

Schedule A

Notice of Provider Practice Transfer/Acquisition

Please submit information 30 days prior to the effective date of the transfer/acquisition.

Hospital Name: Northwestern Medical Center
Provider Practice Name: N/A (enhance current ICU through Tele-ICU in partnership with Dartmouth-Hitchcock)
Provider Practice Location (prior to acquisition): N/A
Effective Date of transfer/acquisition: 4/1/2021

Please briefly describe the need for this transfer/acquisition, including whether the hospital-based service:

- The need for this transfer/acquisition
- Plans to provide the newly acquired service at the same, or decreased cost, as the independent service
- Does the hospital expect service levels to maintain

Partner with Dartmouth-Hitchcock to offer Tele-ICU to retain lower acuity ICU patients and allow them to receive services locally.

For transfers/acquisitions with an effective date between:

October 1 - May 1: Please complete both Section One and Section Two.

May 2 - September 30: Please complete Section One only and include as part of your annual budget submission. Please remember to include information about this transfer/acquisition in the hospital's budget narrative.

SECTION ONE: Acquired Practice Budget

Complete Section One for any transfer/acquisition, regardless of effective date.

	A	B	C
	Prior Year Fiscal Year	Current Fiscal Year Projection	Next Fiscal Year (annualized)
Gross Patient Care Revenue			\$ 2,273,710
Deductions from Revenue			\$ 970,832
Net Patient Revenue - Physician		\$ -	\$ 1,302,878
Provider Salaries			\$ -
Provider Fringe Benefits			\$ -
Staff Wages & Benefits (Non MD)			\$ 230,680
Malpractice			\$ -
Depreciation/Amortization			\$ -
Rent			\$ -
Billing Service			\$ -
Medical/Surgical Supplies			\$ -
Other Costs			\$ 485,200
Total Operating Expense	\$ -	\$ -	\$ 715,880
Net Operating Income/Loss	\$ -	\$ -	\$ 586,998

Relative Value - Units of Service		360
Total Provider FTEs Acquired/Transferred		0
Total Non- Provider FTEs Acquired/Transferred		5

A: The operations of the practice for the previous fiscal year (if available)

B: The operations of the practice for the projected fiscal year

C: The operations of the practice for the upcoming fiscal year

SECTION TWO: Hospital Budget

Only for off-cycle transfers/acquisitions with effective dates between October 1 and May 1.

	Prior Year Fiscal Year	Current Fiscal Year	Partial Current Year	Current Year	% Change from
	Actual	Approved Budget	Projections (from Section One)	Budget Including Change	Approved Budget
NPR and FPP			\$ -	\$ -	#DIV/0!
Other Operating Revenue			\$0	\$0	#DIV/0!
Total Operating Revenue		\$ -	\$0	\$0	#DIV/0!
Total Operating Expenses			\$0	\$0	#DIV/0!
Net Operating Income (Loss)		\$0	\$0	\$0	
Non-Operating Revenue			\$ -	\$ -	0.0%
Excess (Deficit) of Revenue or Expense		\$ -	\$ -	\$ -	0.0%