

## 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:** Northwestern Pulmonology  
**Provider Practice Location (prior to acquisition):** N/A (not an acquisition)  
**Effective Date of transfer/acquisition:** 10/1/2020

*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

*This is not a provider acquisition, but rather a routine expansion of services within Northwestern Pulmonology*

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	\$	-	\$	795,496
Deductions from Revenue	\$	-	\$	521,686
<b>Net Patient Revenue - Physician</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>273,810</b>
Provider Salaries	\$	-	\$	-
Provider Fringe Benefits	\$	-	\$	-
Staff Wages & Benefits (Non MD)	\$	-	\$	137,971
Malpractice	\$	-	\$	-
Depreciation/Amortization	\$	-	\$	9,350
Rent	\$	-	\$	-
Billing Service	\$	-	\$	-
Medical/Surgical Supplies	\$	-	\$	-
Other Costs	\$	-	\$	33,280
<b>Total Operating Expense</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>180,601</b>
<b>Net Operating Income/Loss</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>93,209</b>

<b>Relative Value - Units of Service</b>	-	1,408
<b>Total Provider FTEs Acquired/Transferred</b>	0	0
<b>Total Non- Provider FTEs Acquired/Transferred</b>	0	2

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