

**CHARLOTTE HUNGERFORD HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
<b>THE CHARLOTTE HUNGERFORD HOSPITAL</b>		
1	Affiliate Description	Non Profit Acute Care Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	540 Litchfield Street
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 - 0988
8	CEO Name	Daniel McIntyre
9	CEO Title	CEO PRESIDENT
10	CT Agent Name	Daniel McIntyre
11	CT Agent Company	The Charlotte Hungerford Hospital
12	CT Agent Company Street Address	540 Litchfield Street
13	CT Agent Town	Torrington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06790 - 0988
<b>B. AFFILIATE NAME</b>		
<b>ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>		
1	Affiliate Description	IMAGING CENTER
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	57 COMMERCIAL BLVD
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	Gary K. Griffin, MD
9	CEO Title	President
10	CT Agent Name	Andrew C. Glassman
11	CT Agent Company	Pullman & Comley, LLC
12	CT Agent Company Street Address	90 State House Sq.
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>C. AFFILIATE NAME</b>		
<b>LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>		
1	Affiliate Description	PHYSICIAN PRACTICE
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	540 Litchfield St
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	Daniel McIntyre
9	CEO Title	President
10	CT Agent Name	Stephen E. Ronai
11	CT Agent Company	Murtha Cullina Richter
12	CT Agent Company Street Address	185 Asylum St.
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>D. AFFILIATE NAME</b>		
<b>MEDCONN COLLECTION AGENCY LLC</b>		
1	Affiliate Description	PATIENT COLLECTION AGENCY
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	2049 Silas Deane Highway 3rd f
5	Town	Rocky Hill

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06067 -
8	CEO Name	Daniel J. Cass
9	CEO Title	Executive Director
10	CT Agent Name	Stephen J. Anderson
11	CT Agent Company	Anderson, Reynolds & Lynch
12	CT Agent Company Street Address	136 West Main St.
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>E.</b>	<b>AFFILIATE NAME</b>	<b>UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>
1	Affiliate Description	UROLOGY CENTER
2	Affiliate type of service	Outpatient Care
3	Tax Status	For Profit
4	Street Address	540 Litchfield ST
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	James F. Devaney
9	CEO Title	Member
10	CT Agent Name	John J. Capobianco
11	CT Agent Company	The Charlotte Hungerford Hospital
12	CT Agent Company Street Address	540 Litchfield ST
13	CT Agent Town	Torrington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06790 -

\* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>A. CHARLOTTE HUNGERFORD HOSPITAL</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>B. THE CHARLOTTE HUNGERFORD HOSPITAL</b>			
1		Unrestricted	\$40,934,207
2		Temporarily Restricted by Donor	\$3,236,940
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$17,620,532
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$61,791,679</b>
<b>C. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>			
1		Unrestricted	\$1,318,101
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,318,101)
		<b>Total:</b>	<b>\$0</b>
<b>D. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>E. MEDCONN COLLECTION AGENCY LLC</b>			
1		Unrestricted	\$413,953
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$413,953)
		<b>Total:</b>	<b>\$0</b>
<b>F. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>			
1		Unrestricted	\$70,723
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$70,723)
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$63,594,456</b>
	<b>Intercompany Eliminations</b>		<b>(\$1,802,777)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$61,791,679</b>

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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. THE CHARLOTTE HUNGERFORD HOSPITAL</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$540,547</b>
1		MRI SERVICES	09/30/2012	(\$239,148)
2		Pacs storage fees	09/30/2012	\$51,760
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$353,159</b>
<b>C. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D. MEDCONN COLLECTION AGENCY LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$137,607</b>
1		Collection Agency Fees	09/30/2012	(\$65,591)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$72,016</b>
<b>E. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$236,007</b>
1		Lithotripsy and Laser Services	09/30/2012	(\$123,596)
2		Accounting Fees	09/30/2012	\$2,400
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$114,811</b>
			<b>Grand Total:</b>	<b>\$539,986</b>

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 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2011</b>	<b>\$0</b>
<b>A.</b>	<b>THE CHARLOTTE HUNGERFORD HOSPITAL</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B.</b>	<b>ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C.</b>	<b>LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D.</b>	<b>MEDCONN COLLECTION AGENCY LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E.</b>	<b>UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2012</b>	<b>\$0</b>

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
<b>A. THE CHARLOTTE HUNGERFORD HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>B. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>C. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>D. MEDCONN COLLECTION AGENCY LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>E. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2012</b>

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**REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A.</b>	<b>THE CHARLOTTE HUNGERFORD HOSPITAL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>MEDCONN COLLECTION AGENCY LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$169,211.87</b>	<b>\$195,537.03</b>	<b>\$26,325.16</b>	<b>16%</b>
1	Donations	\$33,806.62	\$57,338.67	\$23,532.05	70%
2	Income	\$7,141.26	\$7,245.14	\$103.88	1%
3	Expenditures	\$9,492.81	\$6,873.22	(\$2,619.59)	-28%
4	Unrealized Gains and Losses	(\$5,129.91)	(\$16,631.36)	(\$11,501.45)	224%
	<b>Ending Balance</b>	<b>\$195,537.03</b>	<b>\$236,616.26</b>	<b>\$41,079.23</b>	<b>21%</b>
5	Projected Interest Income	\$8,253.00	\$8,767.00	\$514.00	6%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		35
2. A. Number of Patients receiving Hospital Bed Fund Grants		35
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$6,873.22
1	Jane Bryant Fund	\$1,222.00
2	Jane Bryant Fund	\$488.00
3	Jane Bryant Fund	\$1,000.00
4	Jane Bryant Fund	\$278.15
5	Jane Bryant Fund	\$600.00
6	Mr. and Mrs. Edward J Kildruff Fund	\$522.53
7	Men's Health Fund	\$189.32
8	Men's Health Fund	\$190.00
9	Men's Health Fund	\$100.79
10	Men's Health Fund	\$169.09
11	Pink Rose Fund	\$28.31
12	Pink Rose Fund	\$97.85
13	Pink Rose Fund	\$60.89
14	Pink Rose Fund	\$28.52
15	Pink Rose Fund	\$28.52
16	Pink Rose	\$40.88
17	Pink Rose	\$28.52
18	Women's Health Fund	\$49.39
19	Women's Health Fund	\$79.97
20	Women's Health Fund	\$69.28
21	Women's Health Fund	\$49.39
22	Women's Health Fund	\$28.52
23	Women's Health Fund	\$119.99
24	Women's Health Fund	\$57.04
25	Women's Health Fund	\$49.39
26	Women's Health Fund	\$108.91
27	Women's Health Fund	\$28.52
28	Women's Health Fund	\$28.52
29	Women's Health Fund	\$57.04
30	Women's Health Fund	\$49.39
31	Women's Health Fund	\$75.89
32	Women's Health Fund	\$199.97
33	Women's Health Fund	\$78.98
34	Women's Health Fund	\$469.66
35	Women's Health Fund	\$200.00
Grand Total		\$6,873.22

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Dr. Harry B. Chapin Fund	\$47.76	\$245.88	\$245.88	\$245.88
	Elizabeth Migeon Swift Fund	\$46,831.32	\$420.93	\$420.93	\$420.93
	Caroline T. Brooks Fund	\$1,221.40	\$891.08	\$891.08	\$891.08
	Cady and Allyn Fund	\$8,253.45	\$838.43	\$838.43	\$838.43
	Mr. and Mrs. Edward J Kildruff Fund	\$2,293.00	\$294.65	\$294.65	\$294.65
	Don and Sarah Smith Fund	\$169.12	\$106.94	\$106.94	\$106.94
	Marjorie Stearns Turner Fund	\$5,522.28	\$1,152.88	\$1,152.88	\$1,152.88
	Roxanna Hammond Fund	\$1,959.11	\$253.77	\$253.77	\$253.77
	Jane Bryant Fund	\$2,723.00	\$3,103.07	\$3,103.07	\$3,103.07
	Brooks Reserve Needy Child	\$2,678.79	\$0.00	\$0.00	\$0.00
	Alice R. Carlisle Fund	\$14,641.33	\$0.00	\$0.00	\$0.00
	Diabetes Outpatient Clinic	\$9,989.42	\$0.00	\$0.00	\$0.00
	Mammography Screening Fund	\$700.02	\$0.00	\$0.00	\$0.00
	The Womens Health Fund	\$4,593.43	\$0.00	\$0.00	\$0.00
	The Mens Emergency Health Fund	\$813.10	\$0.00	\$0.00	\$0.00
	Sanctuary Fund	\$12,714.45	\$0.00	\$0.00	\$0.00
	Community Health Fund	\$19,357.16	\$0.00	\$0.00	\$0.00
	Pink Rose Fund	\$60,029.56	\$0.00	\$0.00	\$0.00
	Newman Hungerford Fund B	\$999.33	\$98.44	\$98.44	\$98.44
	<b>Total Bed Funds :</b>	<b>\$195,537.03</b>	<b>\$7,406.07</b>	<b>\$7,406.07</b>	<b>\$7,406.07</b>

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement was sent.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agency is compensated at negotiated rates utilizing monthly reports of payments received.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	20.76%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	MedConn Collection Agency
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement was sent.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The agency is compensated at negotiated rates utilizing monthly reports of payments received.

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(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.39%
	<b>Collection Agent</b>	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement was sent.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The agency is compensated at negotiated rates utilizing monthly reports of payments received.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	22.54%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	PHYSICIAN SURGEON	\$508,471	\$153,169	\$661,640
2.	PHYSICIAN SURGEON	\$446,613	\$134,535	\$581,148
3.	PATHOLOGIST MED DIRECTOR	\$400,275	\$120,577	\$520,852
4.	CARDIOLOGIST	\$396,129	\$119,328	\$515,457
5.	CEO PRESIDENT	\$386,933	\$116,558	\$503,491
6.	PHYSICIAN SURGEON	\$383,210	\$115,436	\$498,646
7.	CARDIOLOGIST	\$371,226	\$111,826	\$483,052
8.	CARDIOLOGIST	\$339,133	\$102,159	\$441,292
9.	CARDIOLOGIST	\$334,393	\$100,731	\$435,124
10.	VP MEDICAL AFFAIRS	\$307,742	\$92,703	\$400,445
	<b>Grand Total:</b>	<b>\$3,874,125</b>	<b>\$1,167,022</b>	<b>\$5,041,147</b>

**CHARLOTTE HUNGERFORD HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . THE CHARLOTTE HUNGERFORD HOSPITAL</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$169,469	\$0	\$169,469
<b>C . LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . MEDCONN COLLECTION AGENCY LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**CHARLOTTE HUNGERFORD HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

CHARLOTTE HUNGERFORD HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	1,814	1,715	(99)	-5%
2.	Number of Approved Applicants	1,798	1,708	(90)	-5%
3.	Total Charges (A)	\$1,726,098	\$1,766,984	\$40,886	2%
	<b>Average Charges</b>	<b>\$960</b>	<b>\$1,035</b>	<b>\$75</b>	<b>8%</b>
4.	Ratio of Cost to Charges (RCC)	0.562774	0.533202	(0.029572)	-5%
	<b>Total Cost</b>	<b>\$971,403</b>	<b>\$942,159</b>	<b>(\$29,244)</b>	<b>-3%</b>
	<b>Average Cost</b>	<b>\$540</b>	<b>\$552</b>	<b>\$11</b>	<b>2%</b>
5.	Charity Care - Inpatient Charges	\$505,905	\$510,564	\$4,659	1%
6.	Charity Care - Outpatient Emergency Department Charges	566,888	618,186	51,298	9%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	653,305	638,234	(15,071)	-2%
	<b>Total Charges (A)</b>	<b>\$1,726,098</b>	<b>\$1,766,984</b>	<b>\$40,886</b>	<b>2%</b>
8.	Charity Care - Number of Patient Days	191	160	(31)	-16%
9.	Charity Care - Number of Discharges	55	47	(8)	-15%
10.	Charity Care - Number of Outpatient ED Visits	955	981	26	3%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,419	2,466	47	2%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	49	35	(14)	-29%
2.	Number of Approved Applicants	49	35	(14)	-29%
3.	Total Charges (B)	\$9,493	\$6,873	(\$2,620)	-28%
	<b>Average Charges</b>	<b>\$194</b>	<b>\$196</b>	<b>\$3</b>	<b>1%</b>
4.	Ratio of Cost to Charges (RCC)	0.562774	0.533202	(0.029572)	-5%
	<b>Total Cost</b>	<b>\$5,342</b>	<b>\$3,665</b>	<b>(\$1,678)</b>	<b>-31%</b>
	<b>Average Cost</b>	<b>\$109</b>	<b>\$105</b>	<b>(\$4)</b>	<b>-4%</b>
5.	Bed Funds - Inpatient Charges	\$2,772	\$1,501	(\$1,271)	-46%
6.	Bed Funds - Outpatient Emergency Department Charges	0	278	278	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	6,721	5,094	(1,627)	-24%
	<b>Total Charges (B)</b>	<b>\$9,493</b>	<b>\$6,873</b>	<b>(\$2,620)</b>	<b>-28%</b>
8.	Bed Funds - Number of Patient Days	27	5	(22)	-81%
9.	Bed Funds - Number of Discharges	3	2	(1)	-33%
10.	Bed Funds - Number of Outpatient ED Visits	0	1	1	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	53	36	(17)	-32%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					