

EXHIBIT 3C

<i>TITLE</i>	<i>TOTAL BAD DEBTS</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>TOTAL COLUMN 17</i>	

<i>PATIENT CLAIM INFORMATION</i>					<i>INSURANCE STATUS</i>	<i>PRIMARY PAYOR</i>	<i>SECONDARY PAYOR</i>
<i>PATIENT LAST NAME</i>	<i>PATIENT FIRST NAME</i>	<i>DATE OF SERVICE - FROM</i>	<i>DATE OF SERVICE - TO</i>	<i>PATIENT ACCT 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>SERVICE INDICATOR (IP / OP)</i>	<i>TOTAL CHARGES</i>	<i>TOTAL PHYSICIAN / PROFESSIONAL CHGS</i>	<i>TOTAL PATIENT PAYMENTS</i>	<i>TOTAL THIRD PARTY PAYMENTS</i>	<i>PATIENT CHARITY CARE AMOUNT</i>	<i>CONTRACTUAL ALLOWANCE / OTHER AMOUNT</i>	<i>A/R WRITE OFF DATE</i>	<i>PATIENT BAD DEBT WRITE OFF AMOUNT</i>
<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>