

EXHIBIT 3C
LISTING OF TOTAL BAD DEBTS

PROVIDER NAME: _____						PREPARED BY: _____	
CCN: _____						DATE PREPARED: _____	
FYE: _____							
INSURANCE STATUS <i>1</i>	PATIENT NAME		PATIENT ID NO. <i>4</i>	DATES OF SERVICE		PRIMARY PAYOR <i>7</i>	SECONDARY PAYOR <i>8</i>
	LAST <i>2</i>	FIRST <i>3</i>		FROM <i>5</i>	TO <i>6</i>		

<i>LISTING OF TOTAL BAD DEBTS (CONT.)</i>								
SERVICE INDICATOR <i>9</i>	TOTAL HOSPITAL* CHARGES <i>10</i>	TOTAL PHYSICIAN/ PROFESSIONAL CHARGES <i>11</i>	TOTAL PATIENT PAYMENTS <i>12</i>	TOTAL THIRD PARTY PAYMENTS <i>13</i>	PATIENT CHARITY CARE AMOUNT <i>14</i>	CONTRACTUAL ALLOWANCE / OTHER AMOUNT <i>15</i>	A/R WRITE OFF DATE <i>16</i>	PATIENT BAD DEBT WRITE OFF AMOUNT <i>17</i>

**Charges for the hospital CCN only.*