

EXHIBIT 3B

<i>TITLE</i>	<i>CHARITY CARE CHARGES</i>
<i>PROVIDER NAME</i>	
<i>HOSPITAL CCN</i>	
<i>COMPONENT CCN</i>	
<i>CRP BEGINNING DATE</i>	
<i>CRP ENDING DATE</i>	
<i>PREPARED BY</i>	
<i>DATE PREPARED</i>	
<i>UNINSURED COLUMN 20</i>	
<i>INSURED COLUMN 20</i>	

<i>PATIENT CLAIM INFORMATION</i>					<i>INSURANCE STATUS</i>	<i>PRIMARY PAYOR</i>	<i>SECONDARY PAYOR</i>	<i>TOTAL CHARGES FOR CLAIM</i>	<i>PHYSICIAN / PROFESSIONAL CHARGES</i>	<i>DEDUCTIBLE / COINSUR / COPY AMOUNTS</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>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>TOTAL THIRD PARTY PAYMENTS</i>	<i>INSURED CONTRACTUAL ALLOWANCE AMOUNT</i>	<i>NON-COVERED CHARGES</i>	<i>TOTAL PATIENT PAYMENTS</i>	<i>AMOUNTS WRITTEN OFF AS BAD DEBT</i>	<i>UNINSURED DISCOUNT AMOUNTS</i>	<i>CHARITY CARE NON-COVERED CHARGES</i>	<i>OTHER CHARITY CARE CHARGES</i>	<i>AMOUNTS WRITTEN OFF TO CHARITY CARE AND UNINSURED DISCOUNTS</i>	<i>WRITE OFF DATE</i>
<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>