/88 |
| WV | 20-4124842 | *Parent | 3001 | Amedisys West Virginia, LLC d/b/a Amedisys Home Health of West Virginia 2345 Chesterfield Avenue Suite 201 Charleston, WV 25304-1063 County: Kanawha | P: 304-343-2047 F: 304-343-2069 TF:800-377-6736 | Exempt | 1700834553 (3001VA) | 51-7115 | Medicaid 3810005125 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 06/01/06 | 03/13/97 |
| WV | 20-4124842 | Branch | 3001 | Amedisys West Virginia, LLC d/b/a Amedisys Home Health of West Virginia 5447 Maple Lane Suite A Fayetteville, WV 25840-6872 County: Fayette *Relocated from Oak Hill, WV eff. 10-18-12 | P: 304-574-1141 F: 304-574-1151 TF:800-825-7954 | Exempt | 1700834553 (3001VA) MEDICAID ONLY: 1467655019 (3002WV) | 51-7115 Branch ID: 51Q7115001 | Medicaid 3810008960 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 06/01/06 | 03/13/97 |
| WV | 20-4124842 | Branch | 3001 | Amedisys West Virginia, LLC d/b/a Amedisys Home Health of West Virginia 8942 Seneca Trail S. Roncaverta, WV 24970-8374 County: Greenbrier | P: 304-645-7474 F: 304-645-7799 TF:866-401-6527 | Exempt | 1700834553 (3001VA) MEDICAID ONLY: 1780887331 (3003WV) | 51-7115 Branch ID: 51Q7115002 | Medicaid 3810008962 Service ID: 1780887331-001 | CGS / CAHABA *Transitioned to J15 MAC effective Jun 13, 2011 | Home Health | Amedisys, Inc. 11-3131700 owns (100%) Amedisys Holding, L.L.C. #36-4576454 which owns (100%) Amedisys West Virginia, L.L.C. #20-4124842 which owns (100%) this agency. | Acquired 06/01/06 | 03/13/97 |

9. COMMITMENTS AND CONTINGENCIES

Legal Proceedings – Ongoing

We are involved in the following legal actions:

Subpoena Duces Tecum Issued by the U.S. Department of Justice

On May 21, 2015, we received a Subpoena Duces Tecum (“Subpoena”) issued by the U.S. Department of Justice. The Subpoena requests the delivery of information regarding 53 identified hospice patients to the United States Attorney’s Office for the District of Massachusetts. It also requests the delivery of documents relating to our hospice clinical and business operations and related compliance activities. The Subpoena generally covers the period from January 1, 2011 through May 21, 2015. We are fully cooperating with the U.S. Department of Justice with respect to this investigation. Based on the information currently available to us, we cannot predict the timing or outcome of this investigation or reasonably estimate the amount or range of potential losses, if any, which may arise from this matter.

Civil Investigative Demand Issued by the U.S. Department of Justice

On November 3, 2015, we received a civil investigative demand (“CID”) issued by the U.S. Department of Justice pursuant to the federal False Claims Act relating to claims submitted to Medicare and/or Medicaid for hospice services provided through designated facilities in the Morgantown, West Virginia area. The CID requests the delivery of information to the United States Attorney’s Office for the Northern District of West Virginia regarding 66 identified hospice patients, as well as documents relating to our hospice clinical and business operations in the Morgantown area. The CID generally covers the period from January 1, 2009 through August 31, 2015. We are fully cooperating with the U.S. Department of Justice with respect to this investigation. Based on the information currently available to us, we cannot predict the timing or outcome of this investigation or reasonably estimate the amount or range of potential losses, if any, which may arise from this matter.

On June 27, 2016, we received a CID issued by the U.S. Department of Justice pursuant to the federal False Claims Act relating to claims submitted to Medicare and/or Medicaid for hospice services provided through designated facilities in the Parkersburg, West Virginia area. The CID requests the delivery of information to the United States Attorney’s Office for the Southern District of West Virginia regarding 68 identified hospice patients, as well as documents relating to our hospice clinical and business operations in the Parkersburg area. The CID generally covers the period from January 1, 2011 through June 20, 2016. We are fully cooperating with the U.S. Department of Justice with respect to this investigation. Based on the information currently available to us, we cannot predict the timing or outcome of this investigation or reasonably estimate the amount or range of potential losses, if any, which may arise from this matter.

In addition to the matters referenced in this note, we are involved in legal actions in the normal course of business, some of which seek monetary damages, including claims for punitive damages. We do not believe that these normal course actions, when finally concluded and determined, will have a material impact on our consolidated financial condition, results of operations or cash flows.

Legal fees related to all legal matters are expensed as incurred.

Legal Proceedings – Settled

Wage and Hour Litigation

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On July 25, 2012, a putative collective and class action complaint was filed in the United States District Court for the District of Connecticut against us in which three former employees allege wage and hour law violations. The former employees claim that they were not paid overtime for all hours worked over 40 hours in violation of the Federal Fair Labor Standards Act (“FLSA”), as well as the Pennsylvania Minimum Wage Act. More specifically, they allege they were paid on both a per-visit and an hourly basis, and that such a pay scheme resulted in their misclassification as exempt employees, thereby denying them overtime pay.

On June 10, 2015, the Company and plaintiffs participated in a mediation whereby they agreed to fully resolve all of plaintiffs’ claims in the lawsuit for \$8.0 million, subject to approval by the Court. As of September 30, 2015, we had an accrual of \$8.0 million for this matter. On January 29, 2016, the Court approved the final settlement of this case. The settlement became effective on February 26, 2016. As a result of the final amount calculated by the settlement administrator based on claims timely submitted, we reduced our accrual to \$5.3 million as of December 31, 2015; this amount was paid during the three-month period ended March 31, 2016.

On September 13, 2012, a putative collective and class action complaint was filed in the United States District Court for the Northern District of Illinois against us in which a former employee alleges wage and hour law violations. The former employee claims she was paid on both a per-visit and an hourly basis, and that such a pay scheme resulted in her misclassification as an exempt employee, thereby denying her overtime. The plaintiff alleges violations of federal and state law and seeks damages under the FLSA and the Illinois Minimum Wage Law. On December 23, 2015, the parties agreed to explore the possibility of a mediated settlement of the Illinois case, and a mediation occurred on April 18, 2016. The parties agreed to settle the case for \$0.8 million, subject to court approval, which the Company had accrued as of September 30, 2016. On August 4, 2016, the Court approved the final settlement of this case. The final payment of \$0.6 million was paid on November 21, 2016.

Frontier Litigation

On April 2, 2015, Frontier Home Health and Hospice, L.L.C. (“Frontier”) filed a complaint against the Company in the United States District Court for the District of Connecticut alleging breach of contract, negligent misrepresentation and unfair and deceptive trade practices under Conn. Gen. Stat. §42-110b. Frontier acquired our interest in five home health and four hospice care centers in Wyoming and Idaho in April 2014. The complaint alleges that certain of the hospice patients on service at the time of the acquisition did not meet Medicare eligibility requirements and that we breached certain of the representations and warranties under the purchase agreement and therefore, the businesses were worth less than the purchase price. Under the complaint, Frontier seeks declaratory judgment from the District Court that, under the terms of the purchase agreement with Frontier, we are obligated to determine the amount of the alleged Medicare overpayments and reimburse the government for the same in a timely manner, as well as unspecified compensatory and punitive damages, attorneys’ fees and pre- and post-judgment interest. The Company resolved the Frontier litigation for \$2.9 million during the three-month period ended December 31, 2016.

Securities Class Action Lawsuits

As previously disclosed, between June 10 and July 28, 2010, several putative securities class action complaints were filed in the United States District Court for the Middle District of Louisiana (the “District Court”) against the Company and certain of our former senior executives. The cases were consolidated into the first-filed action *Bach, et al. v. Amedisys, Inc., et al.* Case No. 3:10-cv-00395, and the District Court appointed as co-lead plaintiffs the Public Employees’ Retirement System of Mississippi and the Puerto Rico Teachers’ Retirement System (the “Co-Lead Plaintiffs”).

The Plaintiffs were granted leave to file a First Amended Consolidated Complaint (the “First Amended Securities Complaint”) on behalf of all purchasers or acquirers of Amedisys’ securities between August 2, 2005 and September 30, 2011. The First Amended Securities Complaint alleges that the Company and seven individual defendants violated Section 10(b), Section 20(a), and Rule 10b-5 of the Securities Exchange Act of 1934 by materially misrepresenting the Company’s financial results and concealing a scheme to obtain higher Medicare reimbursements and additional patient referrals by (1) providing medically unnecessary care to patients, including certifying and re-certifying patients for medically unnecessary 60-day treatment episodes; (2) implementing clinical tracks such as “Balanced for Life” and wound care programs that provided a pre-set number of therapy visits irrespective of medical need; (3) “upcoding” patients’ Medicare forms to attribute a “primary diagnosis” to a medical condition associated with higher billing rates; and (4) providing improper and illegal remuneration to physicians to obtain patient certifications or re-certifications. The First Amended Securities Complaint sought certification of the case as a class action and an unspecified amount of damages, as well as interest and an award of attorneys’ fees.

On June 12, 2017, the Company reached an agreement-in-principle to settle this matter. All parties to the action executed a binding term sheet that, subject to final documentation and court approval, provided in part for a settlement payment of approximately \$43.7 million, and the dismissal with prejudice of the litigation. Approximately \$15.0 million of the settlement amount was paid by the Company’s insurance carriers. The net of these two amounts, \$28.7 million, was recorded as a charge in our consolidated

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statements of operations and paid with cash on hand during 2017. On December 19, 2017, the Court entered the final order and judgment on the case.

Other Investigative Matters – Ongoing

Corporate Integrity Agreement

On April 23, 2014, with no admissions of liability on our part, we entered into a settlement agreement with the U.S. Department of Justice relating to certain of our clinical and business operations. Concurrently with our entry into this agreement, we entered into a corporate integrity agreement (“CIA”) with the Office of Inspector General-HHS (“OIG”). The CIA formalizes various aspects of our already existing ethics and compliance programs and contains other requirements designed to help ensure our ongoing compliance with federal health care program requirements. Among other things, the CIA requires us to maintain our existing compliance program, executive compliance committee and compliance committee of the Board of Directors; provide certain compliance training; continue screening new and current employees to ensure they are eligible to participate in federal health care programs; engage an independent review organization to perform certain audits and reviews and prepare certain reports regarding our compliance with federal health care programs, our billing submissions to federal health care programs and our compliance and risk mitigation programs; and provide certain reports and management certifications to the OIG. Additionally, the CIA specifically requires that we report substantial overpayments that we discover we have received from federal health care programs, as well as probable violations of federal health care laws. Upon breach of the CIA, we could become liable for payment of certain stipulated penalties, or could be excluded from participation in federal health care programs. The corporate integrity agreement has a term of five years.

Idaho and Wyoming Self-Report

During 2016, the Company engaged an independent auditing firm to perform a clinical audit of the hospice care centers acquired by Frontier Home Health and Hospice in April 2014. As of December 31, 2018, we have recorded \$1.3 million to accrued expenses in our consolidated balance sheet related to this matter.

Other Investigative Matters – Settled

Corporate Integrity Agreement

During the course of our compliance with the CIA, the Company identified several reportable events and notified the OIG as required. As of December 31, 2015, the Company had an accrual of \$4.7 million for these matters. On May 5, 2016, the company entered into a settlement agreement with the OIG and the matters were fully resolved for \$4.7 million; this amount was paid during the three-month period ended June 30, 2016.

Third Party Audits – Ongoing

From time to time, in the ordinary course of business, we are subject to audits under various governmental programs in which third party firms engaged by the Centers for Medicare and Medicaid Services (“CMS”) conduct extensive review of claims data to identify potential improper payments.

In July 2010, our subsidiary that provides hospice services in Florence, South Carolina received from a Zone Program Integrity Contractor (“ZPIC”) a request for records regarding a sample of 30 beneficiaries who received services from the subsidiary during the period of January 1, 2008 through March 31, 2010 (the “Review Period”) to determine whether the underlying services met pertinent Medicare payment requirements. We acquired the hospice operations subject to this review on August 1, 2009; the Review Period covers time periods both before and after our ownership of these hospice operations. Based on the ZPIC’s findings for 16 beneficiaries, which were extrapolated to all claims for hospice services provided by the Florence subsidiary billed during the Review Period, on June 6, 2011, the Medicare Administrative Contractor (“MAC”) for the subsidiary issued a notice of overpayment seeking recovery from our subsidiary of an alleged overpayment. We dispute these findings, and our Florence subsidiary has filed appeals through the Original Medicare Standard Appeals Process, in which we are seeking to have those findings overturned. An administrative law judge (“ALJ”) hearing was held in early January 2015. On January 18, 2016, we received a letter dated January 6, 2016 referencing the ALJ hearing decision for the overpayment issued on June 6, 2011. The decision was partially favorable with a new overpayment amount of \$3.7 million with a balance owed of \$5.6 million including interest based on 9 disputed claims (originally 16). We filed an appeal to the Medicare Appeals Council on the remaining 9 disputed claims and also argued that the statistical method used to select the sample was not valid. No assurances can be given as to the timing or outcome of the Medicare Appeals Council decision. As of December 31, 2018, Medicare has withheld payments of \$5.7 million (including additional interest) as part of their standard procedures once this level of the appeal process has been reached. In the event we are not able to recoup this alleged overpayment, we are entitled to be indemnified by the prior owners of the hospice operations for amounts relating to

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NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
December 31, 2018

the period prior to August 1, 2009. On January 10, 2019, an arbitration panel from the American Health Lawyers Association determined that the prior owners' liability for their indemnification obligation was \$2.8 million. Accordingly, the Company reduced its indemnity receivable from \$4.9 million to \$2.8 million. The \$2.1 million impact was recorded to general and administrative expenses, other within our consolidated statements of operations. As of December 31, 2018, we have an indemnity receivable of approximately \$2.8 million for the amount withheld related to the period prior to August 1, 2009.

In July 2016, the Company received a request for medical records from SafeGuard Services, L.L.C. ("SafeGuard"), a ZPIC, related to services provided by some of the care centers that the Company acquired from Infinity Home Care, L.L.C. The review period covers time periods both before and after our ownership of the care centers, which were acquired on December 31, 2015. In August 2017, the Company received Requests for Repayment from Palmetto GBA, LLC ("Palmetto") regarding Infinity Home Care of Lakeland, LLC, ("Lakeland Care Centers") and Infinity Home Care of Pinellas, LLC, ("Clearwater Care Center"). The Palmetto letters are based on a statistical extrapolation performed by SafeGuard which alleged an overpayment of \$34.0 million for the Lakeland Care Centers on a universe of 72 Medicare claims totaling \$0.2 million in actual claims payments using a 100% error rate and an overpayment of \$4.8 million for the Clearwater Care Center on a universe of 70 Medicare claims totaling \$0.2 million in actual claims payments using a 100% error rate.

The Lakeland Request for Repayment covers claims between January 2, 2014 and September 13, 2016. The Clearwater Request for Repayment covers claims between January 2, 2015 and December 9, 2016. As a result of partially successful Level I and Level II Administrative Appeals, the alleged overpayment for the Lakeland Care Centers has been reduced to \$26.0 million and the alleged overpayment for the Clearwater Care Center has been reduced to \$3.3 million. The Company has now filed Level III Administrative Appeals, and will continue to vigorously pursue its appeal rights, which include contesting the methodology used by the ZPIC contractor to perform statistical extrapolation. The Company is contractually entitled to indemnification by the prior owners for all claims prior to December 31, 2015, for up to \$12.6 million.

At this stage of the review, based on the information currently available to the Company, the Company cannot predict the timing or outcome of this review. The Company estimates a low-end potential range of loss related to this review of \$6.5 million (assuming the Company is successful in seeking indemnity from the prior owners and unsuccessful in demonstrating that the extrapolation method used by SafeGuard was erroneous). The Company has reduced its high-end potential range of loss from \$38.8 million (the maximum amount Palmetto claims has been overpaid for both the Lakeland Care Centers and the Clearwater Care Center, of which amount \$12.6 million is subject to indemnification by the prior owners) to \$29.3 million based on the partial success achieved by the Company in prosecuting its Level I and II Administrative Appeals.

As of December 31, 2018, we have an accrued liability of approximately \$17.4 million related to this matter. We expect to be indemnified by the prior owners for approximately \$10.9 million of the total \$12.6 million available indemnification related to this matter and have recorded this amount within other assets in our consolidated balance sheet as of December 31, 2018. The net of these two amounts, \$6.5 million, was recorded as a reduction in revenue in our consolidated statements of operations during 2017. As of December 31, 2018, \$1.5 million of net receivables have been impacted by this payment suspension.

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Joinder Agreement

In connection with the CCH acquisition, we entered into a Joinder Agreement, dated as of February 4, 2019, pursuant to which CCH and its subsidiaries were made parties to, and became subject to the terms and conditions of, the Amended Credit Agreement, the Amended and Restated Security Agreement, dated as of June 29, 2018, and the Amended and Restated Pledge Agreement, dated as of June 29, 2018. Pursuant to the Joinder, the Amended and Restated Security Agreement, and the Amended and Restated Pledge Agreement, CCH and its subsidiaries granted in favor of the Administrative Agent a first lien security interest in substantially all of their personal property assets and pledged to the Administrative Agent each of their respective subsidiaries' issued and outstanding equity interests. CCH and its subsidiaries also guaranteed our obligations, whether now existing or arising after the effective date of the Joinder, under the Amended Credit Agreement pursuant to the terms of the Joinder and the Amended Credit Agreement.

6. COMMITMENTS AND CONTINGENCIES

Legal Proceedings - Ongoing

We are involved in the following legal actions:

Subpoena Duces Tecum and Civil Investigative Demands Issued by the U.S. Department of Justice

On May 21, 2015, we received a Subpoena Duces Tecum ("Subpoena") issued by the U.S. Department of Justice. The Subpoena requests the delivery of information regarding 53 identified hospice patients to the United States Attorney's Office for the District of Massachusetts. It also requests the delivery of documents relating to our hospice clinical and business operations and related compliance activities. The Subpoena generally covers the period from January 1, 2011 through May 21, 2015. We are fully cooperating with the U.S. Department of Justice with respect to this investigation.

On November 3, 2015, we received a civil investigative demand ("CID") issued by the U.S. Department of Justice pursuant to the federal False Claims Act relating to claims submitted to Medicare and/or Medicaid for hospice services provided through designated facilities in the Morgantown, West Virginia area. The CID requests the delivery of information to the United States Attorney's Office for the Northern District of West Virginia regarding 66 identified hospice patients, as well as documents relating to our hospice clinical and business operations in the Morgantown area. The CID generally covers the period from January 1, 2009 through August 31, 2015. We are fully cooperating with the U.S. Department of Justice with respect to this investigation.

On June 27, 2016, we received a CID issued by the U.S. Department of Justice pursuant to the federal False Claims Act relating to claims submitted to Medicare and/or Medicaid for hospice services provided through designated facilities in the Parkersburg, West Virginia area. The CID requests the delivery of information to the United States Attorney's Office for the Southern District of West Virginia regarding 68 identified hospice patients, as well as documents relating to our hospice clinical and business operations in the Parkersburg area. The CID generally covers the period from January 1, 2011 through June 20, 2016. We are fully cooperating with the U.S. Department of Justice with respect to this investigation.

Based on our analysis of sample claims data in connection with preliminary settlement discussions, we have recorded \$1.0 million to accrued expenses in our condensed consolidated balance sheet as March 31, 2019. However, due to the ongoing nature of the investigations and preliminary stage of the settlement discussions, we are unable to estimate a range of potential loss at this time, and we cannot predict the timing or outcome of these investigations.

In addition to the matters referenced in this note, we are involved in legal actions in the normal course of business, some of which seek monetary damages, including claims for punitive damages. We do not believe that these normal course actions, when finally concluded and determined, will have a material impact on our consolidated financial condition, results of operations or cash flows.

Legal fees related to all legal matters are expensed as incurred.

Other Investigative Matters - Ongoing

Corporate Integrity Agreement

On April 23, 2014, with no admissions of liability on our part, we entered into a settlement agreement with the U.S. Department of Justice relating to certain of our clinical and business operations. Concurrently with our entry into this agreement, we entered into a corporate integrity agreement ("CIA") with the Office of Inspector General-HHS ("OIG"). The CIA formalizes various aspects of our already existing ethics and compliance programs and contains other requirements designed to help ensure our ongoing compliance with federal health care program requirements. Among other things, the CIA requires us to maintain our

AMEDISYS, INC. AND SUBSIDIARIES
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(Unaudited)

existing compliance program, executive compliance committee and compliance committee of the Board of Directors; provide certain compliance training; continue screening new and current employees to ensure they are eligible to participate in federal health care programs; engage an independent review organization to perform certain auditing and reviews and prepare certain reports regarding our compliance with federal health care programs, our billing submissions to federal health care programs and our compliance and risk mitigation programs; and provide certain reports and management certifications to the OIG. Additionally, the CIA specifically requires that we report substantial overpayments that we discover we have received from federal health care programs, as well as probable violations of federal health care laws. Upon breach of the CIA, we could become liable for payment of certain stipulated penalties, or could be excluded from participation in federal health care programs. The corporate integrity agreement has a term of five years.

Idaho and Wyoming Self-Report

During 2016, the Company engaged an independent auditing firm to perform a clinical audit of the hospice care centers acquired by Frontier Home Health and Hospice in April 2014. As of December 31, 2018, we recorded \$1.3 million to accrued expenses in our consolidated balance sheet related to this matter; this amount was paid during the three-month period ended March 31, 2019.

Third Party Audits - Ongoing

From time to time, in the ordinary course of business, we are subject to audits under various governmental programs in which third party firms engaged by the Centers for Medicare and Medicaid Services ("CMS") conduct extensive review of claims data to identify potential improper payments.

In July 2010, our subsidiary that provides hospice services in Florence, South Carolina received from a Zone Program Integrity Contractor ("ZPIC") a request for records regarding a sample of 30 beneficiaries who received services from the subsidiary during the period of January 1, 2008 through March 31, 2010 (the "Review Period") to determine whether the underlying services met pertinent Medicare payment requirements. We acquired the hospice operations subject to this review on August 1, 2009; the Review Period covers time periods both before and after our ownership of these hospice operations. Based on the ZPIC's findings for 16 beneficiaries, which were extrapolated to all claims for hospice services provided by the Florence subsidiary billed during the Review Period, on June 6, 2011, the Medicare Administrative Contractor ("MAC") for the subsidiary issued a notice of overpayment seeking recovery from our subsidiary of an alleged overpayment. We dispute these findings, and our Florence subsidiary has filed appeals through the Original Medicare Standard Appeals Process, in which we are seeking to have those findings overturned. An administrative law judge ("ALJ") hearing was held in early January 2015. On January 18, 2016, we received a letter dated January 6, 2016 referencing the ALJ hearing decision for the overpayment issued on June 6, 2011. The decision was partially favorable with a new overpayment amount of \$3.7 million with a balance owed of \$5.6 million, including interest, based on 9 disputed claims (originally 16). We filed an appeal to the Medicare Appeals Council on the remaining 9 disputed claims and also argued that the statistical method used to select the sample was not valid. No assurances can be given as to the timing or outcome of the Medicare Appeals Council decision. As of March 31, 2019, Medicare has withheld payments of \$5.7 million (including additional interest) as part of their standard procedures once this level of the appeal process has been reached. In the event we are not able to recoup this alleged overpayment, we are entitled to be indemnified by the prior owners of the hospice operations for amounts relating to the period prior to August 1, 2009. On January 10, 2019, an arbitration panel from the American Health Lawyers Association determined that the prior owners' liability for their indemnification obligation was \$2.8 million. Accordingly, the Company reduced its indemnity receivable from \$4.9 million to \$2.8 million. The \$2.1 million impact was recorded to general and administrative expenses, other within our consolidated statements of operations during the three-month period ended December 31, 2018. As of March 31, 2019, we have an indemnity receivable of approximately \$2.8 million for the amount withheld related to the period prior to August 1, 2009.

In July 2016, the Company received a request for medical records from SafeGuard Services, L.L.C ("SafeGuard"), a ZPIC, related to services provided by some of the care centers that the Company acquired from Infinity Home Care, L.L.C. The review period covers time periods both before and after our ownership of the care centers, which were acquired on December 31, 2015. In August 2017, the Company received Requests for Repayment from Palmetto GBA, LLC ("Palmetto") regarding Infinity Home Care of Lakeland, LLC ("Lakeland Care Centers") and Infinity Home Care of Pinellas, LLC ("Clearwater Care Center"). The Palmetto letters are based on statistical extrapolation performed by SafeGuard which alleged an overpayment of \$34.0 million for the Lakeland Care Centers on a universe of 72 Medicare claims totaling \$0.2 million in actual claims payments using a 100% error rate and an overpayment of \$4.8 million for the Clearwater Care Center on a universe of 70 Medicare claims totaling \$0.2 million in actual claims payments using a 100% error rate.

AMEDISYS, INC. AND SUBSIDIARIES
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(Unaudited)

The Lakeland Request for Repayment covers claims between January 2, 2014 and September 13, 2016. The Clearwater Request for Repayment covers claims between January 2, 2015 and December 9, 2016. As a result of partially successful Level I and Level II Administrative Appeals, the alleged overpayment for the Lakeland Care Centers has been reduced to \$26.0 million and the alleged overpayment for the Clearwater Care Center has been reduced to \$3.3 million. The Company has now filed Level III Administrative Appeals, and will continue to vigorously pursue its appeal rights, which include contesting the methodology used by the ZPIC contractor to perform statistical extrapolation. The Company is contractually entitled to indemnification by the prior owners for all claims prior to December 31, 2015, for up to \$12.6 million.

At this stage of the review, based on the information currently available to the Company, the Company cannot predict the timing or outcome of this review. The Company estimates a low-end potential range of loss related to this review of \$6.5 million (assuming the Company is successful in seeking indemnity from the prior owners and unsuccessful in demonstrating that the extrapolation method used by SafeGuard was erroneous). The Company has reduced its high-end potential range of loss from \$38.8 million (the maximum amount Palmetto claims has been overpaid for both the Lakeland Care Centers and the Clearwater Care Center, of which amount \$12.6 million is subject to indemnification by the prior owners) to \$29.3 million based on the partial success achieved by the Company in prosecuting its Level I and II Administrative Appeals.

As of March 31, 2019, we have an accrued liability of approximately \$17.4 million related to this matter. We expect to be indemnified by the prior owners for approximately \$10.9 million of the total \$12.6 million available indemnification related to this matter and have recorded this amount within other assets in our condensed consolidated balance sheet as of March 31, 2019. The net of these two amounts, \$6.5 million, was recorded as a reduction in revenue in our condensed consolidated statements of operations during the three-month period ended September 30, 2017. As of March 31, 2019, \$1.5 million of receivables have been impacted by this payment suspension.

Compliance

From time to time, the Company performs internal reviews of claims data to identify potential improper payments under the Medicare program. Any overpayments are recorded as a reduction in revenue in our condensed consolidated statements of operations. As of March 31, 2019, we have recorded \$7.1 million to accrued expenses in our condensed consolidated balance sheet as a result of these reviews.

Insurance

We are obligated for certain costs associated with our insurance programs, including employee health, workers' compensation and professional liability. While we maintain various insurance programs to cover these risks, we are self-insured for a substantial portion of our potential claims. We recognize our obligations associated with these costs, up to specified deductible limits in the period in which a claim is incurred, including with respect to both reported claims and claims incurred but not reported. These costs have generally been estimated based on historical data of our claims experience. Such estimates, and the resulting reserves, are reviewed and updated by us on a quarterly basis.

Our health insurance has an exposure limit of \$1.3 million for any individual covered life. Our workers' compensation insurance has a retention limit of \$1.0 million per incident and our professional liability insurance has a retention limit of \$0.3 million per incident.

7. SEGMENT INFORMATION

Our operations involve servicing patients through our three reportable business segments: home health, hospice and personal care. Our home health segment delivers a wide range of services in the homes of individuals who may be recovering from surgery, have a chronic disability or terminal illness or need assistance with completing important personal tasks. Our hospice segment provides palliative care and comfort to terminally ill patients and their families. Our personal care segment provides patients with assistance with the essential activities of daily living. The "other" column in the following tables consists of costs relating to executive management and administrative support functions, primarily information services, accounting, finance, billing and collections, legal, compliance, risk management, procurement, marketing, clinical administration, training, human resources and administration.

MASSENA MEMORIAL HOSPITAL
(A Component Unit of the Town of Massena, New York)

Balance Sheets

December 31, 2017 and 2016

| <u>Assets and Deferred Outflows of Resources</u> | <u>2017</u> | <u>2016</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
| Current assets: | | |
| Cash | \$ 1,005,828 | 1,032,998 |
| Patient accounts receivable, net of allowance for doubtful accounts of approximately \$2,838,000 and \$2,269,000 in 2017 and 2016, respectively | 5,900,171 | 6,072,977 |
| Other receivables | 695,658 | 445,096 |
| Inventories | 668,684 | 681,294 |
| Prepaid expenses and other assets | 777,064 | 796,552 |
| Estimated third-party payor settlements, net | 215,428 | - |
| | <u>9,262,833</u> | <u>9,028,917</u> |
| Capital assets, net | 19,956,150 | 21,216,830 |
| Assets limited as to use | 2,201,892 | 2,449,819 |
| Other assets | 96,366 | - |
| | <u>31,517,241</u> | <u>32,695,566</u> |
| Deferred outflows of resources | <u>6,322,019</u> | <u>14,936,488</u> |
| Total assets and deferred outflows of resources | <u>\$ 37,839,260</u> | <u>47,632,054</u> |
| <u>Liabilities, Deferred Inflows of Resources and Net Position</u> | | |
| Current liabilities: | | |
| Current portion of capital lease obligations | 220,873 | 261,033 |
| Accounts payable | 4,856,399 | 2,484,765 |
| Accrued salaries and benefits | 2,890,723 | 2,547,199 |
| Other accrued liabilities | 3,388,095 | 483,070 |
| Estimated third-party payor settlements, net | - | 227,778 |
| | <u>11,356,090</u> | <u>6,003,845</u> |
| Capital lease obligations, net of current portion | - | 221,367 |
| Net pension liability | 7,457,597 | 14,095,543 |
| Other postemployment benefit obligations | 87,963 | 170,481 |
| Other liabilities | 1,264,475 | 2,092,966 |
| | <u>20,166,125</u> | <u>22,584,202</u> |
| Deferred inflows of resources | <u>2,325,616</u> | <u>2,621,144</u> |
| Net position: | | |
| Net investment in capital assets | 19,735,277 | 20,734,430 |
| Unrestricted | (4,387,758) | 1,692,278 |
| Total net position | <u>15,347,519</u> | <u>22,426,708</u> |
| Commitments and contingencies | | |
| Total liabilities, deferred inflows of resources and net position | <u>\$ 37,839,260</u> | <u>47,632,054</u> |

MASSENA MEMORIAL HOSPITAL
 (A component unit of the Town of Massena, New York)

Statements of Revenues, Expenses and Changes in Net Position

Years ended December 31, 2017 and 2016

| | <u>2017</u> | <u>2016</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| Operating revenues: | | |
| Net patient service revenue (net of provision for bad debts of approximately \$4,016,000 and \$2,650,000 in 2017 and 2016, respectively) | \$ 48,571,311 | 43,889,346 |
| Other operating revenue | 3,878,842 | 4,350,257 |
| Total operating revenues | <u>52,450,153</u> | <u>48,239,603</u> |
| Operating expenses: | | |
| Salaries and wages | 25,651,950 | 23,141,178 |
| Employee benefits | 10,172,634 | 9,807,074 |
| Supplies and other | 14,033,003 | 12,070,934 |
| Purchased services | 7,564,372 | 7,304,374 |
| Depreciation and amortization | 2,178,253 | 2,407,925 |
| Total operating expenses | <u>59,600,212</u> | <u>54,731,485</u> |
| Operating loss | <u>(7,150,059)</u> | <u>(6,491,882)</u> |
| Nonoperating revenues (expenses): | | |
| Grant received for defeasance of debt | - | 5,785,338 |
| Contributions and other | 117,574 | 79,741 |
| Gain on disposal of capital assets | 3,011 | 6,350 |
| Interest earnings | 5,567 | 3,222 |
| Interest expense | (55,282) | (283,865) |
| Total nonoperating revenues, net | <u>70,870</u> | <u>5,590,786</u> |
| Change in net position | <u>(7,079,189)</u> | <u>(901,096)</u> |
| Net position at beginning of year | <u>22,426,708</u> | <u>23,327,804</u> |
| Net position at end of year | <u>\$ 15,347,519</u> | <u>22,426,708</u> |

MASSENA MEMORIAL HOSPITAL
 (A component unit of the Town of Massena, New York)

Statements of Cash Flows, Continued

| | <u>2017</u> | <u>2016</u> |
|----------------------------------------------------------------------------------------------------|-------------------|--------------------|
| Reconciliation of operating loss to net cash provided by (used in) operating activities: | | |
| Operating loss | \$ (7,150,059) | (6,491,882) |
| Adjustments to reconcile operating loss to net cash provided by (used in) operating activities: | | |
| Depreciation and amortization | 2,178,253 | 2,407,925 |
| Provision for bad debts | 4,016,423 | 2,649,538 |
| Changes in operating assets and liabilities: | | |
| Patient accounts receivable | (3,843,617) | (2,067,030) |
| Other receivables | (250,562) | 457,947 |
| Inventories | 12,610 | (20,300) |
| Prepaid expenses | (76,878) | (148,911) |
| Accounts payable | 2,371,634 | 664,675 |
| Accrued expenses and other liabilities | 2,337,540 | (200,951) |
| Estimated third-party payor settlements | (443,206) | (418,230) |
| Net pension liability | 1,670,288 | 1,916,494 |
| | <u>1,670,288</u> | <u>1,916,494</u> |
| Net cash provided by (used in) operating activities | \$ <u>822,426</u> | <u>(1,250,725)</u> |

PAGE 1
RUN: IS-BS-18 RPT: 2018BS FMT: 2018BS

MUSKOGEE MEMORIAL HOSPITAL
BALANCE SHEET
PERIOD ENDED 02/27/18

| YTD ACTUAL | MONTH CHANGE | PREVIOUS MONTH YTD ACTUAL | ASSETS | YTD ACTUAL | YTD CHANGE | 2017 AUDITED |
|-------------|--------------|---------------------------|-------------------------------------|-------------|-------------|--------------|
| 1,079,433 | 91,705 | 987,728 | UNRESTRICTED FUNDS | 1,079,433 | 73,604 | 1,005,829 |
| 1,079,433 | 91,705 | 987,728 | TOTAL CASH & SHORT-TERM INVESTMENTS | 1,079,433 | 73,604 | 1,005,829 |
| 16,278,504 | (386,304) | 16,664,808 | PATIENT/ACCOUNTS RECEIVABLE | 16,278,504 | (296,794) | 16,575,298 |
| (2,649,403) | (953,077) | (3,602,480) | ALLOWANCE FOR BAD DEBTS | (2,649,403) | (411,158) | (2,238,253) |
| (6,998,491) | 1,901,011 | (8,899,502) | ALLOWANCE FOR CONTRACTUAL A.D. | (6,998,491) | 838,382 | (7,836,873) |
| 5,630,610 | 561,001 | 6,099,609 | NET PATIENT RECEIVABLES | 5,630,610 | 138,438 | 6,500,171 |
| 489,533 | 91,163 | 398,370 | OTHER RECEIVABLES | 489,533 | (206,124) | 695,657 |
| 581,440 | (77,522) | 658,962 | INVENTORIES | 581,440 | (87,245) | 668,685 |
| 739,411 | 29,001 | 710,331 | PREPAID EXPENSES | 739,411 | (37,653) | 777,064 |
| 129,517 | (612,654) | 742,171 | ESTIMATED THIRD-PARTY SETTLEMENTS | 129,517 | (106,663) | 236,180 |
| 9,649,943 | 82,774 | 9,567,169 | TOTAL CURRENT ASSETS | 9,649,943 | (233,643) | 9,883,586 |
| 18,392,720 | (138,392) | 18,531,112 | PROPERTY, PLANT, & EQUIPMENT (NET) | 18,392,720 | (1,568,450) | 19,956,150 |
| 2,203,928 | 187 | 2,203,741 | ASSETS WHOSE USE IS LIMITED | 2,203,928 | 2,037 | 2,201,892 |
| 6,396,970 | (1,785) | 6,398,755 | DEPRECIATED OUTFLWS - PENSION | 6,396,970 | (21,415) | 6,418,385 |
| 36,643,562 | (57,216) | 36,700,777 | TOTAL ASSETS | 36,643,562 | (3,816,451) | 38,460,013 |
| 6,095,095 | (885,105) | 6,980,200 | LIABILITIES AND FUND BALANCE | 6,095,095 | (1,197,011) | 7,287,206 |
| 18,436 | (16,840) | 35,596 | ACCOUNTS PAYABLE | 18,436 | 202,437 | 220,873 |
| 4,879,882 | (76,534) | 4,956,416 | CURRENT PORTION LT DEBT | 4,879,882 | (2,735,957) | 7,615,839 |
| 1,341,925 | (282,941) | 1,624,866 | RETIREMENT | 1,341,925 | (121,383) | 1,463,308 |
| 1,637,003 | 34,206 | 1,671,209 | ACCURUED SALARIES & WAGES | 1,637,003 | 121,063 | 1,758,145 |
| 1,197,932 | 736,796 | 1,934,728 | ACCURUED VACATION PAYABLE | 1,197,932 | 25,605 | 1,223,537 |
| 15,170,053 | (490,428) | 15,660,481 | OTHER CURRENT LIABILITIES | 15,170,053 | (3,705,246) | 18,875,729 |
| 67,534 | 19,774 | 87,308 | TOTAL CURRENT LIABILITIES | 67,534 | (67,934) | 0 |
| 7,457,597 | 0 | 7,457,597 | LONG TERM DEBT | 7,457,597 | 0 | 7,457,597 |
| 1,264,475 | 0 | 1,264,475 | NET PENSION LIABILITY | 1,264,475 | 0 | 1,264,475 |
| 2,325,616 | 0 | 2,325,616 | WORKERS COMP | 2,325,616 | 0 | 2,325,616 |
| 11,115,622 | 19,774 | 11,135,396 | DEFERRED OUTFLWS - PENSION | 11,115,622 | (67,934) | 11,047,688 |
| 15,947,519 | (5,589,632) | 21,537,151 | TOTAL LONG TERM LIABILITIES | 15,947,519 | 0 | 15,947,519 |
| (5,589,632) | (527,860) | (6,117,492) | FUND BALANCE | (5,589,632) | 5,689,632 | 0 |
| 527,860 | 57,216 | 585,076 | NET INCOME (LOSS) | 527,860 | 1,016,451 | 36,460,013 |
| 36,643,562 | 57,216 | 36,700,777 | TOTAL FUND BALANCE | 36,643,562 | 5,689,632 | 36,460,013 |
| 10,357,887 | 57,216 | 10,415,103 | TOTAL LIABILITIES AND FUND BALANCE | 10,357,887 | 5,689,632 | 15,947,519 |
| 36,643,562 | 57,216 | 36,700,777 | TOTAL LIABILITIES AND FUND BALANCE | 36,643,562 | 1,016,451 | 36,460,013 |

RUN DATE: 01/11/19
RUN TIME: 1115
RUN USER: HHL,REANE

| MUSKOGEE HOSPITAL HOSPITAL | | | | | | | | | |
|------------------------------------------------|------------|-------------|--------------|-----------|-------------|-------------|-------------|--------------|----------|
| COMPARATIVE STATEMENT OF REVENUES AND EXPENSES | | | | | | | | | |
| PERIOD | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD |
| ACTUAL | BUDGET | ACTUAL | BUDGET | ACTUAL | BUDGET | ACTUAL | BUDGET | ACTUAL | BUDGET |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2015 | 2015 | 2014 | 2014 | 2013 | 2013 | 2012 | 2012 | 2011 | 2011 |
| 10/1/15 | 10/1/15 | 10/1/14 | 10/1/14 | 10/1/13 | 10/1/13 | 10/1/12 | 10/1/12 | 10/1/11 | 10/1/11 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1,359,130 | 2,516,774 | 2,021,722 | (46,001) | (32,771) | 23,613,392 | 30,201,658 | 28,730,092 | (21,811) | (17,811) |
| 6,588,785 | 7,742,565 | 5,988,090 | (14,901) | 10,031 | 89,450,167 | 92,911,566 | 84,939,592 | (3,731) | 6,581 |
| 7,947,915 | 10,259,339 | 8,009,816 | (22,531) | (10,771) | 113,063,559 | 123,113,224 | 112,669,684 | (8,161) | 0,351 |
| 4,514,286 | 5,768,901 | 4,792,672 | (21,761) | (5,811) | 65,516,941 | 69,238,817 | 68,202,282 | (5,381) | 5,331 |
| 196,426 | 247,247 | 1,374,166 | (20,551) | (85,711) | 2,272,211 | 2,966,969 | 3,416,423 | (23,421) | (33,491) |
| 4,318,112 | 6,017,146 | 6,166,838 | (21,711) | (23,821) | 67,789,151 | 72,205,786 | 65,618,705 | (6,121) | 3,311 |
| 3,237,203 | 4,242,211 | 1,842,978 | (23,691) | 76,651 | 45,274,408 | 90,907,085 | 47,050,979 | (11,071) | (3,781) |
| 1,319,784 | 472,299 | 846,988 | 179,441 | 55,821 | 8,681,973 | 5,567,595 | 5,597,785 | 51,191 | 44,751 |
| 4,556,987 | 4,714,510 | 2,689,946 | (3,341) | 69,411 | 53,956,381 | 56,575,233 | 53,048,765 | (4,631) | 1,711 |
| 2,345,148 | 2,192,206 | 2,270,385 | 6,981 | 3,281 | 26,989,945 | 26,306,510 | 25,551,954 | 2,601 | 5,221 |
| 15,139 | 5,581 | (2,087) | 171,281 | (825,571) | 216,909 | 66,981 | 55,282 | 223,841 | 292,371 |
| 131,190 | 90,823 | 107,915 | 45,721 | 21,572 | 1,133,557 | 1,080,285 | 1,252,725 | 4,931 | (9,511) |
| 17,882 | 17,692 | 42,036 | 1,131 | (57,461) | 208,501 | 212,183 | 131,246 | (1,741) | 58,882 |
| 14,000 | 15,195 | 18,031 | (7,661) | (22,351) | 205,659 | 182,335 | 196,379 | 12,792 | 4,732 |
| 565 | 3,240 | 722 | (64,411) | (21,731) | 15,513 | 14,882 | 18,178 | 4,241 | (14,661) |
| 635,794 | 901,560 | 1,023,737 | (29,491) | (32,891) | 9,561,678 | 10,819,916 | 10,156,516 | (11,631) | (5,861) |
| 558,316 | 422,750 | 701,580 | 31,991 | (20,711) | 6,688,008 | 5,023,077 | 6,206,137 | 31,831 | 7,782 |
| 80,290 | 60,989 | 50,677 | (25,561) | 18,571 | 729,698 | 971,990 | 953,297 | (24,931) | (23,461) |
| 51,379 | 55,476 | 40,382 | 47,331 | 27,331 | 687,482 | 665,759 | 699,886 | 3,261 | 2,811 |
| 972,367 | 548,725 | 765,620 | 77,201 | 28,681 | 8,172,574 | 6,584,764 | 7,825,513 | 24,111 | 7,172 |
| 9,010 | 109,403 | 110,990 | (91,761) | (91,981) | 995,931 | 1,312,830 | 1,254,955 | (24,141) | (20,641) |
| 71,595 | 81,142 | 130,904 | (11,771) | (45,311) | 1,396,943 | 973,764 | 2,737,646 | 43,661 | (48,901) |
| 136,392 | 162,072 | 210,499 | (14,611) | (81,261) | 1,854,676 | 1,944,871 | 2,167,546 | (4,641) | (14,431) |
| 1,785 | 0 | 10,707 | 108,001 | (81,331) | 21,415 | 0 | 10,707 | 59,951 | 100,001 |
| 74,578 | 40,160 | 56,380 | 85,861 | 32,251 | 771,022 | 482,008 | 568,161 | 59,951 | 95,541 |
| 5,095,429 | 4,724,317 | 5,528,489 | 7,861 | (7,831) | 59,651,629 | 56,692,196 | 59,656,626 | 5,221 | (0,011) |
| (538,442) | (9,807) | (2,838,543) | 5,396,351 | (81,031) | (5,696,148) | (116,963) | (6,606,862) | 4,769,191 | (13,901) |
| 10,583 | 11,514 | 840 | (8,891) | 1,160,551 | 105,516 | 138,175 | 127,673 | (23,641) | (17,361) |
| (527,960) | 1,707 | (2,837,763) | (31,023,231) | (81,401) | (6,589,032) | 21,212 | (6,479,189) | (26,451,271) | (13,791) |

RUN DATE: 01/11/19
RUN TIME: 1115
RUN USER: MM.BENNE

RUN: 15-AS-18 RPT: 2018IS 2 FMT: 2018IS 2

PAGE 1

PERIOD ACTUAL BUDGET

PERIOD ACTUAL BUDGET

PERIOD ACTUAL BUDGET

| RUN DATE: 07/11/19 | | RUN TIME: 1531 | | RUN USER: HRIJ.BENNE | | RUM: 1S-BS-19 RPT: 2019BS FMT: 2019BS | | PAGE 1 | |
|---------------------------------------------------------------------|-----------------|---------------------------|-------------------------------------|----------------------|---------------|---------------------------------------|--|--------|--|
| HASSENA MEMORIAL HOSPITAL BALANCE SHEET PERIOD ENDED 06/30/19 | | | | | | | | | |
| YTD ACTUAL | MONTH CHANGE | PRIOR MONTH YTD ACTUAL | ASSETS | YTD ACTUAL | YTD CHANGE | 2018 UNAUDITED | | | |
| 804,525 | 30,521 | 774,004 | UNRESTRICTED FUNDS | 804,525 | (274,908) | 1,079,433 | | | |
| 804,525 | 30,521 | 774,004 | TOTAL CASH & SHORT-TERM INVESTMENTS | 804,525 | (274,908) | 1,079,433 | | | |
| 18,604,788 | 1,424,831 | 17,179,957 | PATIENT ACCOUNTS RECEIVABLE | 18,604,788 | 2,469,631 | 16,135,158 | | | |
| (2,261,829) | 331,831 | (2,593,660) | ALLOWANCE FOR BAD DEBTS | (2,261,829) | 963,574 | (3,215,403) | | | |
| (10,332,567) | (1,002,661) | (9,329,906) | ALLOWANCE FOR CONTRACTUAL ADJ | (10,332,567) | (2,549,076) | (7,783,491) | | | |
| 6,010,392 | 754,001 | 5,256,391 | NET PATIENT RECEIVABLES | 6,010,392 | 874,129 | 5,136,264 | | | |
| 524,539 | (49,142) | 573,681 | OTHER RECEIVABLES | 524,539 | 35,006 | 489,533 | | | |
| 581,384 | (17,651) | 599,035 | INVENTORIES | 581,384 | (56) | 581,440 | | | |
| 596,416 | (63,629) | 660,045 | PREPAID EXPENSES | 596,416 | (142,995) | 739,411 | | | |
| (299,442) | (2,512) | (296,930) | ESTIMATED THIRD-PARTY SETTLEMENTS | (299,442) | 142,041 | (441,483) | | | |
| 8,217,814 | 651,588 | 7,566,226 | TOTAL CURRENT ASSETS | 8,217,814 | 633,217 | 7,584,597 | | | |
| 17,948,829 | 151,214 | 17,797,615 | PROPERTY, PLANT, & EQUIPMENT (NET) | 17,948,829 | (443,891) | 18,392,720 | | | |
| 769,413 | (239,301) | 1,008,714 | ASSETS WHOSE USE IS LIMITED | 769,413 | (1,434,516) | 2,203,928 | | | |
| 5,117,833 | (1,785) | 5,119,617 | DEFERRED OUTFLOWS - PENSION | 5,117,833 | (10,707) | 5,128,540 | | | |
| 32,053,889 | 561,716 | 31,492,172 | TOTAL ASSETS | 32,053,889 | (1,255,897) | 33,309,786 | | | |
| 7,749,693 | (853,164) | 6,896,529 | LIABILITIES AND FUND BALANCE | 7,749,693 | (1,654,598) | 6,095,095 | | | |
| 44,660 | (16,020) | 28,640 | ACCOUNTS PAYABLE | 44,660 | (26,224) | 18,436 | | | |
| 6,572,432 | (227,996) | 6,344,435 | CURRENT PORTION-LT DEBT | 6,572,432 | (1,367,979) | 5,204,453 | | | |
| 1,077,835 | (118,541) | 959,294 | RETIREMENT | 1,077,835 | 176,127 | 1,253,962 | | | |
| (75,977) | (75,977) | 1,674,073 | ACCRUED SALARIES & WAGES | 1,750,049 | (112,967) | 1,637,083 | | | |
| 4,987 | 4,987 | 1,027,181 | ACCRUED VACATION PAYABLE | 1,022,184 | 46,251 | 1,068,435 | | | |
| 18,216,853 | (1,286,701) | 16,930,152 | OTHER CURRENT LIABILITIES | 18,216,853 | (2,939,385) | 15,277,464 | | | |
| 365,392 | (251,124) | 104,268 | TOTAL CURRENT LIABILITIES | 365,392 | (287,458) | 67,934 | | | |
| 2,676,422 | 0 | 2,676,422 | LONG TERM DEBT | 2,676,422 | 0 | 2,676,422 | | | |
| 2,498,125 | 0 | 2,498,125 | NET PENSION LIABILITY | 2,498,125 | 0 | 2,498,125 | | | |
| 1,512,952 | 0 | 1,512,952 | POST EMP BENEFIT OBLIGATION | 1,512,952 | 0 | 1,512,952 | | | |
| 5,663,352 | 0 | 5,663,352 | WORKERS COMP | 5,663,352 | 0 | 5,663,352 | | | |
| 12,706,243 | (251,124) | 12,455,119 | DEFERRED OUTFLOWS - PENSION | 12,706,243 | (287,458) | 12,418,785 | | | |
| 5,613,537 | 0 | 5,613,537 | TOTAL LONG TERM LIABILITIES | 5,613,537 | 0 | 5,613,537 | | | |
| (4,482,744) | (976,109) | (3,506,635) | FUND BALANCE | (4,482,744) | 0 | (4,482,744) | | | |
| 1,130,793 | 976,109 | 2,106,902 | NET INCOME (LOSS) | 1,130,793 | 4,482,744 | 5,613,537 | | | |
| 32,053,889 | (561,716) | 31,492,172 | TOTAL FUND BALANCE | 32,053,889 | 1,255,897 | 33,309,786 | | | |
| | | | TOTAL LIABILITIES AND FUND BALANCE | | | | | | |

MASSENA MEMORIAL HOSPITAL
 COMPARATIVE STATEMENT OF REVENUES AND EXPENSES
 JUN 19

| PERIOD ACTUAL | PERIOD BUDGET | PRIOR YEAR ACTUAL | % DIFF BUDGET | % DIFF ACTUAL | | YEAR TO DATE ACTUAL | YEAR TO DATE OPER BUDGET | YTD PRIOR YEAR | % DIFF BUDGET | % VARIANCE YTD ACTUAL |
|------------------|------------------|----------------------|------------------|------------------|-------------------------------|------------------------|-----------------------------|-------------------|------------------|--------------------------|
| | | | | | PATIENT SERVICE REVENUES | | | | | |
| \$ 2,074,713 | \$ 2,202,056 | \$ 1,651,193 | (5.78)% | 25.65% | INPATIENT REVENUE | \$ 11,605,190 | \$ 13,285,678 | \$ 13,045,552 | (12.65)% | (11.04)% |
| 7,656,916 | 8,026,456 | 7,836,113 | (4.60)% | (2.29)% | OUTPATIENT REVENUE | 46,044,950 | 48,426,296 | 45,827,517 | (4.92)% | 0.47% |
| \$ 9,731,629 | \$ 10,228,512 | \$ 9,487,306 | (4.86)% | 2.58% | TOTAL PATIENT SERVICE REVENUE | \$ 57,650,140 | \$ 61,711,974 | \$ 58,873,069 | (6.58)% | (2.08)% |
| | | | | | REVENUE DEDUCTIONS | | | | | |
| 5,655,081 | 5,822,491 | 5,955,255 | (2.88)% | (5.04)% | CONTRACTUAL ALLOWANCES | 33,990,274 | 35,562,781 | 32,930,661 | (4.42)% | 3.22% |
| 196,426 | 197,884 | 186,426 | (0.74)% | 5.36% | BAD DEBT EXPENSE | 1,176,769 | 1,208,724 | 1,125,646 | (2.64)% | 4.54% |
| 5,851,507 | 6,020,375 | 6,141,681 | (2.80)% | (4.72)% | TOTAL REVENUE DEDUCTIONS | 35,167,043 | 36,771,505 | 34,056,307 | (4.36)% | 3.26% |
| \$ 3,880,122 | \$ 4,208,137 | \$ 3,345,625 | (7.79)% | 15.98% | NET PATIENT REVENUE | \$ 22,483,097 | \$ 24,940,469 | \$ 24,816,762 | (9.85)% | (9.40)% |
| 422,557 | 424,404 | 460,538 | (0.44)% | (8.25)% | OTHER OPERATING REVENUE | 3,166,251 | 2,560,570 | 2,962,765 | 23.65% | 6.87% |
| \$ 4,302,679 | \$ 4,632,541 | \$ 3,806,163 | (7.12)% | 13.05% | TOTAL OPERATING REVENUE | \$ 25,649,348 | \$ 27,501,039 | \$ 27,779,527 | (6.73)% | (7.67)% |
| | | | | | OPERATING EXPENSES: | | | | | |
| 2,347,827 | 2,284,408 | 2,268,168 | 2.78% | 3.51% | SALARIES AND WAGES | 13,092,232 | 13,782,582 | 13,398,160 | (5.01)% | (2.28)% |
| 62,908 | 34,520 | 19,099 | 82.47% | 229.79% | INTEREST EXPENSE | 409,884 | 208,274 | 98,535 | 96.80% | 315.98% |
| 108,754 | 89,921 | 99,699 | 20.94% | 9.08% | OTHER OPERATING EXPENSE | 582,345 | 542,514 | 484,975 | 7.34% | 20.08% |
| 18,974 | 17,588 | 17,369 | 7.88% | 9.24% | RENTAL EXPENSE | 106,586 | 106,100 | 102,881 | 0.46% | 3.60% |
| 16,531 | 16,724 | 16,976 | (1.15)% | (2.62)% | NYS CASH RECEIPTS ASSESSMENT | 92,971 | 100,900 | 101,950 | (7.86)% | (8.81)% |
| 705 | 1,459 | 934 | (51.69)% | (24.50)% | SPECIAL PROGRAMS | 10,189 | 8,803 | 7,342 | 15.74% | 38.77% |
| 859,443 | 695,230 | 964,711 | 23.62% | (10.91)% | FRINGE BENEFITS | 4,692,146 | 4,649,553 | 5,516,783 | 0.92% | (14.95)% |
| 520,398 | 573,102 | 483,330 | (9.20)% | 7.67% | MEDICAL SUPPLIES | 3,354,513 | 3,457,729 | 3,226,477 | (2.99)% | 3.97% |
| 44,186 | 63,478 | 75,848 | (30.39)% | (41.74)% | NON-MEDICAL SUPPLIES | 363,530 | 382,985 | 368,705 | (5.08)% | (1.40)% |
| 48,751 | 58,541 | 48,878 | (16.72)% | (0.26)% | UTILITIES | 349,344 | 353,187 | 388,438 | (1.09)% | (10.06)% |
| 937,143 | 580,422 | 721,412 | 61.46% | 29.90% | PURCHASED SERVICES | 4,992,463 | 3,501,874 | 3,565,251 | 42.57% | 40.03% |
| 93,676 | 89,968 | 161,159 | 4.12% | (41.87)% | PROFESSIONAL FEES | 451,725 | 542,831 | 595,458 | (16.78)% | (24.14)% |
| 39,358 | 63,772 | 139,277 | (38.28)% | (71.74)% | PHYSICIAN FEES | 447,570 | 384,760 | 958,897 | 16.32% | (53.32)% |
| 130,030 | 161,414 | 150,838 | (19.44)% | (13.80)% | DEPRECIATION EXPENSE | 806,896 | 968,494 | 969,241 | (16.69)% | (16.75)% |
| 1,785 | 1,784 | 1,785 | 0.03% | 0.00% | SHORT EXP-INTANGIBLE | 10,707 | 10,707 | 10,707 | 0.00% | 0.00% |
| 75,751 | 63,234 | 56,390 | 19.79% | 34.33% | INSURANCE EXPENSE | 450,012 | 381,516 | 338,541 | 17.95% | 32.93% |
| \$ 5,306,297 | \$ 4,795,565 | \$ 5,225,872 | 10.65% | 1.54% | TOTAL OPERATING EXPENSES | \$ 30,213,111 | \$ 29,382,809 | \$ 30,132,341 | 2.83% | 0.27% |
| (1,003,619) | (163,024) | (1,419,709) | 515.63% | (29.31)% | GAIN(LOSS) FROM OPERATIONS | (4,563,763) | (1,881,770) | (2,352,814) | 142.53% | 93.97% |
| 27,510 | 7,441 | 641 | 269.71% | 4,191.00% | NON-OPERATING INCOME | 81,019 | 44,895 | 47,635 | 80.46% | 70.09% |
| \$ (976,109) | \$ (155,583) | \$ (1,419,068) | 527.39% | (31.21)% | NET INCOME (LOSS) | \$ (4,482,744) | \$ (1,836,875) | \$ (2,305,180) | 144.04% | 94.46% |

ST. LAWRENCE HEALTH SYSTEM

Consolidated Balance Sheets

December 31, 2018 and 2017

| Assets | 2018 | 2017 |
|--------------------------------------------------------------------|-----------------------|--------------------|
| Current assets: | | |
| Cash and cash equivalents | \$ 6,784,205 | 4,152,089 |
| Patient accounts receivable, net | 22,819,916 | 22,927,898 |
| Other receivables, net | 4,337,377 | 3,580,405 |
| Investments | 47,731 | 43,138 |
| Inventories | 2,722,257 | 2,398,988 |
| Prepaid expenses and other current assets | 2,639,189 | 2,710,773 |
| Due from Canton-Potsdam Hospital Foundation, Inc. | 358,404 | 286,255 |
| Total current assets | 39,709,079 | 36,099,546 |
| Assets whose use is limited | 37,312,010 | 25,548,830 |
| Funds held in trust by others | 991,136 | 1,047,572 |
| Long-term investments | 894,657 | 948,837 |
| Other receivables, net | 1,385,334 | 1,224,274 |
| Interest in net assets of Canton-Potsdam Hospital Foundation, Inc. | 21,433,717 | 22,269,889 |
| Property and equipment, net | 73,547,022 | 73,428,277 |
| Other assets | 4,260,074 | 4,543,690 |
| Total assets | \$ 179,533,029 | 165,110,915 |
| | | |
| Liabilities and Net Assets | | |
| Current liabilities: | | |
| Accounts payable | \$ 15,280,759 | 13,885,126 |
| Accrued expenses: | | |
| Salaries and wages | 5,092,341 | 4,157,463 |
| Accrued benefit time | 6,068,636 | 5,650,259 |
| Other | 3,705,523 | 2,567,395 |
| Estimated third-party settlements | 9,891,788 | 5,758,933 |
| Current maturities of long-term liabilities | 3,003,737 | 3,380,753 |
| Total current liabilities | 43,042,784 | 35,399,929 |
| Long-term liabilities | | |
| Bonds and mortgage loan payable, net | 43,159,654 | 44,898,044 |
| Term loans payable | 11,831 | 48,093 |
| Interest rate swap | 675,833 | 894,559 |
| Capital lease obligations | 2,132,990 | 2,875,024 |
| Accrued pension obligation | 1,357,809 | 2,913,416 |
| Other liabilities | 4,257,759 | 4,113,047 |
| | 51,595,876 | 55,742,183 |
| Less portion classified as current | 3,003,737 | 3,380,753 |
| | 48,592,139 | 52,361,430 |
| Total liabilities | 91,634,923 | 87,761,359 |
| Commitments and contingencies | | |
| Net assets: | | |
| Without donor restrictions | 85,270,179 | 74,092,609 |
| With donor restrictions | 2,627,927 | 3,256,947 |
| Total net assets | 87,898,106 | 77,349,556 |
| Total liabilities and net assets | \$ 179,533,029 | 165,110,915 |

ST. LAWRENCE HEALTH SYSTEM

Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years ended December 31, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|-----------------------------------------------------------------------|--------------------|--------------------|
| Unrestricted revenue, gains, and other support: | | |
| Patient service revenue, net of contractual adjustments and discounts | \$ 202,582,738 | 198,448,070 |
| Less provision for bad debts | — | 3,690,268 |
| Net patient service revenue | 202,582,738 | 194,757,802 |
| Other revenue | 22,617,272 | 15,449,978 |
| Total revenue, gains, and other support | <u>225,200,010</u> | <u>210,207,780</u> |
| Expenses: | | |
| Salaries and wages | 110,381,696 | 103,177,042 |
| Employee benefits | 25,046,725 | 23,693,584 |
| Supplies and other expenses | 68,735,902 | 63,962,267 |
| Depreciation and amortization | 9,190,920 | 8,761,604 |
| Interest | 2,087,849 | 1,752,855 |
| Total expenses | <u>215,443,092</u> | <u>201,347,352</u> |
| Income from operations | <u>9,756,918</u> | <u>8,860,428</u> |
| Nonoperating gains (losses): | | |
| Gifts and bequests | 66,504 | 44,469 |
| Change in fair value of interest rate swap | 218,727 | 230,103 |
| Income on long-term investments: | | |
| Unrestricted endowment income | 55,414 | 19,860 |
| Net realized (loss) gain on investments | (75,954) | 8,462 |
| Other losses, net | 114,142 | — |
| Total nonoperating gains, net | <u>378,833</u> | <u>302,894</u> |
| Excess of revenue over expenses | <u>10,135,751</u> | <u>9,163,322</u> |

ST. LAWRENCE HEALTH SYSTEM

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|-----------------------------------------------------------------------------------------------|----------------------|-------------------|
| Net assets without donor restrictions: | | |
| Excess of revenue over expenses | \$ 10,135,751 | 9,163,322 |
| Contributions for capital acquisitions | 379,615 | 241,804 |
| Net assets released from restrictions for capital purposes | 572,584 | 179,127 |
| Change in interest in net assets of Canton-Potsdam Hospital Foundation, Inc. | (836,172) | 2,229,562 |
| Transfer from the Canton-Potsdam Hospital Foundation, Inc. | 209,873 | 351,732 |
| Change in net unrealized gains on investments | 59,884 | 35,984 |
| Change in funded status of defined benefit pension plan, other than net periodic pension cost | 656,485 | 2,135,125 |
| Increase in net assets without donor restrictions | <u>11,178,020</u> | <u>14,336,656</u> |
| Net assets with donor restrictions: | | |
| Restricted contributions | — | 434,582 |
| Net assets released from restrictions | (572,584) | (400,656) |
| Change in interest in net assets of Canton-Potsdam Hospital Foundation, Inc. | — | (5,531) |
| Change in fair value of funds held in trust by others | (56,436) | 66,244 |
| Increase in net assets with donor restrictions | <u>(629,020)</u> | <u>94,639</u> |
| Increase in net assets | 10,549,000 | 14,431,295 |
| Net assets, beginning of year | <u>77,349,556</u> | <u>62,918,261</u> |
| Net assets, end of year | <u>\$ 87,898,556</u> | <u>77,349,556</u> |

Balance Sheet for Massena Hospital at 4/1/2020

Assets

| | | |
|-------------------------|------------------|---------------------|
| Cash | | \$2,983,687 |
| A/R Gross | \$18,070,971.27 | |
| Less uncollectible | -\$2,177,493.75 | |
| Less Contractuals | -\$10,233,653.45 | |
| Net A/R | | \$5,659,824 |
| Other Recievables | | \$507,292 |
| Inventories | | \$588,407 |
| Prepays | | \$468,467 |
| Third Party Settlements | | -\$301,521 |
| Other cash | | \$594,853 |
| Total Assets | | \$10,501,009 |

Liabilities

| | | |
|---------------------------------|--|---------------------|
| Accounts Payable | | -\$4,100,000 |
| Accrued Payroll | | -\$1,311,862 |
| Accrued Benefits | | -\$1,686,250 |
| Workers Comp(Current) | | -\$859,503 |
| Other Current Liabilities Misc. | | -\$173,373 |
| Capital Leases | | -\$352,193 |
| Total Liabilities | | -\$8,483,182 |

FundBalance **\$2,017,827**

Notes:

Pro Forma Balance Sheet prepared in accordance with GAAP.

Medicaid Capital Cost Reimbursement to continue on Historic Cost basis in accordance with 10 NYCRR Section 86-1.

Assumes Current A/R is good A/R.

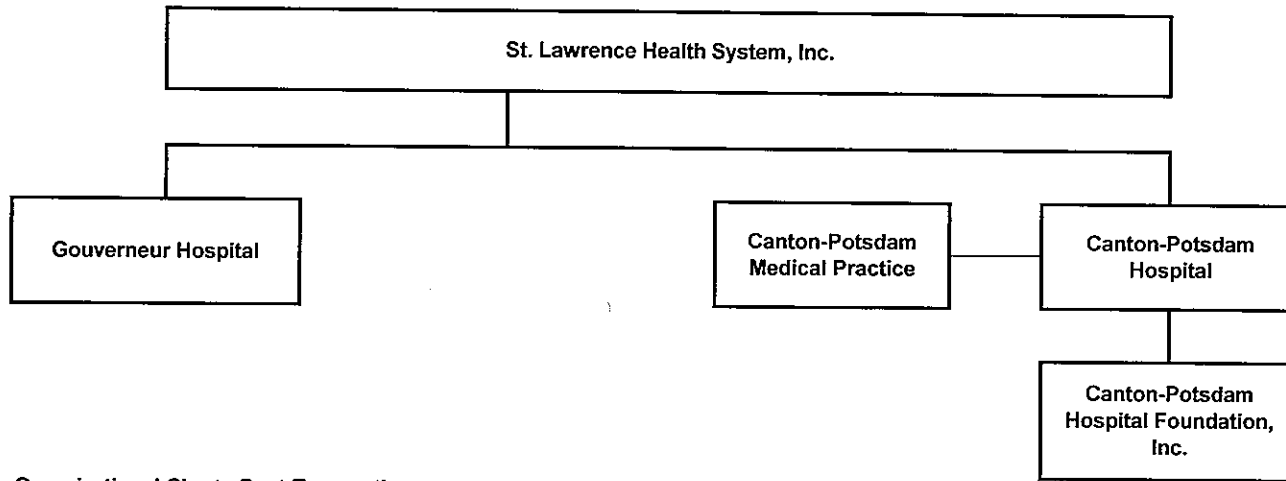
Assumes Capital costs for equipment minus Depreciation net to "0".

ST. LAWRENCE HEALTH SYSTEM, INC.

ORGANIZATIONAL CHART / ARTICLE 28 NETWORK STATEMENT

St. Lawrence Health System, Inc. (SLHS) was formed on December 5, 2013 as a not-for-profit Internal Revenue Code (IRC) Section 501(c)(3) organization. SLHS is the sole corporate member, active parent and co-operator of Canton-Potsdam Hospital (CPH) and Gouverneur Hospital (GH). SLHS is submitting this Establishment-Only Certificate of Need (CON) Application to seek approval to become the sole corporate member, active parent and co-operator of Massena Hospital (MH), a to-be-formed not-for-profit organization that will become the new operator of the current Massena Memorial Hospital (MMH). MMH is currently owned and operated by the Town of Massena, New York (the "Town") and is accounted for as an enterprise fund distinct from the general fund of the Town.

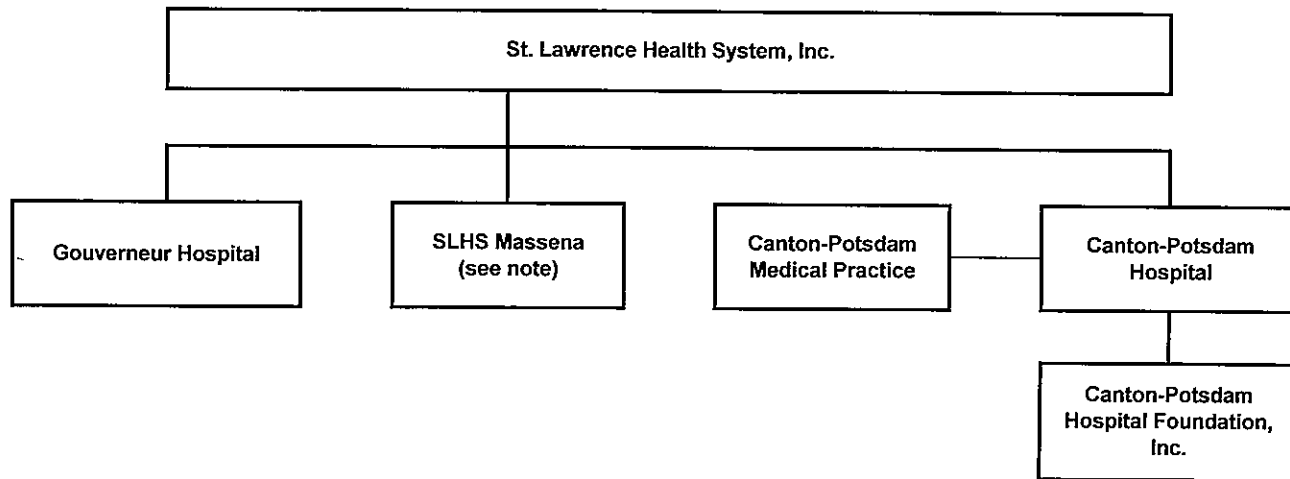
Organizational Chart - Pre-Transaction



SLHS was established as the active parent of CPH and GH under CON Project No. 132088-E. Also under CON Project No. 132088-E, GH became the established operator of Edward John Noble Hospital of Gouverneur, New York (EJNH-G).

EJNH-G, the precursor to GH, received Critical Access Hospital (CAH) designation from CMS and NYSDOH, effective June 26, 2013. The NYSDOH action was completed under CON Project No. 131142.

Organizational Chart - Post-Transaction



To assist with an orderly transformation, initially SLHS will create SLHS Massena, Inc. as a planning entity and to begin the process of obtaining tax-exempt status. Upon PHHPC approval, the Certificate of Incorporation of SLHS Massena, Inc. will be amended to include the power to operate a hospital and to change the name to Massena Hospital, Inc.

CON 191212-Atlantic SC



ATLANTIC SC, LLC

CON #191212
Attachment B

PRO FORMA BALANCE SHEET

ASSETS

| | |
|-----------|-----------|
| Cash | \$655,712 |
| Equipment | \$832,708 |

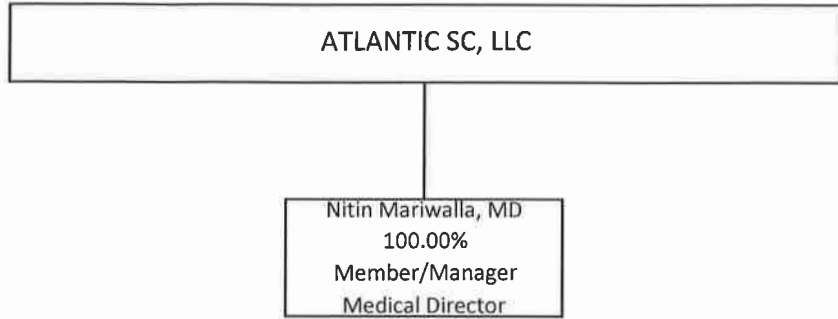
| | |
|--------------|-------------|
| TOTAL ASSETS | \$1,488,420 |
|--------------|-------------|

LIABILITIES

| | |
|---------------------------|-----------|
| Working Capital Loan Long | \$0 |
| term Liabilites - Equip | \$832,708 |
| TOTAL LIABILITIES | \$832,708 |

| | |
|----------------|-----------|
| MEMBERS EQUITY | \$655,712 |
|----------------|-----------|

| | |
|-----------------------------------------|-------------|
| TOTAL LIABILITIES AND MEMBERS EQUITY | \$1,488,420 |
|-----------------------------------------|-------------|



Northeast Endoscopy LLC**ESTABLISH & CONSTRUCT A SINGLE-SPECIALTY FASC****PRO FORMA BALANCE SHEET****ASSETS**

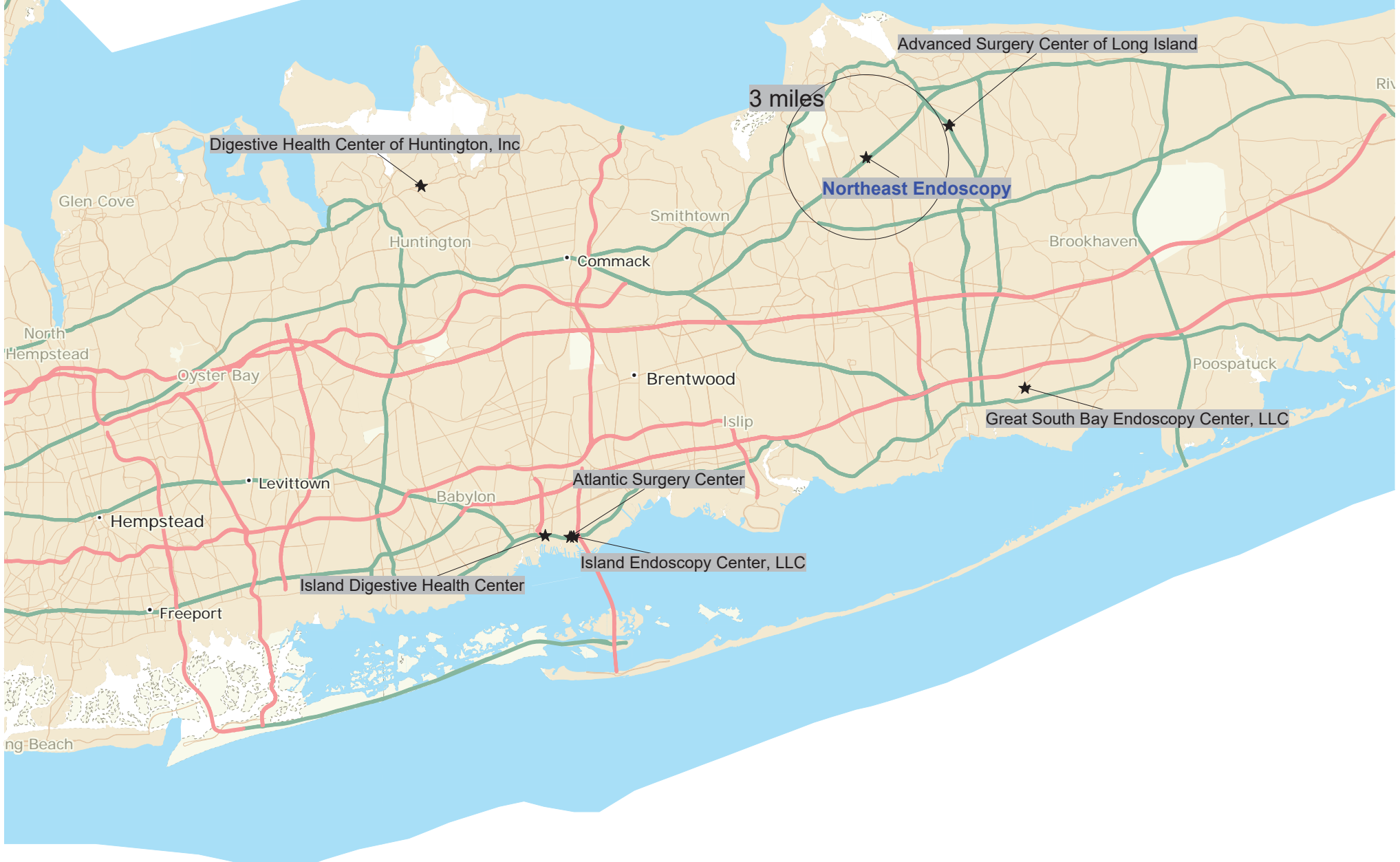
| | |
|---------------------------------|---------------------------|
| Cash | \$323,835 |
| Depreciable Assets (fees, etc.) | \$30,830 |
| Moveable Equipment | <u>\$1,439,041</u> |
| TOTAL ASSETS | <u>\$1,793,706</u> |

LIABILITIES AND MEMBER EQUITY**LIABILITIES**

| | |
|--------------------------|-------------------------|
| Capital Loan | \$1,322,468 |
| Working Capital Loan | <u>\$0</u> |
| TOTAL LIABILITIES | \$1,322,468 |
| MEMBER EQUITY | <u>\$471,238</u> |

| | |
|-----------------------------------------|---------------------------|
| TOTAL LIABILITIES AND EQUITY | <u>\$1,793,706</u> |
|-----------------------------------------|---------------------------|

CON 192021-Northeast Endoscopy



CROTONA ASC**ESTABLISH A MULTI-SPECIALTY AMBULATORY SURGERY CENTER****PRO FORMA BALANCE SHEET**

ASSETS

| | |
|------|-----------|
| Cash | \$643,571 |
|------|-----------|

| | |
|--------------|-----------|
| TOTAL ASSETS | \$643,571 |
|--------------|-----------|

LIABILITIES AND MEMBERS EQUITY

LIABILITIES

| | |
|----------------------|-----------|
| Working Capital Loan | \$321,786 |
|----------------------|-----------|

| | |
|-------------------|-----------|
| TOTAL LIABILITIES | \$321,786 |
|-------------------|-----------|

| | |
|----------------|-----------|
| MEMBERS EQUITY | \$321,786 |
|----------------|-----------|

| | |
|-----------------------------------------|-----------|
| TOTAL LIABILITIES AND MEMBERS EQUITY | \$643,571 |
|-----------------------------------------|-----------|

CON 192069-Crotona Parkway ASC



PERFECT HEALTH MEDICAL, LLC

**BFA Attachment B
CON# 191286**

PRO FORMA BALANCE SHEET

ASSETS

| | |
|--------------------------------------------|--------------------|
| Cash | \$436,560 |
| Fixed Assets less Accumulated Depreciation | \$1,157,949 |
| TOTAL ASSETS | \$1,594,509 |

LIABILITIES AND MEMBER EQUITY

LIABILITIES

| | |
|----------------------|------------------|
| Capital Loan | \$1,133,043 |
| Working Capital Loan | <u>\$218,280</u> |

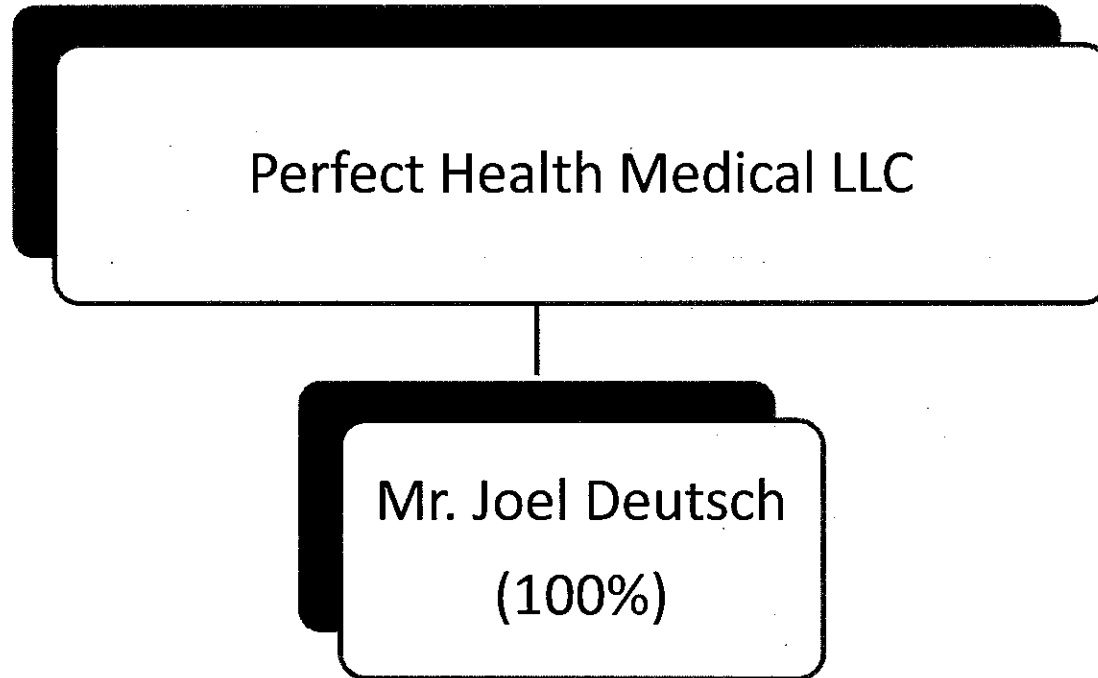
TOTAL LIABILITIES **\$1,351,323**

MEMBER EQUITY **\$243,186**

**TOTAL LIABILITIES AND
MEMBER EQUITY** **\$1,594,509**

PERFECT HEALTH MEDICAL LLC

ORGANIZATIONAL CHART



CON 191286-Perfect Health Medical



NY Med of Brooklyn, LLC

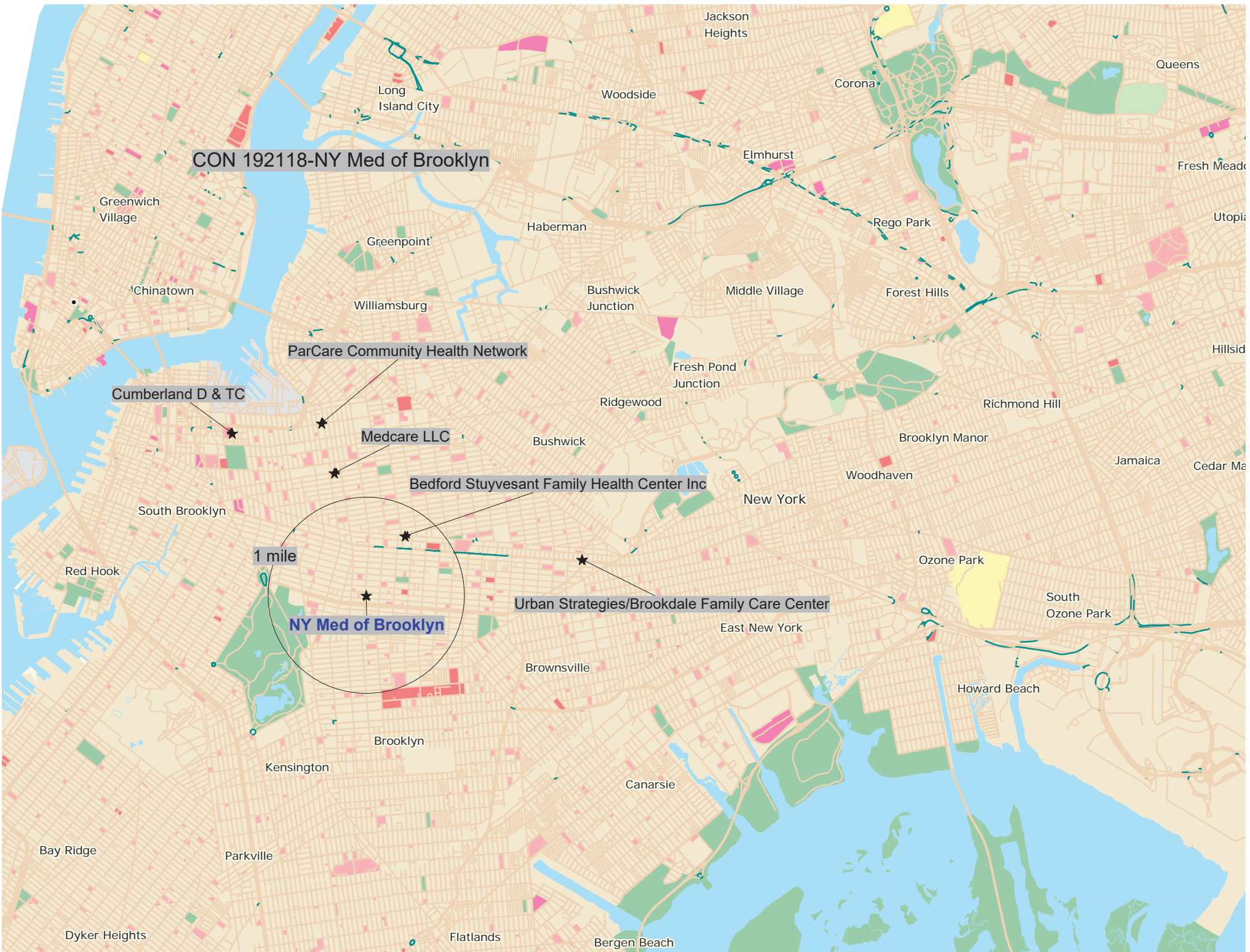
Pro Forma Balance Sheet

ASSETS

| | | |
|--------------------------|----|-----------|
| Cash | \$ | 206,683 |
| Leasehold Improvement | \$ | 966,249 |
| Moveable/Fixed Equipment | \$ | 123,255 |
| | | |
| Total Assets | \$ | 1,296,187 |

LIABILITIES & MEMBERS EQUITY

| | | |
|-----------------------------------------|----|-----------|
| Long Term Debt | \$ | - |
| Short Term Debt | \$ | - |
| Total Liabilities | \$ | - |
| | | |
| Members Equity | \$ | 1,296,187 |
| | | |
| Total Liabilities and Members Equity | \$ | 1,296,187 |



Kerestir Health LLC

Pro Forma Balance Sheet

ASSETS

| | | |
|--------------------------|----|-----------|
| Cash | \$ | 381,566 |
| Leasehold Improvement | \$ | 2,247,730 |
| Moveable/Fixed Equipment | \$ | 193,520 |
| | | |
| Total Assets | \$ | 2,822,816 |

LIABILITIES & MEMBERS EQUITY

| | | |
|-----------------------------------------|----|-----------|
| Long Term Debt | \$ | - |
| Short Term Debt | \$ | - |
| Total Liabilities | \$ | - |
| | | |
| Members Equity | \$ | 2,822,816 |
| | | |
| Total Liabilities and Members Equity | \$ | 2,822,816 |

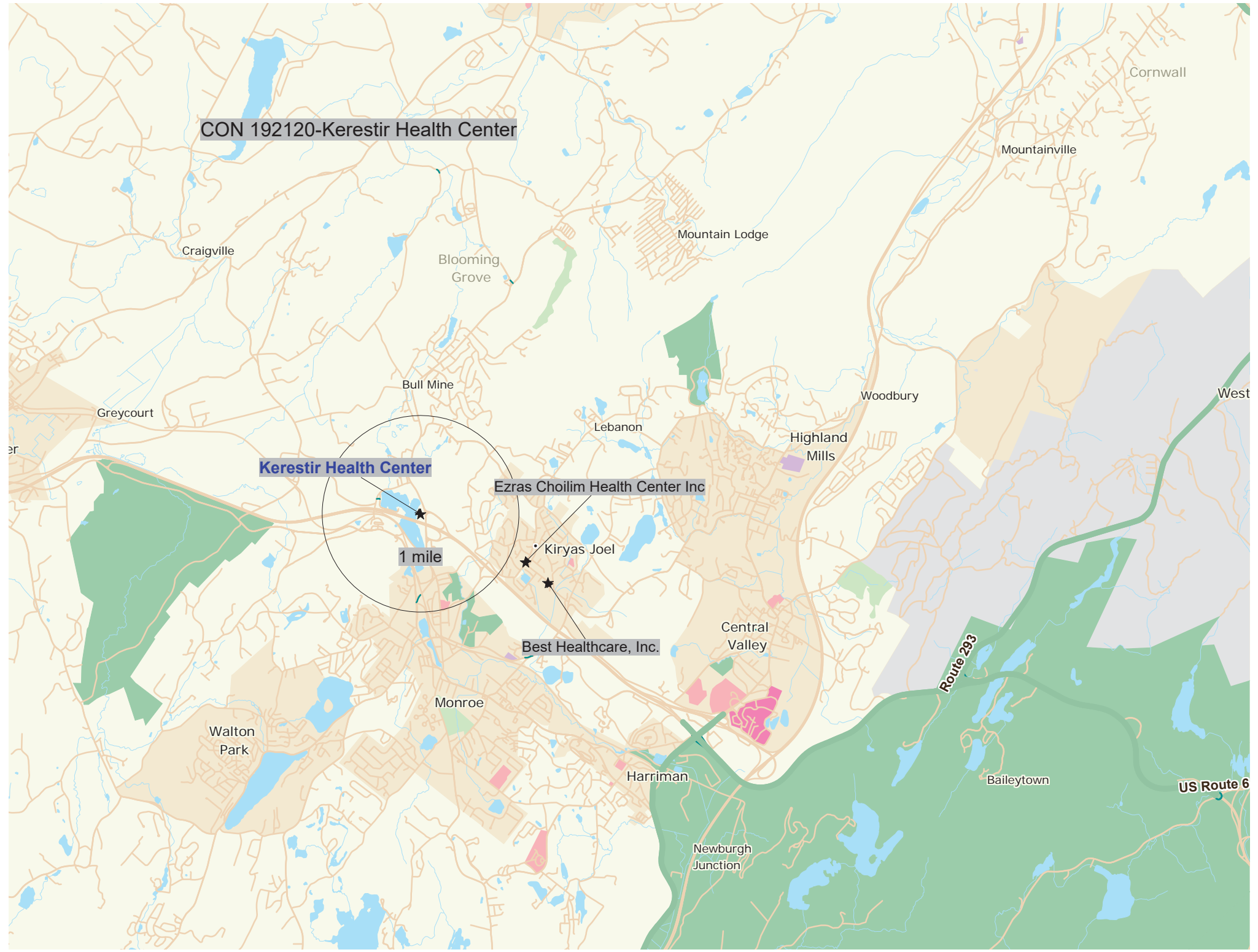
CON 192120-Kerestir Health Center

Kerestir Health Center

1 mile

Ezras Choilim Health Center Inc

Best Healthcare, Inc.



CON# 192013
Financial Summary- Fairview Nursing Care Center Inc

| | FISCAL PERIOD ENDED | | |
|-----------------------------|---------------------|-------------------|--------------------------------|
| | <u>12/31/17</u> | <u>12/31/18</u> | <u>Draft as of 6/30/19</u> |
| ASSETS - CURRENT | \$24,342,622 | \$26,478,413 | \$24,101,111 |
| ASSETS - FIXED AND OTHER | 6,411,695 | 6,026,062 | 14,089,696 |
| LIABILITIES - CURRENT | 8,149,199 | 7,096,149 | 6,786,562 |
| LIABILITIES - LONG-TERM | <u>932,716</u> | <u>658,000</u> | <u>774,264</u> |
| EQUITY | \$21,672,402 | \$24,750,326 | \$30,629,981 |
| <hr/> | | | |
| INCOME | \$35,083,504 | \$34,615,691 | \$19,556,721 |
| EXPENSE | <u>28,836,039</u> | <u>30,257,509</u> | <u>12,620,517</u> |
| NET INCOME | \$6,247,465 | \$4,358,182 | \$6,936,204 |
| <hr/> | | | |
| NUMBER OF BEDS | 200 | 200 | 200 |
| PERCENT OF OCCUPANCY (DAYS) | 95.9% | 95.3% | 96.9% |
| <hr/> | | | |
| Medicaid | 66.3% | 64.5% | 71.9% |
| Medicare | 25.6% | 24.9% | 27.0% |
| Private, Veteran, Other | 8.1% | 10.6% | 1.1% |

CON #192013

Financial Summary- Bensonhurst Center for Rehabilitation and Healthcare

FISCAL PERIOD ENDED

| | <u>2016</u> | <u>2017</u> | <u>2018</u> |
|-----------------------------|-------------------|-------------------|-------------------|
| ASSETS - CURRENT | \$7,423,000 | \$6,897,253 | \$7,415,457 |
| ASSETS - FIXED AND OTHER | 3,672,000 | 3,808,336 | 3,562,097 |
| LIABILITIES - CURRENT | 3,740,000 | 3,707,735 | 3,877,859 |
| LIABILITIES - LONG-TERM | <u>207,000</u> | <u>23,600</u> | <u>20,700</u> |
| EQUITY | \$7,148,000 | \$6,974,254 | \$7,078,995 |
| <hr/> | | | |
| INCOME | \$34,103,000 | \$34,367,365 | \$34,813,668 |
| EXPENSE | <u>25,577,000</u> | <u>26,281,058</u> | <u>26,963,603</u> |
| NET INCOME | \$8,526,000 | \$8,086,307 | \$7,850,065 |
| <hr/> | | | |
| NUMBER OF BEDS | 200 | 200 | 200 |
| PERCENT OF OCCUPANCY (DAYS) | 97.9% | 97.1% | 96.6% |
| <hr/> | | | |
| Medicaid | 43.7% | 43.9% | 52.2% |
| Medicare | 34.9% | 53.1% | 44.5% |
| Private Pay/Other | 21.4% | 3.0% | 3.3% |

BFA Attachment D CON 192013

Fairview Nursing Care Center

Revised First Year Budget

| <u>Payor</u> | <u>Payor Mix</u> | <u>Budgeted Days</u> | <u>Per Diem</u> | <u>Revised Revenues</u> |
|--------------|------------------|----------------------|-----------------|-------------------------|
| Commercial | 8.52% | 5,971 | \$418.52 | \$2,499,000 |
| Medicare | 24.88% | 17,439 | \$671.08 | \$11,703,000 |
| Medicaid | 64.25% | 45,026 | \$303.87 | \$13,682,051 |
| Private | 2.34% | <u>1,643</u> | \$449.18 | <u>\$738,000</u> |
| | | 70,079 | | |

| | |
|-----------------------------------------------------|-------------------|
| Total Revenues based on 2019 current Medicaid Rate | \$28,622,051 |
| Total Inpatient Revenues as budgeted for first year | <u>30,357,000</u> |
| Decrease in Budgeted Revenues | (\$1,734,949) |

Revised Third Year Budget

| <u>Payor</u> | <u>Payor Mix</u> | <u>Budgeted Days</u> | <u>Per Diem</u> | <u>Revised Revenues</u> |
|--------------|------------------|----------------------|-----------------|-------------------------|
| Commercial | 6.52% | 4,568 | \$418.56 | \$1,912,000 |
| Medicare | 23.88% | 16,738 | \$671.23 | \$11,235,000 |
| Medicaid | 68.25% | 47,830 | \$303.87 | \$14,534,102 |
| Private | 1.35% | <u>943</u> | \$449.63 | \$424,000 |
| | | 70,079 | | |

| | |
|-----------------------------------------------------|-------------------|
| Total Revenues based on 2019 current Medicaid Rate | \$28,105,102 |
| Total Inpatient Revenues as budgeted for first year | <u>29,960,000</u> |
| Decrease in Budgeted Revenues | (\$1,854,898) |