

EXHIBIT 2A

<i>TITLE</i>	<i>MEDICARE BAD DEBTS</i>
<i>PROVIDER NAME</i>	
<i>CCN</i>	
<i>SUBPROVIDER CCN</i>	
<i>CRP BEGINNING DATE</i>	
<i>CRP ENDING DATE</i>	
<i>INPATIENT / OUTPATIENT</i>	
<i>PREPARED BY</i>	
<i>DATE PREPARED</i>	
<i>TOTAL COLUMN 23</i>	
<i>TOTAL DUAL ELIGIBLE</i>	

<i>PATIENT NAME LAST</i>	<i>PATIENT NAME FIRST</i>	<i>DATE OF SERVICE: FROM</i>	<i>DATE OF SERVICE: TO</i>	<i>PATIENT ACCOUNT NUMBER</i>	<i>MBI OR HICN</i>	<i>MEDI-CAID NUMBER</i>	<i>PROVIDER DEEMED INDIGENT</i>	<i>MEDI-CARE REMITTANCE ADVICE DATE</i>	<i>MEDI-CAID REMITTANCE ADVICE DATE</i>	<i>SEC-ONDARY PAYER RA RE-CEIVED DATE</i>	<i>BENE-FICIARY RESPON-SIBILITY AMOUNT</i>	<i>DATE FIRST BILL SENT TO BENE</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>

<i>A/R WRITE OFF DATE</i>	<i>SENT TO COLLEC-TION AGENCY (Y/N)</i>	<i>RETURN FROM COLLEC-TION AGENCY DATE</i>	<i>COLLEC-TION EFFORT CEASED DATE</i>	<i>MEDI-CARE WRITE OFF DATE</i>	<i>RECOVER-IES ONLY: AMOUNT RECEIVED</i>	<i>RECOVER-IES ONLY: MCR FYE DATE</i>	<i>MEDI-CARE DE-DUCTIBLE AMOUNT*</i>	<i>MEDI-CARE CO-INSUR-ANCE AMOUNT*</i>	<i>PAYMENTS RECEIVED PRIOR TO WRITE-OFF</i>	<i>ALLOW-ABLE BAD DEBTS AMOUNT</i>	<i>COMMENTS</i>
<i>14</i>	<i>15A</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>