

**A G E N D A**  
**Lander County Hospital District – Board of Trustees**  
**Regular Session**  
**August 13, 2025 - 5:30 P.M.**  
**John Peters Health Services Center**  
**Board Room**  
**555 West Humboldt Street**  
**Battle Mountain, NV**

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**5:30 PM      Call to Order – Regular Session**

**Pledge of Allegiance**

Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comment may be limited to three (3) minutes per person, at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place and manner, but public comment based upon viewpoint may not be restricted.

**Public Comment**

❖ **Motion to Consent** – (Lemaire) - (Discussion for Possible Action)

- 1) August 13, 2025 Agenda Notice – Posted August 8, 2025
- 2) Emergency Operations Program/Policy & Procedure – July 2025
- 3) Medical Staff appointments and reappointments –  
Battle Mountain Clinic – 1-year initial appointment: Cathryn Beggs, FNP  
Direct Radiology Services – 1-year initial appointment: Dr. Bhavika Trivedi  
Direct Radiology Services – 2 year reappointments: Dr. Jeffrey W. Grossman
- 4) Board meeting minutes – July 9, 2025 Regular Session

*Public Comment*

❖ **Unfinished Business**

- 5) Critical Access Hospital Construction – (Lemaire) - (Discussion for Possible Action)

The Board will review and discuss updates on the hospital construction project and all other matters properly related thereto.

*Public Comment*

❖ **New Business**

- 6) Katheren L. Ancho Memorial Garden – (Lemaire) - (Discussion for Possible Action)

The Board will discuss and consider the landscaping needs for the Memorial Garden. The Board may consider hiring a landscaping company for the needed tasks and all other matters properly related thereto.

*Public Comment*

7) Engagement of Attorney – (Lemaire) – (Discussion for Possible Action)

The Board will review and discuss the possible approval of attorney engagement agreement for legal services and representation by Goicochea, Di Grazia, Coyle & Stanton, Ltd. all other matters properly related thereto.

*Public Comment*

8) BMGH Grievance Policies – (Lemaire) – (Discussion for Possible Action)

The Board will review and discuss the revised BMGH Grievance Policy to include a procedure for complaints against the Chief Executive Officer and all other matters properly related thereto.

*Public Comment*

9) Governing Board Bylaws for Provider Contracts – (Lemaire) – (Discussion for Possible Action)

The Board will review and discuss new Governing Board Bylaw verbiage regarding the process of Provider Contracts to include a letter of intent prior to contract approval and all other matters properly related thereto.

*Public Comment*

10) Negotiated Severance for Battle Mountain General Hospital's Chief Executive Officer – (Lemaire) – (Discussion for Possible Action)

- The Board will discuss the negotiated severance at the request of Chief Executive Officer Jason Bleak and all other matters properly related thereto.
- The Board will discuss authorization to designate representatives (e.g., Board Chair, Legal Counsel, and/or Human Resource Director) to initiate confidential discussions with Chief Executive Officer Jason Bleak and all other matters properly related thereto.

*Public Comment*

❖ **Financials** – (Lemaire) - (Discussion for Possible Action)

11) June 2025 Financial Reports

The Board will review and discuss financial reports for June 2025 and all other matters properly related thereto.

*Public Comment*

❖ **Chief Executive Officer Summary** – (Lemaire) - (Discussion only)

12) Summary Report

Chief Executive Officer Jason Bleak, will present a summary of hospital activities to the Board of Trustees, and all other matters properly related thereto.

*Public Comment*

## ❖ ADJOURNMENT REGULAR SESSION

This is the tentative schedule for the meeting. The Board reserves the right to take items out of order to accomplish business in the most efficient manner. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

### AFFIDAVIT OF POSTING

State of Nevada \_\_\_\_\_)

) ss

County of Lander \_\_\_\_\_)

Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, states that on the 8th day of August 2025, A.D., she was responsible for posting a notice, of which the attached is a copy, at the following locations: 1) Battle Mountain General Hospital, 2) Lander County Courthouse, 3) Battle Mountain Post Office, and 4) Austin Courthouse, all in said Lander County where the proceedings are pending.

RECORDING SECRETARY 

Subscribed and sworn to before me on this 8th day of August 2025

WITNESS Tyson Zacharias

NOTICE TO PERSONS WITH DISABILITIES: Members of the public who wish to attend this meeting by teleconference or who may require assistance or accommodations at the meeting are required to notify the Hospital Board Recording Secretary in writing at Battle Mountain General Hospital, 535 South Humboldt Street, Battle Mountain, NV 89820, or telephone (775) 635-2550, Ext. 1111, at least two days in advance of pending meeting.

NOTICE: Any member of the public that would like to request any supporting material from the meeting, please contact, Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees 535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

### Via Zoom

(Barring technical difficulties)

Topic: Board Regular Session 08 13 2025

Time: Aug 13, 2025 05:30 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87270821899?pwd=Nsx bqyeob6DQG aQsHKv3T9ByietIAI.1>

Meeting ID: 872 7082 1899

Passcode: 943788

Dial by your location

1.669.900.6833

Find your local number:

<https://us02web.zoom.us/j/kdUMU8FCWK>



## Jessica Ceja

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**From:** Jason Bleak  
**Sent:** Wednesday, August 13, 2025 9:14 AM  
**To:** Jessica Ceja  
**Cc:** lylel14@yahoo.com  
**Subject:** FW: Letter, BMGH  
**Attachments:** MrJasonBleak.pdf

Good morning,

Brandon Chadock is the CEO of Pershing General Hospital. He has sent me this letter to be read in the Board Meeting this evening.

Thanks,

Jason Bleak  
Administrator / CEO  
Battle Mountain General Hospital  
775-635-2550

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**From:** Brandon Chadock <bchadock@pershinghospital.org>  
**Sent:** Tuesday, August 12, 2025 8:26 AM  
**To:** Jason Bleak <jbleak@bmgh.org>  
**Subject:** Letter, BMGH

This message was sent securely using Zix®

Good morning, Jason,

Please let me know if I can offer any other support.

Thanks,

Brandon

This message was secured by Zix®.

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Battle Mountain General Hospital  
535 S. Humboldt Street  
Battle Mountain, NV 89820

August 11, 2025

**Re: Mr. Jason Bleak, CEO/Administrator**

To Whom It May Concern:

I have had the privilege of knowing Mr. Jason Bleak for the past three years through our work with Nevada Rural Hospital Partners. In my 20-plus years advocating for rural healthcare facilities, I have met many leaders in the field, and Mr. Bleak stands among the best and brightest.

I can speak confidently to his exceptional understanding of the healthcare landscape, particularly in rural and frontier settings. Mr. Bleak possesses the rare ability to “look around corners” — anticipating challenges before they arise and initiating proactive course corrections. This type of forward-thinking leadership is essential to sustaining and improving healthcare delivery in rural communities.

Mr. Bleak is also a consensus builder who works to unite stakeholders toward common goals. He demonstrates skill in building bridges, fostering collaboration, and maintaining professional relationships that strengthen the collective efforts of rural healthcare providers across Nevada.

I have great respect for his professionalism, vision, and commitment to advancing healthcare for underserved communities. His leadership and experience reflect the qualities we need in those entrusted with guiding rural health organizations through the complex challenges of today's healthcare environment.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brandon Chadock".

Brandon Chadock, MBA  
Chief Executive Officer

## Jessica Ceja

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**From:** Jason Bleak  
**Sent:** Wednesday, August 13, 2025 11:05 AM  
**To:** Jessica Ceja  
**Cc:** lyle14@yahoo.com  
**Subject:** FW: Good luck today!!!  
**Attachments:** Battle Mountain Board of Trustees comments.docx

Jessica,

Matt Walker is the CEO at William Bee Ririe Hospital in Ely. He has submitted the attached letter to be read in the Board Meeting this evening.

Thanks,

**Jason Bleak**  
Administrator / CEO  
Battle Mountain General Hospital  
775-635-2550

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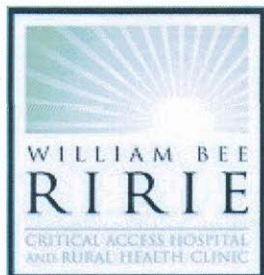
**From:** Matt Walker <mwalker@wbrhely.org>  
**Sent:** Wednesday, August 13, 2025 7:43 AM  
**To:** Jason Bleak <jbleak@bmgh.org>  
**Subject:** Good luck today!!!

This message was sent securely using Zix®

Jason attached is the letter I'd like to submit. If you don't like it or don't want it submitted feel free to do what you want with it. I've been super impressed with you and your leadership. The way you care and connect with people has always impressed me and is something I try to emulate. You have been and continue to be a mentor and I appreciate our friendship and professional relationship!

Hang in there!!!

Matt



**Matthew Walker** PharmD, MHA | Chief Executive Officer  
[William Bee Ririe Hospital](#)  
[1500 Avenue H](#)  
Ely, Nevada 89301  
**Direct** (775) 289-3001 ext. 222 | **Fax** (775) 289-3498

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## To the Board of Trustees

Serving as a hospital board member is an extraordinary responsibility — and often a difficult one. The complexity of this role cannot be overstated. From regulatory oversight to community trust, the decisions made in this room carry lasting consequences. Yet no matter the challenges or disagreements, two priorities must remain at the forefront: **the fiduciary responsibility to safeguard the hospital's stability, and the duty to ensure the highest quality of patient outcomes.**

I've known Jason for 10 years and have seen him in an administrator role in 2 facilities. I've watched him work through extremely difficult situations and continue to act professionally, come up with out of the box ideas, and always fully support his hospital and community through these difficult times. He is extremely frugal and financially minded as well as patient centric. Jason cares about people and is easily one of the greatest administrators I've worked with.

After looking over you financials and minutes online, it appears Jason has continually— improved the organizations financial health, ensured strong patient outcomes, and steered the hospital toward long-term sustainability — I'm not sure there is much more one could ask for. If there are disagreements or issues they should be addressed through discussion and resolution, not through rash or reactionary measures.

If there is talk of orchestrating a resignation, it is essential that the reasoning be transparent, fact-based, and free of personal agendas. If any board member is motivated by ulterior purposes that becomes an issue for the ethics committee.

CEOs are relatively easy to replace in name, but effective, humble, financially minded CEOs, like Jason Bleak — especially in rural Nevada — are rare. Battle Mountain's has had outside CEO's (whom I've worked beside) with short tenure and results that were less than ideal. History has a way of repeating itself, and high turnover at the executive level is one of the most costly and destabilizing spirals a hospital can face.

If the hospital's financial position has improved under current leadership when compared to previous years, that fact alone is significant. In today's healthcare environment, strong financial improvement is uncommon and difficult to achieve. To disregard it without compelling, documented cause would raise serious questions about the board's fulfillment of its fiduciary duty.

I urge this board to proceed with caution, integrity, and an unwavering focus on what matters most: the health of the hospital, the quality of care provided to your patients, and the long-term stability of this institution for the community's wellbeing.

Respectfully,

Matthew Walker  
William Bee Ririe Hospital Administrator Ely, NV





# Battle Mountain General Hospital

Board of Governance

## Emergency Operation Program and Policy and Procedure Summary

Date: July 09, 2025

### Policy and Procedure Committee Meeting Summary:

#### PRESENTATION:

▪ **Rural Health Clinic:**

No changes currently. Updated the community care program policies include:

- Community Care Notification
- Community Care Calculation Worksheet
- Community Care Charity 2025 Policy
- Community Care Notification Form 2025
- Community Care Application
- 2025 Federal Poverty Level
- Community Care Posted Notice
- Clinical referral Policy
- Behavioral Health Referral

▪ **Respiratory Therapy:** No changes currently just updating formatting.

▪ **Physical Therapy:**

Checking the policies to see what each policy says. He will be making changes to procedures currently being used.

▪ **CNO:**

In preparation for the CAH survey, we have been updating and resending out training to all nursing staff.

- Nursing Orientation Checklist
- Nevada Safe Haven Law
- Utilization Review
- Moderate Sedation
- Glucometer cleaning and monitoring

#### MINUTES:

- Looking for missing signage for EMTAL in English and Spanish they are approximately 2 ½ feet tall by 1 ½ feet wide. Mandatory posting in the ER.
- Looking for Safe Haven Signage approximately 2 ½ feet tall by 1 ½ feet wide mandatory Posting. We haven't been able to find them since construction.
- MCN Training for anyone who hasn't had it or needs a refresher class.
- In preparation for the CAH survey:
  - All employees must have a name tag on
  - Utilization Review as on January 1, 2025 must have an equity trained employee on the committee.
  - Make sure all paperwork is handed to patients clear and readable. Deficiency has been given to other facilities.
  - Make sure that policies that need a procedure with it that it is attached.



## Board of Governance

### Emergency Operation Program and Policy and Procedure Summary

- Any Policy that requires a procedure make sure staff members are following the procedure. Deficiency will be given out even if it's an accepted form of care (for not following current policy). If needed add to the procedure "at the discretion of the Provider, Physical Therapist" etc.

*BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]*

### Emergency Operations Committee Meeting Summary:

#### MINUTES:

- ❖ **Continuity of Operations Planning (COOP)** workshops are designed to help organizations prepare for disruptions to their operations, ensuring they can continue performing essential functions during emergencies or disasters. These workshops provide training and resources to develop, implement, and maintain effective COOP plans
  - A matrix was given and an explanation on how COOP works.
  - Fundamental concepts of COOP
  - Mission-essential functions (MEFs)
  - Testing and Exercising
  - Specific Applications
  - Resources and Tools

- ❖ **CMS facility risk assessments for long-term care facilities**

The Centers for Medicare & Medicaid Services (CMS) mandates that long-term care (LTC) facilities conduct comprehensive risk assessments as a core component of their overall Facility Assessment. This assessment, outlined in **42 CFR 483.71**, aims to ensure facilities have the necessary resources and plans to provide competent care during daily operations and emergencies

- **Facility-wide and community-based risk assessment**
- **Incorporating the risk assessment into emergency preparedness**
- **Focus on resident population and their needs**
- **Resource assessment**
- **Staffing and contingency planning**
- **Ongoing review and updates**

### MONTHLY UPDATES

- ❖ Working to finish up the facility Assessment.
- ❖ Coop Planning. Please return the matrixes asap. Thank you to Christy for getting her matrix turn in.
- ❖ Lander County LEPC has obtained the Mass Casualty trailer from the State
- ❖ BLM offering tvvex suits for training processes will see if I can get through LEPC





### Board of Governance

#### Emergency Operation Program and Policy and Procedure Summary

- ❖ September 6<sup>th</sup> Interacid (Previously Cyanco) offering tours. Loading and off-loading sulfuric acid and diesel fuel
- ❖ LEPC Setting up a date to move equipment from BMGH Conex to the SAR/LEPC Building.
- ❖ Waiting on the Grant letter from the SERC for the purchase of the new Paprs.
- ❖ Tyson update on the EMS radio system. All information on pricing sent to Jason.

#### **TRAINING OPPORTUNITIES:**

- ❖ Lander County Self-Reliance Fair July 19, 2025
- ❖ Battle Mountain General Hospital Health Fair September 20, 2025
- ❖ Lander County FLU POD October 16, 2025
- ❖ FEMA Urban Search and Rescue Class Oct 24-26 Pershing, Lander & Humboldt training

**Completed by:** Holly Heese, Compliance Coordinator

- ◆ Policy and Procedure Coordinator
- ◆ Certified Hospital Emergency Coordinator



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A PROFESSIONAL CORPORATION

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RAYMOND CONNELLY  
PARALEGAL  
raymondconnelly@elkolawyers.com

August 7, 2025

Lander County Hospital District  
Board of Trustees  
535 S. Humboldt St.  
Battle Mountain, NV 89820

**Re: ENGAGEMENT AGREEMENT**

Dear Board of Trustees:

This letter will confirm that you have requested and we have agreed that our firm, Goicoechea, Di Grazia, Coyle & Stanton, Ltd. ("firm"), will represent Lander County Hospital District as general counsel, and related legal matters, pursuant to the terms herein.

Please note this agreement will not become effective and Goicoechea, Di Grazia, Coyle & Stanton, Ltd. shall not be obliged to furnish or render any professional services before Goicoechea, Di Grazia, Coyle & Stanton, Ltd. receives a duly signed copy of this agreement.

**Attorneys Fees and Costs**

The hourly rate will be \$260.00 per hour. In addition, you will be responsible for filing fees, recording fees, certified copy fees, and other costs associated with this case, which are separate from the fee paid to me for representation. We reserve the right to engage other attorneys to assist us at my sole expense and no additional cost to you, unless otherwise agreed to. Likewise, your representation may require us to consult with consultants and experts to prepare your case. It is agreed that you have authorized us to contact consultants and experts as we deem necessary, subject to your approval of the terms and conditions of any contracts with such consultants or experts. All consultant/expert engagements will be under a "direct billing" arrangement in which you shall be solely responsible to pay all approved fees and expenses charged or billed by any consultant or expert we have engaged with your approval.

It is further agreed that any fee or expense which becomes delinquent shall draw interest at the rate of 12% per annum for any days that it is delinquent.

**Your Obligations as a Client**

Clear communication between us is essential to effective representation. You are agreeing to cooperate and participate in the conduct of your case and to truthfully and immediately notify us as to anything that may occur that could affect the case. You understand we are relying on the facts as given to us by you. Accordingly, our obligation to continue providing services is subject

to the following:

- Your full and prompt cooperation in accurately, completely, and truthfully producing or disclosing any and all information we, our experts, or consultants may reasonably request in the course of this engagement;
- Your full and prompt assistance in responding to discovery demands by opposing parties, including appearing at depositions and trial.
- Keeping us advised at all times of your current address, telephone number, and whereabouts.
- Your full and prompt payment of all sums due under this agreement for services rendered or expenses incurred or advanced.

Failure to comply with any of the conditions listed above constitutes grounds for us to terminate this agreement and withdraw as your attorney.

### **Withdrawal**

Goicoechea, Di Grazia, Coyle & Stanton, Ltd. has the right to withdraw from the matter on which you have employed us to work, and to be released of all further responsibilities of representation you fail to inform the firm of your whereabouts or fail to pay your fees or costs.

### **Termination**

Either party may terminate this agreement by providing written notice to the other party. Should you terminate our services, we are entitled to bill and be paid for all fees and costs incurred to the date of termination. In the event that fees and costs are owed by Client to Goicoechea, Di Grazia, Coyle & Stanton, Ltd., Client agrees that Goicoechea, Di Grazia, Coyle & Stanton, Ltd., will have a lien on any and all claims or causes of action on which Goicoechea, Di Grazia, Coyle & Stanton, Ltd., was working on for Client, on all funds or property that has been awarded in such case.

Unless we specifically agree to do so in writing, we will not be obligated to perform any further services, or advance any expenses to, for, or on your behalf after receipt of your notice of termination. If we are attorney of record for you in any proceedings at the time we receive a terminate notice, you agree to promptly authorize the filing of a Substitution or Withdrawal of Counsel.

### **Returning Original Client Documents/Destruction of File**

We will send documents, correspondence, and other information throughout the representation. These copies will be your file copies. We will also keep the information in a file the office. The file will be property of the firm. Upon completion of a matter, all the legal work will be maintained in the file for seven (7) years. I will destroy the file after that period of time unless you instruct us to keep it longer.

### **Results**

Client understands that Goicoechea, Di Grazia, Coyle & Stanton, Ltd., has not, and cannot, guarantee the outcome of the matter(s) on which you have employed us to work.

### **Retaining our Services**

I have included a copy of this letter for you to review, sign, and return to us. If any of the information in this letter is not consistent with your understanding of our agreement, please contact me before signing the letter. Otherwise, please sign the enclosed copy and return it to me.



**Entire Agreement**

This Agreement contains the entire agreement of the parties. No other agreement, statement, or promise made on or before the effective date of this Agreement will be binding on the parties.

**Severability**

If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire Agreement will be severable and remain in effect.

**Modification**

This Agreement may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them or an oral agreement only to the extent that the parties carry it out.

**Effective Date**

This Agreement will govern the legal services performed by Attorney on behalf of Client as described above, only. The date at the beginning of this Agreement is for reference only. Even if this Agreement does not take effect, Client will be obligated to pay Attorney the reasonable value of any services Attorney may have performed for Client.

**Binding Effect**

Any pronoun herein is intended to and does include the masculine, feminine and neuter genders, and the singular and plural numbers.

**Tax Considerations**

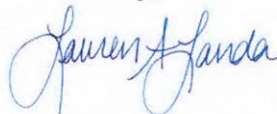
Client also understands and agrees that Goicoechea, Di Grazia, Coyle & Stanton, Ltd does not provide tax advice. Should Client not consult with a CPA or Tax counsel in this matter, Client hereby agrees and assures that Goicoechea, Di Grazia, Coyle & Stanton, Ltd., will have no liability or responsibility to Client concerning any tax matters or tax considerations.

**Jurisdiction/Attorney Fees**

The exclusive jurisdiction for enforcement of this Agreement shall be the Fourth Judicial District Court, Elko County, Nevada. The prevailing party in the event of any dispute or collection action shall be entitled to an award of reasonable attorney fees and costs.

THE PARTIES HAVE READ AND UNDERSTANDS THE FOREGOING TERMS AND AGREES TO THEM AS OF THE DATE ATTORNEY FIRST PROVIDED SERVICES. IF MORE THAN ONE CLIENT SIGNS BELOW, EACH AGREES TO BE LIABLE, JOINTLY AND SEVERALLY, FOR ALL OBLIGATIONS UNDER THIS AGREEMENT. THE CLIENT SHALL RECEIVE A FULLY EXECUTED DUPLICATE OF THIS AGREEMENT.

Sincerely,



**LAUREN A. LANDA, Esq.**



The above is understood and agreed to:

LANDER COUNTY HOSPITAL DISTRICT

By: \_\_\_\_\_

Its:

Date: \_\_\_\_\_

**FIRST AMENDMENT TO THE  
HUMAN RESOURCES POLICY MANUAL OF  
BATTLE MOUNTAIN GENERAL HOSPITAL  
A CRITICAL ACCESS HOSPITAL**

The Board of Trustees publish and declare this to be the First Amendment to the Human Resources Policy Manual of Battle Mountain General Hospital, by amending the Human Resources Policy Manual of Battle Mountain General Hospital, effective January 30, 2014, and all amendments thereto, as follows:

**FIRST:** GRIEVANCE PROCEDURE/CHAIN OF COMMAND commencing on page 82 is hereby amended and replaced as follows:

**TOPIC:** GRIEVANCE PROCEDURE/CHAIN OF COMMAND

**POLICY:**

**PURPOSE**

This Grievance Procedure has been established to provide employees with a mechanism to resolve unusual issues that may arise from time to time. Employees may use this procedure to address disciplinary action or claim of unfair, intimidating, or discriminatory treatment.

**PROCEDURE**

Employees who initiate this procedure must follow the steps listed below in this order. Employees must comply with time provisions provided in this policy.

**STEP 1 – DEPARTMENT MANAGER**

The employee must discuss an issue/grievance with the Employee's Department Manager within ten calendar days of the occurrence to be considered. The Department Manager will evaluate the matter and attempt to provide a solution or explanation within five working days, unless additional time is requested. If the Department Manager fails to reply to the employee's issue/grievance within the time limit specified and/or does not notify the employee that additional time is required, the employee may consider the issue/grievance denied and may submit the issue/grievance to the next level.

**STEP 2 – HUMAN RESOURCES DIRECTOR**

The employee has three working days following the Department Manager's decision, or lack of response, to refer the issue/grievance in writing to the Human Resources Director. After receiving the written notification, the Human Resources Director will promptly schedule a meeting to provide the employee an opportunity to present the issue/grievance. Within five working days after that meeting, or within such longer period as the Human Resources Director determines is required under the circumstances to investigate the issue/grievance properly, the Human Resources Director will provide the employee with a written response. If the Human Resources Director fails to reply to the employee's issue/grievance within the time limit specified and/or does not notify the employee that

additional time is required, the employee may consider the issue/grievance denied and submit the issue/grievance to the next level.

### **STEP 3 – CHIEF EXECUTIVE OFFICER OR BOARD OF TRUSTEES**

If the issue/grievance is not against the Chief Executive Officer, the employee has three working days following the Human Resources Director decision, or lack of response, to refer the issue/grievance in writing to the Chief Executive Officer. The Chief Executive Officer will schedule an appointment with the employee for a personal interview to discuss the issue/grievance.

The Chief Executive Officer will provide a written decision to the employee within ten working days following the meeting, unless the Chief Executive Officer determines that additional time is required to evaluate the situation. The employee will be advised if such an extension is required.

The decision at this step shall be final, conclusive, and binding on all parties.

### **OR**

If the issue/grievance is against the Chief Executive Officer, the employee has three working days following the Human Resources Director decision, or lack of response, to refer the issue/grievance in writing to the Board of Trustees. The Board of Trustees shall sit as a Grievance Committee and shall discuss the issue/grievance.

The Grievance Committee will provide a written decision to the employee within ten working days following the meeting, unless the Grievance Committee determines that additional time is required to evaluate the situation. The employee will be advised if such an extension is required.

The decision at this step shall be final, conclusive, and binding on all parties.

### **ADDITIONAL PROVISIONS OF POLICY**

Employees may utilize this procedure without fear of reprisal. No employee will be discriminated or retaliated against because the employee has elected to use this procedure.

If an employee fails to initiate a grievance or request a review of any decision to the appropriate step within the time limits established in this policy, the grievance shall be considered waived. In that case, the grievance shall not be subject to further review. If the Chief Executive Officer or Grievance Committee determines that it is appropriate to do so, a grievance may be returned to a prior level for reconsideration.

If an employee has a question regarding the adequacy of this policy based on the issue/grievance to be considered, they should talk with the Human Resources Director. The Human Resources Director will determine the appropriate action to take in those circumstances.

All other provisions of the Human Resources Policy Manual shall remain the same.

///

///



KNOW ALL MEN BY THESE PRESENTS:

That the undersigned President does hereby acknowledge that the foregoing First Amendment to the Human Resources Policy Manual was adopted by the Board of Trustees as and for the Human Resources Policy Manual of said corporation on the \_\_\_\_\_ day of \_\_\_\_\_, 2025.

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President

**FIRST AMENDMENT TO THE  
BYLAWS OF  
BATTLE MOUNTAIN GENERAL HOSPITAL  
A CRITICAL ACCESS HOSPITAL**

The Board of Trustees publish and declare this to be the First Amendment to the Bylaws of Battle Mountain General Hospital, by amending the Bylaws of Battle Mountain General Hospital, dated August 12, 2020, and all amendments thereto, as follows:

FIRST: ARTICLE VII: COMMITTEES, Section 2 is hereby amended and replaced as follows:

**SECTION 2- GRIEVANCE COMMITTEE**

The Board of Trustees shall be empowered to sit as a Grievance Committee upon request by the Chief Executive Officer.

In the event of a grievance against the Chief Executive Officer, the Board of Trustees shall be empowered to sit as a Grievance Committee.

SECOND: ARTICLE IX: MEDICAL STAFF, Section 2 is hereby amended and replaced as follows:

**SECTION 2 – GRANTING MEDICAL STAFF/CLINICAL PRIVILEGES**

- A. The Chief Executive Officer shall negotiate the terms of employment with potential medical staff and shall memorialize the negotiated terms in a Letter of Intent that the CEO shall have the potential medical staff member sign. The CEO shall prepare a draft contract based upon the terms of the Letter of Intent. The CEO shall present the signed Letter of Intent and draft contract to the Board of Trustees at the next Board meeting.
- B. Medical Staff shall make recommendations concerning initial appointments, re-appointments, termination of appointments, delineation of clinical privileges, and/or curtailment of clinical privileges to the Board of Trustees.
- C. Appointment and re-appointment to the Medical Staff shall occur in accordance with the Medical Staff By-Laws, as approved by the Board of Trustees.
- D. The signed Letter of Intent, the draft contract, and Medical Staff recommendation shall be placed as an action item on the next meeting of the Board of Trustees for approval, denial, or modification and direction to the Chief Executive Officer to comply with the Board of Trustees direction, including entering into the draft contract between the Medical Staff and the Hospital.



All other provisions of the Bylaws shall remain the same.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned President does hereby acknowledge that the foregoing First Amendment to the Bylaws was adopted by the Board of Trustees as and for the Bylaws of said corporation on the \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
President

## **Hospital Policy: CHAIN OF COMMAND/ESCALATION**

### **Scope**

This policy applies to all employees of Battle Mountain General Hospital. It governs the communication and escalation process for general workplace concerns, operational questions, and day-to-day performance-related issues.

This policy does not apply to the following types of concerns, which must be reported through designated procedures:

- Harassment, discrimination, bullying, or retaliation – See Section 2.4: Dealing with Allegations of Prohibited Conduct/Behavior(s)
- Disciplinary action appeals or formal employee grievances – See Grievance Procedure Policy
- Patient safety, quality of care, clinical compliance, or ethical concerns – Report in accordance with the Patient Safety Reporting Policy or Quality Assurance and Improvement Policy
- Fraud, waste, abuse, or legal/compliance violations – Refer to the Compliance and Ethics Reporting Policy

### **Policy Statement**

Employees are expected to follow the established chain of command for day-to-day communication, work-related concerns, and informal issue resolution. Using the chain of command promotes clarity, respects the authority of supervisors, and fosters a professional working environment.

### **Purpose**

This policy establishes the organizational reporting structure for employees at Battle Mountain General Hospital. Understanding and following the chain of command promotes effective communication, resolves issues efficiently, and ensures accountability throughout the organization.

- To establish a clear and effective process for escalating concerns through the appropriate levels of authority.
- To ensure timely and effective resolution of issues that cannot be resolved at the lowest possible level.
- To empower all staff members to raise concerns without fear of intimidation or retaliation.

### **Procedure**

#### **Step 1: Informal Conflict Resolution (Optional Initial Resolution)**

Employees are encouraged to make a good-faith effort to resolve minor conflicts or misunderstandings directly with their coworkers when appropriate and when they feel safe doing so. Open, respectful communication can often resolve issues without the need for formal involvement.



*Note: This step is not required and should never delay reporting serious concerns, especially those involving harassment, discrimination, retaliation, safety, or violations of law or policy. These must be reported through the appropriate channels immediately.*

If the issue remains unresolved or if the employee is uncomfortable addressing it directly, they should report the concern to their immediate supervisor in accordance with the chain of command.

## **Step 2: Chain of Command Reporting Structure**

When an issue cannot be resolved informally or is inappropriate for peer resolution, employees should escalate the matter in the following order:

1. Immediate Supervisor
2. Human Resources Director
3. Chief Executive Officer (CEO)

If a concern involves one of the above individuals (e.g., a supervisor), employees may bypass that level and report to the next appropriate person in the chain.

## **Step 3: Board of Trustees**

The Board of Trustees is not part of the day-to-day operational chain of command. However, in the event of a concern involving the CEO or executive leadership that presents a conflict of interest, employees may report directly to the Chairperson of the Board of Trustees as outlined in the Grievance or Prohibited Conduct policy.

## **Documentation**

When invoking the Chain of Command, employees are expected to document:

- The nature of concern
- Any attempts at informal resolution
- Individuals involved at each step
- The final outcome

*Documentation must be factual and objective.*

## **Training and Education**

All staff will receive education and training on this Chain of Command policy during onboarding and through ongoing professional development, emphasizing the importance of utilizing the Chain of Command and fostering a culture of safety where all feel empowered to speak up.

## **Non-Retaliation**

Battle Mountain General Hospital maintains a strict non-retaliation policy. No employee shall be subjected to any disciplinary action, intimidation, or negative consequences for utilizing the Chain of Command in good faith to raise a legitimate concern.

**Policy: GENERAL EMPLOYEE GRIEVANCE PROCEDURE**

**Purpose**

The purpose of this policy is to establish a clear, fair, and structured process for employees to raise concerns or complaints related to workplace matters, perceived unfair treatment, or conflicts that do not involve legally protected categories. This procedure is designed to encourage internal resolution and maintain a respectful, professional work environment.

**Scope**

This policy applies to all employees of Battle Mountain General Hospital. It is intended for use in resolving general workplace concerns, including but not limited to:

- Interpersonal conflicts not based on protected characteristics
- Misapplication of hospital policies
- Workplace decisions or actions that negatively impact working conditions

**Definitions**

- **Grievance:** A formal complaint or dispute raised by an employee concerning a condition of employment, interpretation or application of hospital policy, or perceived unfair treatment that has not been resolved informally and not covered by discrimination or harassment policies.
- **Informal Resolution:** The initial attempt to resolve a grievance through direct discussion with the immediate supervisor or involved party.
- **Grievant:** The employee filing the grievance.
- **Respondent:** The individual or department against whom the grievance is filed.
- **Working Days:** Business days (Monday through Friday), excluding recognized hospital holidays.

**Cross-Referenced Policies to Related Policies**

This policy is intended to address general workplace grievances and disputes and does not apply to the following matters, which are governed by separate policies:

- **2.2 Anti-Harassment:** For complaints involving harassment, including sexual or discriminatory harassment
- **2.3 Employee Bullying:** For non-protected-class interpersonal mistreatment or bullying
- **2.4 Dealing with Allegations of Prohibited Conduct/Behavior(s):** For concerns related to discrimination, retaliation, or harassment involving protected class status
- **2.11 Prohibition of Workplace Violence:** For threats, intimidation, or physical violence
- **2.27 Whistleblower Protection:** For reporting legal, regulatory, or ethical violations
- **11.1 Disciplinary Action and Appeals:** For appealing formal disciplinary actions



- **Compliance Reporting Policy:** For violations of legal or regulatory obligations
- **Patient Safety Reporting Policy:** For issues related to patient care, safety, or clinical quality

Employees are encouraged to review these policies or consult with Human Resources to determine the appropriate process for their concern.

### **Policy Statement**

Battle Mountain General Hospital encourages open, respectful communication and provides employees the opportunity to raise workplace concerns without fear of retaliation. This policy ensures a fair and consistent process for addressing and resolving grievances internally.

### **Procedure**

#### **Step 1: Informal Resolution with Department Manager**

The employee must present their concern to their Department Manager within ten (10) working days of the incident or decision giving rise to the grievance. The Department Manager must provide a verbal or written response within five (5) working days, unless additional time is reasonably required and communicated. If the grievance involves this individual or the employee feels uncomfortable reporting to them, the concern may be submitted directly to the Human Resources Director.

#### **Step 2: Formal Grievance Filing**

If the issue remains unresolved, the employee may submit the grievance in writing to the Human Resources Director within five (5) working days of receiving the response from Step 1 (or the lack of response).

Exception: If the grievance involves the Human Resources Director, the employee may bypass Step 2 and submit the grievance directly to the Chief Executive Officer (Step 5)

#### **Step 3: Grievance Review and Investigation**

- **Acknowledgment:** Upon receipt of a formal written grievance, the HR Director will acknowledge receipt and meet with the grievant within three (3) working days
- **Investigation:** The HR Director will conduct an objective and impartial investigation.
- The investigation may include:
  - Interviews with the grievant, respondent, and any relevant witnesses.
  - Review of relevant documents, policies, and records.
  - Gathering of all pertinent evidence.
- **Confidentiality:** Confidentiality will be maintained throughout the investigation to the extent possible, consistent with a fair and thorough investigation and legal requirements. The identity of individuals filing a grievance will be kept confidential except as required by law or to carry out the purposes of the investigation.

#### **Step 4: Resolution and Decision**

Upon completion of the investigation, the HR Director will issue a written decision to the grievant and the respondent outlining the findings, conclusions, and any corrective actions or resolutions taken.

- Timeframe: The written decision will be issued within ten (10) working days of the acknowledgment of the grievance.

#### **Step 5: Appeal Process**

If the grievant is not satisfied with the resolution or decision at Step 4, they may appeal the decision in writing to the Chief Executive Officer within five (5) working days of receiving the Step 4 decision.

- The appeal will be reviewed by the CEO, who may conduct further review, interviews, or investigations as deemed necessary.
- The decision at the appeal stage will be communicated in writing to all parties within ten (10) working days.

#### **Grievances Involving the CEO**

If the grievance concerns the CEO, the employee must submit the written grievance to the Chairperson of the Board of Trustees.

The Board will act as a Grievance Committee, meet with the employee, and provide a final written response within ten (10) working days, unless an extension is required to fully review the matter.

#### **Documentation and Record-Keeping**

All documentation related to grievances, including the formal grievance form, investigation notes, interview summaries, and final resolutions, will be maintained in a confidential and secure manner by the HR Department for a minimum of three (3) years or in accordance with regulatory requirements.

#### **Non-Retaliation**

Battle Mountain General Hospital prohibits any form of retaliation against an employee for filing a grievance in good faith or for participating in a grievance investigation. Any employee who believes they have been subjected to retaliation should report it immediately to the HR Department for investigation. Employees found to have retaliated will be subject to disciplinary action, up to and including termination.

#### **Training and Communication**

This policy will be communicated to all employees during onboarding and through regular in-service training sessions. Managers and supervisors will receive training on their roles and responsibilities in the grievance process and in fostering a respectful and fair work environment.

#### **Legal Compliance**

This policy will be reviewed annually by the HR Department and updated as needed to ensure compliance with all applicable federal, state, and local laws and regulations concerning employment and grievance procedures.



## Jessica Ceja

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**From:** lylel14@yahoo.com  
**Sent:** Thursday, August 7, 2025 11:12 AM  
**To:** Jessica Ceja  
**Subject:** Fw: Negotiated Severance

[Sent from Yahoo Mail for iPhone](#)

Begin forwarded message:

On Thursday, July 10, 2025, 1:04 PM, Jason Bleak <jbleak@bmgh.org> wrote:

Dear Mr. Gerber,

Following a discussion this morning with Mr. Lyle Lemaire, I am writing to request some instruction/directions from you about how to initiate and move a negotiated severance process to completion. The intended severance is between BMGH and me as the CEO. Both Mr. Lemaire and I desire to receive your guidance in this issue and hope to resolve it in a legal and professional manner. Mr. Lemaire is cc'd in this communication and I encourage him to add anything to this request as he sees necessary. We hope to receive your counsel soon.

I have mobilized my legal counsel, Kent Maher, to represent me through this process. If you need to speak with Mr. Maher, you can reach him at 775-761-2664 or email him at [kent@winnemuccalaw.com](mailto:kent@winnemuccalaw.com).

Thank you for your assistance,

Jason Bleak

Administrator / CEO

Battle Mountain General Hospital

775-635-2550

TO: Lander County Hospital District Board of Trustees

It is with much weariness and a measure of disappointment that I am presenting this statement to the Board of Trustees. In January of 2018, I moved my family and my professional career to Battle Mountain and Lander County. Since that time I have served as the CEO of Battle Mountain General Hospital with my best focus and efforts. The record of my time as the CEO speaks for itself: the district has been brought from a position of financial distress to a positive and continually improving balance statement. My performance reviews by the Board over the past seven and a half years have been positive. My leadership, with the support of the Board, has resulted in an up-to-date, well equipped facility that serves the needs of the greater Lander County community without financial strain.

I want to clarify something about the way this item is described on the agenda. I do not now, and I did not previously request a negotiated severance. During a conversation with Mr. Lemaire on July 10, I explained that if he and the Board could not trust, support and work together with me, that a negotiated severance may be a consideration. The discussion was not a request for a negotiated severance, and the end result of the discussion was an agreement to seek some guidance and instruction from the board legal counsel. I want to continue as the CEO of the hospital district, and I want to continue to improve this facility and enhance the services provided to the people of Lander County.

The wording of the agenda item does not accurately reflect the situation I find myself in. The past several months since Mr. Lemaire has been the board chairman have been challenging due to a very apparent unwillingness on his part to work with me or this office. I have experienced constant pressure regarding my work performance, open comments about how much I am distrusted and a very apparent lack of support from Mr. Lemaire and the newest members of the Board, all of which have hindered me from providing the level of service which I have been providing for the past several years. Despite my best efforts over the past seven months to prove my value and trustworthiness to the new Trustees, the needle of support has not moved.

It is my reasoned belief that the focus of the open hostility towards me is a result of Mr. Lemaire's personal animosity against the previous Board and me. His attempt last year at selling a business owned by him to the hospital district was refused by the previous Board. The apparent retaliatory actions of Mr. Lemaire and others since becoming Board members have created a hostile work environment which makes it very challenging and burdensome for me to provide the services for which I have been employed.

For seven plus years my job performance as the CEO of this district has been evaluated as outstanding by this Board, and the growth and progress of this organization under

my direction during that time period is evident by looking at the physical facilities and the financial bottom line. I personally and professionally, and my capability to do the job for which I was hired, have not changed in the past seven months, but my ability to perform my job functions to the full extent of my capability has been adversely affected. It is the cumulative effect of the repeated negative connotations and comments about my trustworthiness, my ability, my job performance and my personal integrity, all of which have been repeatedly shown to be above reproach, which has led me to suggest that if Mr. Lemaire and the Board are not able to trust, support and work with me as the CEO then alternatives may be a consideration. Again, I am not requesting a severance from this organization, I am only asking for fair and impartial treatment and the ability to perform my job duties without continual interference and repeated hostility towards me.

Thank you.





Battle Mountain General Hospital

# FINANCIALS

JUNE 2025

**BATTLE MOUNTAIN GENERAL HOSPITAL**  
**JUNE 2025**  
**FINANCIAL STATEMENT REVIEW**  
**BALANCE SHEET**

**ASSETS**

- *Operating Cash at the end of JUNE 2025 was \$1,427,478, with an additional \$1,535,326, in money market funds, LGIP Accounts of \$5,208, in the Construction Reserve, \$233,917, in the Capital Expenditures, and \$1,999,750, in the Operations Reserve, \$583,842 in the Savings Reserve, with long-term cash investments equal to an additional \$29,626,404. Balance of short-term investment accounts were, Operations Reserve \$11,097,553, Cap Ex Reserve \$3,123,078, Construction Reserve \$9,608,572.*
- *Gross accounts receivable had a balance of \$4,712,134 (total) and net accounts receivable (what we expect to collect) had a balance of \$1,043,178. The balance of the accounts receivable is made up of Athena A/R, \$4,697,513, Point Click Care A/R, \$245,770, Sharp Ambulance Billing A/R, 14,749, and (\$245,897) in Athena A/R Clearing accounts.*
- *Accounts payable balance at JUNE month end was \$1,567,675.*
- *Total payroll liabilities were \$412,679 which is comprised mostly of accrued payroll and accrued vacation totals.*
- *Deferred Revenues are sitting at 620,000, which is the Helmsley Grant that was received but not all equipment has been purchased.*

### INCOME STATEMENT

REVENUES

- Gross patient revenue for JUNE was \$1,582,006 compared to a budget of \$1,640,595. JUNE revenues came in under budget by \$58,589. JUNE 's gross revenues were \$84,680 less than May's revenues.

Month Ending 06/30/2024	Month To Date 06/30/2025			Prior Year To Date 06/30/2024	Year To Date 06/30/2025	
Actual	Actual	Budget 2025		Actual	Actual	Budget 2025
571,799	716,970	629,066	Emergency	7,489,753	8,201,144	7,548,786
0	7,361	24,235	Inpatient	34,336	140,804	290,829
402,652	454,886	540,128	Outpatient	6,318,188	5,791,521	6,481,536
25,948	7,137	6,226	Observation	79,817	170,193	74,705
148,237	132,782	177,153	Clinic	1,936,052	1,733,941	2,125,843
3,113	33,880	26,172	Swing bed	263,203	249,644	314,062
			Skilled nursing			
185,535	228,990	237,615	(SNF)	2,494,601	2,691,252	2,851,380
			Total Patient			
1,337,284	1,582,006	1,640,595	Revenue	18,615,950	18,978,499	19,687,141

- In JUNE ER, OBS, SWING, exceeded the budgeted amount. All other levels were under budget.
- Gross Clinic revenues were under budget in JUNE at \$132,782, compared to a budget of \$177,153. The Clinic had a decrease in revenues of \$13,841, when compared to MAY's revenue numbers.

### DEDUCTIONS

- Contractual Adjustments for JUNE were \$274,042, with a budgeted amount of \$533,200.
- Bad debt was \$83,208, which is made up of Athena accounts, Bad Debt recovery, AR Allowance adjustment, and return on equity that is received from Noridian. Bad Debt Passthrough from Noridian was (\$5,096), EMS(SHARP) B/D write offs were -0-, Athena write offs were \$96,971. Allowance adjustment was -0- and B/D recovery was (\$8,667).



## EXPENSES

- *Total Operating Expenses for JUNE were \$1632,696 compared to a budget of \$1,590,073, over budget, or a difference of \$42,623.*
- *Employee Related Expenses were \$862,887 as compared to a budget of \$927,400 which is 7% under budget for the month.*
- 

## OPERATING INCOME AND NET INCOME

- *During the month of JUNE BMGH overall experienced (Loss)/Gain from operations of (\$339,016) as compared to a budgeted net loss of (\$543,222), YTD as of JUNE (\$3,631,504).*
- *The Overall (Loss)/Gain for the month of JUNE was 4,827,613 compared to a budget of \$2,061 YTD (Loss)Gain was 8,537,086, compared to the budgeted amount of 25,184.*

**Battle Mountain General Hospital**  
**Balance Sheet -- Summary**  
**As of June 30, 2025**

Reporting Book:  
As of Date:

ACCRUAL  
06/30/2025

	Month Ending 06/30/2025 Actual	Month Ending 06/30/2024 Actual
<b>Assets</b>		
<b>Current Assets</b>		
Cash and Liquid Capital	29,720,147.33	27,289,977.59
Short Term Investments		
TBILL-Operations Reserve	0.00	3,500,000.00
TBILL-Construction Reserve	0.00	0.00
TBILL-Capital Expenditures Reserve	0.00	0.00
Mark to Market - TBILLS	0.00	(5,089.59)
Total Short Term Investments	0.00	3,494,910.41
Accounts Receivable, Net of Allowance		
Accounts Receivable	4,712,133.97	4,991,493.76
Allowances against Receivables	3,668,956.27	3,903,956.27
Total Accounts Receivable, Net of Allowance	1,043,177.70	1,087,537.49
Other Receivables	5,038,561.20	6,184,701.63
Inventory	478,763.86	593,324.05
Prepaid Expenses	92,136.03	100,783.96
Total Current Assets	36,372,786.12	38,751,235.13
<b>Long Term Assets</b>		
Fixed Assets, Net of Depreciation		
Fixed Assets	41,108,972.16	40,340,500.83
Accumulated Depreciation	26,755,848.65	24,897,903.79
Construction in Progress	17,347,408.46	14,639,484.57
Total Fixed Assets, Net of Depreciation	31,700,531.97	30,082,081.61
Total Long Term Assets	31,700,531.97	30,082,081.61
<b>Long Term Investments</b>		
Wells Fargo - Long Term Investments	29,580,000.00	20,987,000.00
Mark to Market - Long Term Investments	46,404.47	(392,028.34)
Total Long Term Investments	29,626,404.47	20,594,971.66
Deferred Outflow (Pension Liability)		
Deferred Outflow (Pension Liability)	4,975,083.00	4,975,083.00
Total Deferred Outflow (Pension Liability)	4,975,083.00	4,975,083.00
<b>Total Assets</b>	<b>102,674,805.56</b>	<b>94,403,371.40</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable	1,567,675.24	1,479,815.47
Accrued Taxes	(0.03)	(0.02)
Accrued Payroll and Related	412,679.18	392,155.85
Deferred Revenue	620,000.00	952,000.00
Total Current Liabilities	2,600,354.39	2,823,971.30
Suspense Liabilities	(216,993.24)	(174,958.70)
Uncategorized Liabilities	14,607,890.00	14,607,890.00
<b>Total Liabilities</b>	<b>16,991,251.15</b>	<b>17,256,902.60</b>
Retained Earnings	80,855,941.13	71,910,386.43
Net Income	4,827,613.28	5,236,082.37

\*See Accompanying Notes to the Financial Statements\*



**Battle Mountain General Hospital**  
**Income Statement - Detail against Budget**

As of June 30, 2025

Reporting Book: ACCRUAL

As of Date: 06/30/2025

Month Ending 06/30/2024	Month To Date 06/30/2025		Prior Year To Date 06/30/2024	Year To Date 06/30/2025	
Actual	Actual	Budget 2025	Actual	Actual	Budget 2025
571,799	716,970	629,066	7,489,753	8,201,144	7,548,786
0	7,361	24,235	34,336	140,804	290,829
402,652	454,886	540,128	6,318,188	5,791,521	6,481,536
25,948	7,137	6,226	79,817	170,193	74,705
148,237	132,782	177,153	1,936,052	1,733,941	2,125,843
3,113	33,880	26,172	263,203	249,644	314,062
185,535	228,990	237,615	2,494,601	2,691,252	2,851,380
1,337,284	1,582,006	1,640,595	18,615,950	18,978,499	19,687,141
(260,809)	274,042	533,200	4,770,550	4,769,203	6,398,321
60,354	91,875	98,436	1,422,699	1,209,481	1,181,228
(7,176)	(8,667)	0	(57,769)	(79,607)	0
53,178	83,208	98,436	1,364,930	1,129,874	1,181,228
35	8,882	0	(10,021)	29,452	0
(207,596)	366,132	631,636	6,125,459	5,928,529	7,579,549
0	1,540	334	1,745	5,261	4,000
0	0	0	(15)	(60)	0
0	1,540	334	1,730	5,201	4,000
1,544,880	1,217,414	1,009,293	12,492,221	13,055,171	12,111,592
24,406	76,266	37,558	584,104	828,639	450,700
4,634,549	4,888,914	387,450	8,720,244	9,585,926	4,649,394
243,371	278,181	158,333	2,343,210	2,586,286	1,900,000
4,877,920	5,167,095	545,783	11,063,454	12,172,212	6,549,394
6,447,206	6,460,775	1,592,634	24,139,779	26,056,022	19,111,686
37,979	13,222	24,768	274,739	250,082	297,189
5,084	5,200	3,694	55,235	84,198	44,326
477,780	862,887	927,400	9,720,517	10,324,634	11,128,600
20,966	106,865	110,832	1,082,969	1,320,651	1,329,872
374,706	285,207	227,923	3,332,038	2,750,939	2,735,060
58,260	164,139	11,627	156,631	262,940	139,510
974,775	1,437,520	1,306,244	14,622,129	14,993,444	15,674,557
20,196	19,305	27,058	267,683	240,456	324,700
26,512	22,536	40,204	410,095	277,182	482,440
152,955	151,076	210,584	1,903,725	1,869,664	2,527,000
14,029	1,419	4,168	46,042	54,220	50,025
6,185	840	1,565	28,881	23,088	18,780
16,079	0	250	56,902	57,260	3,000
235,956	195,176	283,829	2,713,328	2,521,870	3,405,945
1,210,731	1,632,696	1,590,073	17,335,457	17,515,314	19,080,502
393	466	500	5,643	3,622	6,000
1,211,124	1,633,162	1,590,573	17,341,100	17,518,936	19,086,502
5,236,082	4,827,613	2,061	6,798,679	8,537,086	25,184

Created on : 07/21/2025 11:19 AM PDT

\*See Accompanying Notes to the Financial Statements\*



**Battle Mountain General Hospital  
Wells Fargo - Operating Account  
May 2025**

**Beginning Balance:**

Cash in Operating Account for Operations	<b>1,411,004.53</b>	
Petty Cash - Hospital	1,700.00	<b>1,412,704.53</b>

**Deposits**

Ad Valorem	89,601.68	
Net Proceeds of Mines	0.00	
Consolidated Tax	74,522.59	
County JPHSC EMS Rent	4,000.00	
340B	67,421.37	
UPL/DSH	0.00	
Healthy Thursday	1,085.00	
Misc/Rebates/Dietary	10,096.22	
Hospital/Clinic Receipts	1,038,681.15	
		<b>1,285,408.01</b>

**Expenditures:**

Accounts Payable	646,565.20	
Construction	0.00	
Athena	32,804.79	
Allied Insurance	55,156.26	
Payroll (Net)	445,216.44	
Payroll Taxes	88,921.04	
Transfer to Money Market for investments	0.00	
Transfer to LGIP Operating Reserves	0.00	
Merchant Charges	270.74	
		<b>1,268,934.47</b>

**Ending Balance:**

Cash in Operating Account for Operations	<b>1,427,478.07</b>	
Petty Cash - Hospital	1,700.00	<b><u>1,429,178.07</u></b>
	<b>1,429,178.07</b>	



*Operations Reserves*

Wells Fargo Securities, LLC  
Wells Fargo Bank, N.A.

Statement Period  
06/01/2025 - 06/30/2025

Combined Account Summary

BATTLE MOUNTAIN GENERAL HOSPITAL  
535 S HUMBOLDT ST

Account Number  
~~16100469938~~

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the  
value of unpriced securities.  
Repurchase agreements are reflected  
at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	0.00	0%
Money Market Mutual Funds	11,058,392.69	11,097,553.08	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 11,058,392.69	\$ 11,097,553.08	100%
Value Change Since Last Statement Period		\$ 39,160.39	0%
Percent Increase Since Last Statement Period			0%
Value Last Year-End		\$ 10,878,424.85	
Percent Increase Since Last Year-End			2%

\*\*\*Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	39,160.39	158,009.30
Other	0.00	0.00
Income Total	\$ 39,160.39	\$ 158,009.30

Total Interest Charged USD

Description	This Period
Debit Interest For June 2025	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 11,058,392.69
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	39,160.39
Change in Value	0.00
Closing Balance	\$ 11,097,553.08



*Construction Reserves*  
**Wells Fargo Securities, LLC**  
**Wells Fargo Bank, N.A.**  
**Combined Account Summary**

**Statement Period**  
**06/01/2025 - 06/30/2025**

**BATTLE MOUNTAIN GENERAL HOSPITAL**  
**535 S HUMBOLDT ST**

**Account Number**  
**9999999999**

**Total Account Value Summary - US Dollar (USD)**

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	9,574,665.53	9,608,571.69	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
<b>Total Account Value</b>	<b>\$ 9,574,665.53</b>	<b>\$ 9,608,571.69</b>	<b>100%</b>

**Value Change Since Last Statement Period** \$ 33,906.16  
**Percent Increase Since Last Statement Period** 0%

**Value Last Year-End** \$ 9,418,904.02  
**Percent Increase Since Last Year-End** 2%

\*\*\*Includes amortized Par value of municipal leases and notes.

**Total Income Summary USD**

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	33,906.16	136,471.57
Other	0.00	0.00
<b>Income Total</b>	<b>\$ 33,906.16</b>	<b>\$ 136,471.57</b>

**Total Interest Charged USD**

Description	This Period
Debit Interest For June 2025	0.00
<b>Total Interest Charged</b>	<b>\$ 0.00</b>

**Total Money Market Mutual Funds Summary USD**

Description	Amount
<b>Opening Balance</b>	<b>\$ 9,574,665.53</b>
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	33,906.16
Change in Value	0.00
<b>Closing Balance</b>	<b>\$ 9,608,571.69</b>





CAP-EX Received

Wells Fargo Securities, LLC  
Wells Fargo Bank, N.A.

Combined Account Summary

Statement Period  
06/01/2025 - 06/30/2025

BATTLE MOUNTAIN GENERAL HOSPITAL  
535 S HUMBOLDT ST

Account Number  
715500000000

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities.  
Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	Portfolio %
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	3,112,057.88	3,123,078.41	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 3,112,057.88	\$ 3,123,078.41	100%

Value Change Since Last Statement Period \$ 11,020.53

Percent Increase Since Last Statement Period 0%

Value Last Year-End

Percent Increase Since Last Year-End 2%

\*\*\*Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

9

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	11,020.53	44,737.56
Other	0.00	0.00
Income Total	\$ 11,020.53	\$ 44,737.56

Total Interest Charged USD

Description	This Period
Debit Interest For June 2025	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 3,112,057.88
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	11,020.53
Change in Value	0.00
Closing Balance	\$ 3,123,078.41



Long-term Investments

Wells Fargo Securities, LLC

Wells Fargo Bank, N.A.

Combined Account Summary

Statement Period  
06/01/2025 - 06/30/2025

BATTLE MOUNTAIN GENERAL HOSPITAL  
535 S HUMBOLDT ST

Account Number  
~~1000000000~~

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	Portfolio	%
Cash	\$ 0.00	\$ 54,806.25	0%	0%
Money Market Mutual Funds	1,507,729.28	1,535,326.36	5%	5%
Bonds	29,524,836.27	29,626,404.47	95%	95%
Stocks	0.00	0.00	0%	0%
Total Account Value	\$ 31,032,565.55	\$ 31,216,537.08	100%	100%

Value Change Since Last Statement Period \$ 183,971.53

Percent Increase Since Last Statement Period 1%

Value Last Year-End

Percent Increase Since Last Year-End \$ 28,975,909.77

8%

\*\*\*Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 77,239.61	\$ 591,669.67
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	5,163.72	21,339.00
Other	0.00	0.00
Income Total	\$ 82,403.33	\$ 613,008.67

Total Interest Charged USD

Description	This Period
Debit Interest For June 2025	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 1,507,729.28
Deposits and Other Additions	22,433.36
Distributions and Other Subtractions	0.00
Dividends Reinvested	5,163.72
Change in Value	0.00
Closing Balance	\$ 1,535,326.36

**Battle Mountain General Hospital**  
**LGIP - Reserve Accounts**  
**JUNE 2025**

**Beginning Balance:**

LGIP - Operations Reserve	1,992,578.48
LGIP - Construction Reserve	5,189.64
LGIP - Capital Expenditures Reserve	233,078.20
LGIP - SAVINGS	581,748.03
	2,812,594.35

**Deposits:**

Interest Operations Reserve	7,171.09
Transfer in from Operating Acct	
Interest Construction Reserve	18.68
Interest Capital Expenditures Reserve	838.83
Interest Savings	2,093.65
	10,122.25

**Expenditures:**

<i>Purchase of Treasury Bills</i>	LGIP - Operations Reserve	0.00
<i>Purchase of Treasury Bills</i>	LGIP - Construction Reserve	0.00
<i>Purchase of Treasury Bills</i>	LGIP - Capital Expenditures Reserve	0.00
	LGIP - Savings	0.00

**Ending Balance:**

LGIP - Operations Reserve	1,999,749.57
LGIP - Construction Reserve	5,208.32
LGIP - Capital Expenditures Reserve	233,917.03
LGIP - Savings	583,841.68
	2,822,716.60



Battle Mountain General Hospital  
Schedule of Patient Revenue vs. Patient Payments  
Fiscal Years ending June 30, 2024 & 2025

**Fiscal Year ending June 30, 2024**

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-23	\$1,744,249	\$1,496,730	\$1,129,987	75.5%
Aug-23	\$1,646,627	\$1,576,053	\$1,185,199	75.2%
Sep-23	\$1,605,096	\$1,665,324	\$939,528	56.4%
Oct-23	\$1,639,373	\$1,630,365	\$1,033,439	63.4%
Nov-23	\$1,518,939	\$1,587,803	\$1,279,843	80.6%
Dec-23	\$1,442,194	\$1,533,502	\$960,516	62.6%
Jan-24	\$1,723,518	\$1,561,550	\$904,238	57.9%
Feb-24	\$1,518,618	\$1,561,443	\$1,047,944	67.1%
Mar-24	\$1,527,231	\$1,589,789	\$945,921	59.5%
Apr-24	\$1,504,163	\$1,516,671	\$730,309	48.2%
May-24	\$1,408,658	\$1,480,017	\$828,687	56.0%
Jun-24	\$1,337,284	\$1,416,702	\$719,662	50.8%
<b>YTD 12 mo. AVG</b>	<b>\$1,551,329</b>	<b>\$1,551,329</b>	<b>\$975,439</b>	<b>62.9%</b>

**Fiscal Year ending June 30, 2025**

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-24	\$1,455,416	\$1,400,453	\$796,186	56.9%
Aug-24	\$1,449,563	\$1,414,088	\$888,117	62.8%
Sep-24	\$1,674,162	\$1,526,380	\$985,409	64.6%
Oct-24	\$1,616,094	\$1,579,940	\$1,896,715	120.0%
Nov-24	\$1,432,407	\$1,574,221	\$1,113,188	70.7%
Dec-24	\$1,672,675	\$1,573,725	\$1,050,996	66.8%
Jan-25	\$1,423,743	\$1,509,608	\$1,093,255	72.4%
Feb-25	\$1,488,197	\$1,528,205	\$931,967	61.0%
Mar-25	\$1,564,858	\$1,492,266	\$1,195,088	80.1%
Apr-25	\$1,952,693	\$1,668,583	\$971,785	58.2%
May-25	\$1,666,686	\$1,728,079	\$1,247,218	72.2%
Jun-25	\$1,582,006	\$1,733,795	\$1,038,681	59.9%
<b>YTD 12 mo. AVG</b>	<b>\$1,581,542</b>	<b>\$1,560,779</b>	<b>\$1,100,717</b>	<b>70.5%</b>

JUNE	TWELVE Month Year-to-date 2024 Sum of Charges	TWELVE Month Year-to-date 2025 Sum of Charges	Changes Greater than \$5K FY 2023 Increase (Decrease)	
Ambulance	537,154.35	Ambulance	0.00	(537,154.35) -100%
Outpatient	537,154.35	Outpatient	0.00	(537,154.35) -100%
CM - Blood Bank	30,595.81	CM - Blood Bank	84,127.45	53,531.64 175%
Emergency	15,181.61	Emergency	49,512.50	34,330.89 226%
Inpatient	0.00	Inpatient	1,533.38	
Outpatient	15,414.20	Outpatient	31,149.96	15,735.76 102%
Swing bed	0.00	Swing bed	1,931.61	
CM - Central Supply	11,727.48	CM - Central Supply	11,332.60	
Emergency	11,678.61	Emergency	11,332.60	
Observation	-34.65	Observation	0.00	
Outpatient	83.52	Outpatient	0.00	
CM - CT Scan	2,398,636.99	CM - CT Scan	2,828,393.05	429,756.06 18%
Emergency	1,823,141.78	Emergency	2,202,198.37	379,056.59 21%
Inpatient	0.00	Inpatient	6,739.18	6,739.18 100%
Observation	5,437.20	Observation	8,979.62	
Outpatient	570,058.01	Outpatient	603,958.48	33,900.47 6%
Swing bed	0.00	Swing bed	6,517.40	6,517.40 100%
CM - Infusion	681,904.70	CM - Infusion	854,324.26	172,419.56 25%
Emergency	559,808.05	Emergency	693,789.77	133,981.72 24%
Inpatient	2,143.27	Inpatient	5,174.85	
Observation	17,953.54	Observation	37,718.27	19,764.73 110%
Outpatient	101,323.78	Outpatient	115,041.66	13,717.88 14%
Swing bed	676.06	Swing bed	2,599.71	
CM - Laboratory	3,637,510.22	CM - Laboratory	3,563,273.44	(74,236.78) -2%
Emergency	937,518.77	Emergency	1,019,913.68	82,394.91 9%
Inpatient	765.38	Inpatient	9,209.74	8,444.36 1103%
Observation	5,368.88	Observation	13,237.78	7,868.90 147%
Outpatient	2,686,551.97	Outpatient	2,512,897.41	(173,654.56) -6%
Swing bed	7,305.22	Swing bed	8,014.83	
CM - MRI	373,768.34	CM - MRI	374,211.37	
Emergency	0.00	Emergency	2,933.19	
Inpatient	0.00	Inpatient	0.00	
Outpatient	373,768.34	Outpatient	371,278.18	
CM - Observation	22,529.25	CM - Observation	48,164.94	25,635.69 114%
Observation	22,529.25	Observation	48,164.94	25,635.69 114%
CM - Pharmacy	653,218.51	CM - Pharmacy	783,623.07	130,404.56 20%
Emergency	243,725.36	Emergency	301,620.42	57,895.06 24%
Inpatient	517.85	Inpatient	15,030.05	14,512.20 2802%
Observation	4,022.01	Observation	10,251.90	6,229.89 155%
Outpatient	386,689.28	Outpatient	435,155.36	48,466.08 13%
Swing bed	18,264.01	Swing bed	21,565.34	
CM - Physical Therapy	1,034,749.81	CM - Physical Therapy	1,014,538.54	(20,211.27) -2%
Emergency	0.00	Emergency	2,096.16	
Inpatient	147.00	Inpatient	8,449.21	8,302.21 5648%
Observation	0.00	Observation	1,010.35	
Outpatient	999,215.30	Outpatient	967,709.09	(31,506.21) -3%
Swing bed	35,387.51	Swing bed	35,273.73	
CM - Professional Fees	82,734.78	CM - Professional Fees	67,098.34	(15,636.44) -19%
Emergency	82,700.05	Emergency	66,416.50	(16,283.55) -20%
Observation	0.00	Observation	681.84	
Outpatient	34.73	Outpatient	0.00	
CM - Radiology	650,783.75	CM - Radiology	704,732.52	53,948.77 8%
Emergency	273,115.88	Emergency	278,796.21	5,680.33 2%
Inpatient	0.00	Inpatient	3,985.18	
Observation	0.00	Observation	2,274.39	
Outpatient	376,468.74	Outpatient	417,228.44	40,759.70 11%
Swing bed	1,199.13	Swing bed	2,448.30	
CM - Ultrasound	227,425.83	CM - Ultrasound	243,667.14	16,241.31 7%



JUNE		TWELVE Month Year-to-date 2024 Sum of Charges	TWELVE Month Year-to-date 2025 Sum of Charges	Changes Greater than \$5K FY 2023 Increase (Decrease)	
Emergency	25,006.81	Emergency	27,424.17		
Inpatient	0.00	Inpatient	0.00		
Observation	0.00	Observation	0.00		
Outpatient	202,419.02	Outpatient	216,242.97	13,823.95	7%
CM- Swing Bed	10,537.71	CM- Swing Bed	13,513.72		
Swing bed	10,537.71	Swing bed	13,513.72		
Emergency	3,266,574.43	Emergency	3,298,950.28	32,375.85	1%
Emergency	3,256,164.65	Emergency	3,294,463.40	38,298.75	1%
Inpatient	1,368.20	Inpatient	2,873.22		
Observation	3,046.83	Observation	240.79		
Outpatient	5,994.75	Outpatient	1,536.46		
Swing bed	0.00	Swing bed	-163.59		
Med/Surg	44,706.91	Med/Surg	119,617.71	74,910.80	168%
Emergency	0.00	Emergency	1,101.74		
Inpatient	25,815.52	Inpatient	86,842.27	61,026.75	236%
Observation	18,891.39	Observation	31,673.70	12,782.31	68%
Respiratory Therapy	273,481.27	Respiratory Therapy	297,677.30	24,196.03	9%
Emergency	197,971.90	Emergency	215,284.50	17,312.60	9%
Inpatient	745.30	Inpatient	966.55		
Observation	2,602.64	Observation	15,958.78	13,356.14	513%
Outpatient	56,127.19	Outpatient	60,000.52		
Swing bed	16,034.24	Swing bed	5,466.95	(10,567.29)	-66%
OP Lab/Rad	989.64	OP Lab/Rad	3,417.75		
Outpatient	989.64	Outpatient	3,417.75		
SNF/Respite	166,582.50	SNF/Respite	153,258.86	(13,323.64)	-8%
Swing bed	166,582.50	Swing bed	153,258.86	(13,323.64)	-8%
Clinic	2,015,736.91	Clinic	1,823,324.96	(192,411.95)	-10%
Clinic	1,936,051.96	Clinic	1,733,941.38	(202,110.58)	-10%
Emergency	63,739.90	Emergency	30,843.31	(32,896.59)	-52%
Inpatient	2,832.90	Inpatient	-0.04		
Outpatient	5,894.97	Outpatient	59,322.98	53,428.01	906%
Swing bed	7,217.18	Swing bed	-782.67	(7,999.85)	-111%
LTC	2,494,601.00	LTC	2,691,252.00	196,651.00	8%
Grand Total	18,615,950.19	Grand Total	18,978,499.30	362,549.11	2%



**Company name:** Battle Mountain General Hospital  
**Report name:** Check register  
**Created on:** 7/21/2025

Bank	Date	Vendor	Document no.	Amount
	6/9/2025	98986--ARMSTRONG MEDICAL	111763	134.17
	6/9/2025	900851--BAIR DISTRIBUTING INC	ACH	117.22
	6/9/2025	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	111764	250.00
	6/9/2025	195--BAUER, HOPE	ACH	490.00
	6/9/2025	92600--BRIGGS HEALTHCARE	111765	122.40
	6/9/2025	267--CAMPBELL, ROY	ACH	320.23
	6/9/2025	367--CARDINAL HEALTH 110, LLC	111766	11,449.24
	6/9/2025	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	2,078.69
	6/9/2025	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00
	6/9/2025	679--CHEMAQUA	ACH	1,148.55
	6/9/2025	843--CHG MEDICAL STAFFING INC	ACH	12,007.89
	6/9/2025	366--CIRRUS PHARMACY SYSTEMS	ACH	1,374.28
	6/9/2025	808--Clearlyip INC	ACH	845.07
	6/9/2025	375--CLIA LABORATORY PROGRAM	111767	2,304.00
	6/9/2025	154--CLIFTON LARSON ALLEN LLP	111768	3,161.25
	6/9/2025	54--COMMUNITY CARE SERVICE, LLC	111769	473.04
	6/9/2025	11--CORCOM COMMUNICATION	111770	699.00
	6/9/2025	9716--DONALD CARTER HANSEN MD PC	ACH	4,044.96
	6/9/2025	754--DR. JONES, DANIEL C	ACH	8,258.46
	6/9/2025	708--DR. PELLEGRINI	ACH	16,179.84
	6/9/2025	678--EMCOR SERVICES	111771	614.25
	6/9/2025	500433--EMPLOYEE FUND BMGH	ACH	189.00
	6/9/2025	240000--ETCHEVERRYS FOODTOWN	111772	207.63
	6/9/2025	655--FIDELITY INVESTMENTS	ACH	45.00
	6/9/2025	94300--FISHER HEALTHCARE	ACH	732.90
	6/9/2025	902502--GRAINGER	ACH	724.75
	6/9/2025			
	6/9/2025			
	6/9/2025	982--HARDENBERGH GROUP INC	111775	150.00
	6/9/2025			
	6/9/2025	278--HEALTH ASSURE BY ALSCO	ACH	9,205.48
	6/9/2025	569--HEALTHSURE INS SERVICES, INC	ACH	7,900.00
	6/9/2025	18--HEESE, HOLLY	ACH	490.00
	6/9/2025	324--HENRY SCHEIN	ACH	1,493.46
	6/9/2025	9706--HERMAN, PAUL	ACH	45,636.96
	6/9/2025			
	6/9/2025			
	6/9/2025	814--HSA	ACH	75.00
	6/9/2025	9762--ICU MEDICAL	ACH	735.96
	6/9/2025	9663--IDEXX DISTRIBUTION, INC.	111780	78.43
	6/9/2025	764--INOVALON PROVIDER, INC	ACH	2,783.45
	6/9/2025			
	6/9/2025	98455--JOHNSONS MEDICAL INC	ACH	2,172.17
	6/9/2025			
	6/9/2025	36--KCI USA	111783	1,224.28

**Company name:** Battle Mountain General Hospital  
**Report name:** Check register  
**Created on:** 7/21/2025

Bank	Date	Vendor	Document no.	Amount
	6/9/2025	180008--LANDER HARDWARE	111784	107.87
	6/9/2025	564--LINDE GAS & EQUIPMENT INC	ACH	985.53
	6/9/2025			
	6/9/2025			
	6/9/2025	98987--MARILUCH, SHAWN P	111788	240.00
	6/9/2025			
	6/9/2025	712--McCLANAHAN, SHAWNEE	ACH	332.50
	6/9/2025			
	6/9/2025			
	6/9/2025	130031--MCKESSON DRUG COMPANY	ACH	1,934.70
	6/9/2025	349--MCKESSON MEDICAL SURGICAL	ACH	205.74
	6/9/2025	130044--MEDLINE INDUSTRIES, INC.	111793	2,612.62
	6/9/2025	130049--MIDWAY MARKET	111794	11.45
	6/9/2025			
	6/9/2025	9630--NETWORK SERVICES CO	ACH	951.80
	6/9/2025	549--NISSHA MEDICAL TECHNOLOGIES	ACH	54.35
	6/9/2025	10--NOVARAD CORPORATION	111796	1,037.13
	6/9/2025	190008--NV ENERGY	111797	9,322.50
	6/9/2025	652--ODP BUSINESS SOLUTIONS LLC	ACH	2,434.62
	6/9/2025	150000--OFFICE PRODUCTS INC (OPI)	ACH	1,350.69
	6/9/2025	767--OPTUM BANK	ACH	145.00
	6/9/2025	9615--PACIFIC STATES COMMUNICATIONS	111798	1,379.55
	6/9/2025	87--PANACEA SOLUTIONS, LLC	ACH	1,600.00
	6/9/2025	160024--PITNEY BOWES BANKS, INC	ACH	3,000.00
	6/9/2025	160024--PITNEY BOWES BANKS, INC	Voided - 111628	-3,000.00
	6/9/2025	9304--POINTCLICKCARE TECHNOLOGIES	ACH	1,230.77
	6/9/2025	141--POTTERJONES, CHRISTINE	ACH	925.00
	6/9/2025	826--POWER SYSTEMS WEST	111799	3,586.56
	6/9/2025	100141--PUBLIC EMPLOYEES BENEFIT PROGRAM	111800	2,563.14
	6/9/2025	98984--PUBLIC EMPLOYEES RETIREMENT SYSTEM	ACH	254,558.54
	6/9/2025	140027--RELIASTAR LIFE INSURANCE COMPANY	111801	550.00
	6/9/2025	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	3,340.47
	6/9/2025	806--SKY FIBER NETWORK	ACH	99.00
	6/9/2025	749--SOFTLINX, INC	111802	888.00
	6/9/2025	190016--SOUTHWEST GAS	111803	4,926.92
	6/9/2025			
	6/9/2025	99004--TACOS LAS BRISAS LLC	111805	250.00
	6/9/2025			
	6/9/2025	265--TRI-ANIM	111807	269.52
	6/9/2025	437--TROPHY PEAK FIRE PROTECTION	111808	5,659.88
	6/9/2025	190033--US FOODSERVICE, INC.	ACH	883.63
	6/9/2025	220008--VITALANT	ACH	2,853.00
	6/9/2025	100801--WELLS FARGO	111809	8,282.78
	6/9/2025	1601--WERFEN USA LLC	ACH	1,519.31



**Company name:** Battle Mountain General Hospital  
**Report name:** Check register  
**Created on:** 7/21/2025

Bank	Date	Vendor	Document no.	Amount
	6/9/2025	1563--WEX BANK	ACH	374.11
	6/20/2025	99006--6 DEGREE HEALTH / HEALTHNOW	111810	432.55
	6/20/2025	249--AETNA LIFE INSURANCE COMPANY	111811	23.34
	6/20/2025	738--AETNA SENIOR SUPPLEMENT INSURANCE	111812	152.61
	6/20/2025	201--ALLEN, JODY	ACH	1,584.00
	6/20/2025			
	6/20/2025	99005--AMERICAN BENEFIT LIFE INSURANCE COMPANY	111814	54.51
	6/20/2025	784--ANTHEM BLUE CROSS BLUE SHIELD	111815	357.31
	6/20/2025	852--ARGENTA RIM APARTMENTS	111816	1,306.50
	6/20/2025	147--ASSOCIATED PATHOLOGISTS CHARTERED	111817	23.80
	6/20/2025	1214--AT&T	111819	3.39
	6/20/2025	9442--AT&T	111818	1,184.22
	6/20/2025	900851--BAIR DISTRIBUTING INC	ACH	353.21
	6/20/2025	792--BATTLE MOUNTAIN CHAMBER OF COMMERCE	111820	300.00
	6/20/2025	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	111821	250.00
	6/20/2025	92100--BATTLE MTN. WATER & SEWER	111822	844.10
	6/20/2025	98723--BECKMAN COULTER, INC.	ACH	1,081.67
	6/20/2025	138--BRACCO DIAGNOSTICS INC.	111823	420.95
	6/20/2025	367--CARDINAL HEALTH 110, LLC	111824	10,273.48
	6/20/2025	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	507.57
	6/20/2025	679--CHEMAQUA	ACH	516.66
	6/20/2025	843--CHG MEDICAL STAFFING INC	ACH	5,700.00
	6/20/2025	658--CIGNA HEALTHCARE	111825	206.75
	6/20/2025	757--CONSENSUS CLOUD SOLUTION, LLC	ACH	826.33
	6/20/2025	1441--CTA INC/ CUSHING TERRELL	ACH	16,129.28
	6/20/2025	3039--DESERT DISPOSAL	111826	66.00
	6/20/2025	562--DISH NETWORK LLC	111827	753.44
	6/20/2025	9716--DONALD CARTER HANSEN MD PC	ACH	8,089.92
	6/20/2025			
	6/20/2025	435--DR. AJETT MAHENDERNATH	ACH	12,134.88
	6/20/2025	754--DR. JONES, DANIEL C	ACH	8,089.92
	6/20/2025	708--DR. PELLEGRINI	ACH	20,730.42
	6/20/2025	500433--EMPLOYEE FUND BMGH	ACH	192.00
	6/20/2025	240000--ETCHEVERRYS FOODTOWN	111829	151.64
	6/20/2025	100103--FALLS BRAND INDEPENDENT MEAT	111830	457.65
	6/20/2025	100100--FARMER BROS. CO.	ACH	342.39
	6/20/2025	38--FEDERAL EMPLOYEE PROGRAM	111831	65.22
	6/20/2025	94300--FISHER HEALTHCARE	ACH	3,642.66
	6/20/2025			
	6/20/2025	186--FREEMAN, KATHY	ACH	725.20
	6/20/2025	35--GALLAGHER BENEFIT SERVICES	111833	513.00
	6/20/2025	720--GEHA	111834	121.28
	6/20/2025			
	6/20/2025	982--HARDENBERGH GROUP INC	111837	1,499.40
	6/20/2025	278--HEALTH ASSURE BY ALSCO	ACH	6,136.64



**Company name:** Battle Mountain General Hospital

**Report name:** Check register

**Created on:** 7/21/2025

Bank	Date	Vendor	Document no.	Amount
	6/20/2025	650--HEALTHSTREAM, INC	ACH	1,617.01
	6/20/2025	73--HENINGER ENTERPRISES, LLC	111838	370.00
	6/20/2025	324--HENRY SCHEIN	ACH	324.74
	6/20/2025	814--HSA	ACH	30.00
	6/20/2025	764--INOVALON PROVIDER, INC	ACH	642.43
	6/20/2025	9271--KINGSTON WATER UTILITY	111839	50.10
	6/20/2025	3015--LANDER COUNTY GATEFEES	111840	30.00
	6/20/2025	180008--LANDER HARDWARE	111841	541.26
	6/20/2025	120015--LICON	111842	8,947.85
	6/20/2025	564--LINDE GAS & EQUIPMENT INC	ACH	553.17
	6/20/2025			
	6/20/2025	712--McCLANAHAN, SHAWNEE	ACH	175.00
	6/20/2025	130031--MCKESSON DRUG COMPANY	ACH	5,666.07
	6/20/2025	130044--MEDLINE INDUSTRIES, INC.	111844	3,534.40
	6/20/2025	130049--MIDWAY MARKET	111845	740.94
	6/20/2025			
	6/20/2025	9630--NETWORK SERVICES CO	ACH	129.60
	6/20/2025	9776--NEVADA RURAL HOSPITAL PARTNER	111847	3,053.83
	6/20/2025	833--NUANCE COMMUNICATION INC	ACH	125.00
	6/20/2025	190008--NV ENERGY	111848	35.75
	6/20/2025			
	6/20/2025	767--OPTUM BANK	ACH	100.00
	6/20/2025	750--ORTIZ, GERRI	ACH	64.80
	6/20/2025	1434--OSSUR AMERICAS INC	111850	2,006.40
	6/20/2025			
	6/20/2025	19--PHARMERICA	111852	23.07
	6/20/2025			
	6/20/2025	16--PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	ACH	431.61
	6/20/2025	56--PRICE, JODI	ACH	305.76
	6/20/2025	2963--QUEST DIAGNOSTICS	111855	16,896.43
	6/20/2025	12--QUEST DIAGNOSTICS	111854	48.15
	6/20/2025	140027--RELIASTAR LIFE INSURANCE COMPANY	111856	550.00
	6/20/2025	745--REOWN MEDICAL SCHOOL ASSOCIATES NORTH, IN	ACH	1,550.00
	6/20/2025			
	6/20/2025			
	6/20/2025	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	1,337.96
	6/20/2025	740--SILAS	111860	155.54
	6/20/2025	550--SILVERTON MANAGEMENT COMPANY, LLC	ACH	3,313.60
	6/20/2025			
	6/20/2025	45--THE RAWLINGS COMPANY LLC (CIGNA)	111862	1,122.57
	6/20/2025	26--TURN KEY MEDICAL INC.	111863	1,130.00
	6/20/2025	190033--US FOODSERVICE, INC.	ACH	3,769.99
	6/20/2025	1598--VERIZON WIRELESS	111864	299.34
	6/20/2025	220008--VITALANT	ACH	3,804.00
	6/20/2025	1391--WAYSTAR/ ZIRMED INC	ACH	1,256.55

**Company name:** Battle Mountain General Hospital

**Report name:** Check register

**Created on:** 7/21/2025

Bank	Date	Vendor	Document no.	Amount
	6/20/2025	100801--WELLS FARGO	111865	3,731.06
	6/20/2025	1601--WERFEN USA LLC	ACH	538.50
	6/20/2025			
	6/20/2025	505--WOLTERS KLUWER HEALTH	ACH	5,971.49

**Operating Account - Wells Fargo**

<b>Total for Operating Account</b>				<b>646,565.20</b>
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# **BATTLE MOUNTAIN GENERAL HOSPITAL** **BATTLE MOUNTAIN CLINIC**

PHYSICIAN	DAYS WORKED Jun-25	PATIENTS SEEN Jun-25	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN YTD
Dr Maltinski Telehealth	8	127	16	2,899
Dr Potterjones(Includes LTC) Telehealth	14	186	13	2,952
Abby Burkhardt(Includes LTC) Telehealth	17	260	15	3,673
Charloth Bledsoe, NP Telehealth	17	61	4	262
Katlynn Hymas, MHNP Telehealth	0	0	#DIV/0!	50
Jennifer Douglas, LCSW-I Telehealth	9	37	4	22
Cathryn Beggs, APRN Telehealth	17	109	6	398
Denise Roeman-Kramer, NP Telehealth	0	0	#DIV/0!	22
Delta Physician Group Rosales, Romeo PA Telehealth	0	0	#DIV/0!	116
Jodi Allen, RD Injections	0	0	0	0
	0	0	0	17
	0	0	#DIV/0!	0
	0	0	#DIV/0!	0
	0	0	0	449
	0	0	0	0
	0	0	0	3
	0	27	0	450
<b>Total</b>		<b>814</b>		<b>11,388</b>

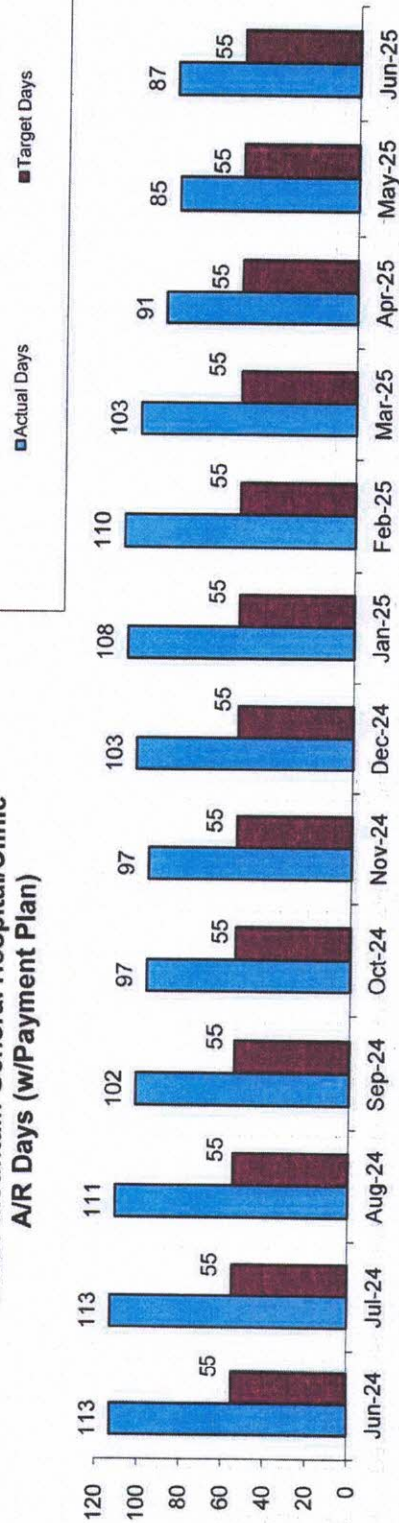
YTD	10,786
Face to Face	149
Telehealth	450
Injections	3
Dietician	11,388

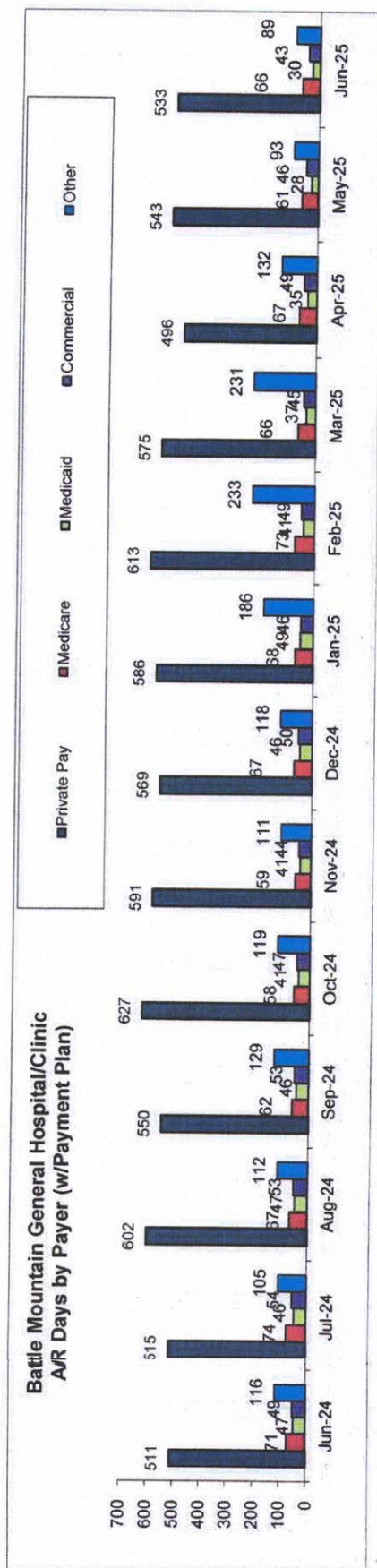
PATIENTS SEEN JUNE 2024 860

PATIENTS SEEN YTD JUNE 2024 12,242



# **Battle Mountain General Hospital/Clinic A/R Days (w/Payment Plan)**







**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Nature of Operations and Reporting Entity**

Lander County Hospital District dba: Battle Mountain General Hospital (the Hospital or District) is a hospital district formed under the provisions of the Nevada Revised Statutes. The Hospital primarily earns revenues by providing inpatient, outpatient, long-term care and emergency care services to patients in Battle Mountain, Nevada. It also operates a primary care clinic in Battle Mountain.

**Basis of Accounting and Presentation**

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific (such as county appropriations), property taxes, and investment income are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities and deferred inflows of resources and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash Equivalents**

The Hospital considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At June 30, 2022 and 2021, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

**Risk Management**

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Investments and Investment Income**

The Hospital maintains fixed income investments and certificate of deposits with an investment broker. Investments are carried at fair value. Fair value is determined using quoted market prices. Investment income includes dividend and interest income and the net change for the year in fair value of investments carried at fair value.



**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Fair Value Measurements**

To the extent available, the District's investments are recorded at fair value. GASS Statement No. 72 - *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources.

In contrast, unobservable inputs reflect an entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

*Level 1* - Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the district has the ability to access.

*Level 2* - Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

*Level 3* - Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.



**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Patient Accounts Receivable**

Patient accounts receivable are obligations that are stated at the amount management expects to collect for outstanding balances. These obligations are primarily from patients whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient receivables are applied to the specific claim identified on the remittance advice or statement. The district does not have a policy to charge interest on past due accounts.

Patient accounts receivable are recorded on the accompanying financial statements at an amount net of contractual adjustments and an allowance for doubtful accounts, which reflect management's estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patients accounts receivable.

In addition, management provides for probable uncollectible amounts, primarily for uninsured patient and amounts for which patient are personally responsible, through a reduction of gross revenue and a credit to an allowance for doubtful accounts.

In evaluating the collectability of patient accounts receivable, the District analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the district analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.

For receivables associated with self-pay patients (which includes patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which that are financially responsible. The difference between the standard rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

**Supplies**

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market.



**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Capital Assets**

The District capitalizes assets whose cost exceeds \$5,000 and have an estimated life of at least three years. Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Buildings and Leasehold Improvements	5 to 40 Years
Equipment	3 to 20 Years

**Compensated Absences**

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs, and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as Medicare taxes computed using rates in effect at that date. The estimated compensated absences liability expected to be paid more than one year after the statement of net position date is included in other long-term liabilities.

**Pension Plan**

The Hospital participates in the Public Employees Retirement System of the state of Nevada, (PERS), a cost-sharing multiple employer defined benefit pension plan. For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the plan and additions to/deductions from the plan's fiduciary net position have been determined on the same basis as they are reported by the plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

**Deferred Outflow of Resources**

Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and will not be recognized as an outflow of resources (expense) until then. Deferred outflows of resources consist of unrecognized items not yet charged to pension expense and contributions from the employer after the measurement date but before the end of the employer's reporting period.



**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Deferred Inflow of Resources**

Although certain revenues are measurable, they are not available. Available means collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources represent the amount of assets that have been recognized, but the related revenue has not been recognized since the assets are not collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources consist of pension related deferred inflows.

**Unearned Revenue**

Revenue received in advance of the performance of services deemed to be exchange transactions are deferred until such time as related expenditures are incurred and then recognized as revenue.

**Net Position**

Net position of the Hospital is classified in two components. Net investment in capital assets consists of capital assets net of accumulated depreciation. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

**Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts.

**Net Patient Service Revenue (Continued)**

Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

**Charity Care**

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

**Income Taxes**

As an essential government function, the Hospital is generally exempt from federal income taxes under Section 115 of the Internal Revenue Code. However, the Hospital is subject to federal income tax on any unrelated business taxable income.



**LANDER COUNTY HOSPITAL DISTRICT  
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL  
NOTES TO JUNE 30, 2025  
FINANCIAL STATEMENTS**

**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare - The Hospital is certified as a Medicare critical access hospital. The Hospital is reimbursed under a cost reimbursement methodology for inpatient and most outpatient services. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, **2021**.

Medicaid - Inpatient and nursing home services rendered to Medicaid program beneficiaries are reimbursed under cost reimbursement methodologies. Outpatient services are reimbursed at prospectively determined rates. The Hospital is reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid administrative contractor. The Hospital's Medicaid cost reports have been audited by the Medicaid administrative contractor through June 30, 2023.

Approximately 50% and 44% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2024 and 2023, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.



## WELLS FARGO SIGNIFY BUSINESS ELITE(SM) CARD



Page 1 of 2

## SUB ACCOUNT MEMO STATEMENT

Prepared For	BATTLE MTN GENERAL HOSP JASON BLEAK
Sub Account Number	
Statement Closing Date	07/22/25
Next Statement Date	08/22/25
Monthly Spending Limit*	\$7,500

For Customer Service Call:  
800-231-5511Inquiries or Questions:  
SBCS-Account Servicing Team  
PO Box 40310  
Mesa, AZ 85274

\*Available funds are subject to the monthly spending limit and the available credit on the control account.

## Sub Account Summary

Purchases and Other Charges	+	\$396.09
Cash Advances	+	\$0.00
Credits	-	\$0.00
Statement Total		\$396.09

The transactions detailed reflect activity on this card number only. The company control account has been billed for all transactions. Please refer payment inquiries to your company card administrator or owner.

## Sub Account Transactions

Trans	Post	Reference Number	Description	Credits	Charges
06/23	06/25	55480775F3ELFHVS5	ATLANTIS CASINO RESORT RENO NV		92.40 ✓
06/24	06/26	55480775G3EZZN1FA	ATLANTIS MANHATTAN DEL RENO NV		30.01 ✓
06/25	06/26	05436845G8PKZGWAZ	FSP*A SAFE LUBE PLUS RENO NV		88.73 ✓
06/25	06/26	72705855GS66HJ9F4	THAI LOTUS RESTAURANT RENO NV		22.35 ✓
06/25	06/27	55506295HB82D62XD	SIERRA CAR WASH - KIET RENO NV		14.00 ✓
06/26	06/29	55480775J3FLRQBER	ATLANTIS CASINO RESORT RENO NV		137.60 ✓
07/07	07/08	55480775X3JX2FW4V	DMV-37 BATTLE MOUNTAIN NV		11.00 ✓
07/22	07/22	000000000000COMPC	TOTAL PURCHASES	\$396.09	
			TOTAL	\$396.09	

All transactions detailed above have been billed to the company control account.

See reverse side for important information.



# WELLS FARGO CREDIT CARD (JASON BLEAK)

DATE	DESCRIPTION	CHARGE	DETAIL
6/25/2025	Atlantis Casino Resort	230.00	REDiHealth & Medicaid
6/24/2025	Atlantis Manhattan Deli	30.01	REDiHealth Training
6/25/2025	Safe Lube Plus	88.73	Oil change Mobile Vax Car
6/25/2025	Thai Lotus	22.35	REDiHealth & Medicaid
6/25/2025	Sierra Car Wash	14.00	Car Wash Mobile Vax Car
7/7/2025	DMV	11.00	Plates for Ford/F250 Super Duty/2014/EX88109

396.09

*Cindy*

*7/29/25*

August 7, 2025

TO: Battle Mountain Hospital Board  
FROM: Steve Larsgaard, Agape Board President  
SUBJECT: Financial and Activity Update

During FY23 Agape staff volunteered their time to serve patients, perform administrative tasks including work on Federal Medicare Application for Certification. With the onset of FY24, the Battle Mountain General Hospital Board approved \$165,682 to Agape Hospice. The funding to be used to hire a consulting firm to assist in completing Agape's Medicare Application. Funds would also be used to pay Agape office staff and Agape Medical Staff.

Agape submitted requisitions totaling \$54,902 to BMGH in FY24. In FY25 the requisitions total \$64,495 with \$9,825 of the total funds directed to the consulting firm Hospice Compliance. Due to the unexpected death in December 2024 of Agape's Hospice Compliance consultant, guidance from Hospice Compliance has been minimal in the closing months of FY25. Hospice Compliance remaining consultant is currently playing catch up regarding Agape's Medicare Application.

Agape requests that the remaining funds, \$41,897 of the original \$165,682 be carried over into FY26 for Agape's continued use.

Agape is waiting for an on-site audit from Hospice Compliance to identify any shortfalls in services and documentation of said services. Agape's final step will be inviting Medicare to conduct an onsite inspection prior to final approval of Agape's Certification Application. The Medicare inspection will coincide with Agape serving two or more patients simultaneously. The inspection will include interviews with patients and patient families.

In looking forward, once certified there will be a period (perhaps six months) before submissions for payment to Medicare will be forthcoming. Agape would ask that the BMGH Board consider funding Agape while it awaits reimbursement from Medicare. Agape would be responsible for repayment to BMGH of any costs incurred during the period between its Certification date and its first reimbursement from Medicare or other insurance providers.

To date Agape has served 11 patients with 1 patient pending in the next week.

Agape continues to be grateful for BMGH Board's continued support and looks forward to acquiring Medicare Certification sometime in FY26.





535 South Humboldt Street Battle Mountain, Nevada 89820  
Phone: 775-635-2550

## Executive Summary

August 13, 2025

- **Patient Portal:** There has been some questions surrounding the patient portal and its capabilities with lab and imaging results. With the help of Amanda Allegre, we have found some good information that may answer some of the questions that exist. It has been confirmed that our Athena account is the fully set up with the Athena Communicator and that it is programmed with automatic publishing. What this means is that as soon as the ordering provider reviews and signs off on the lab or imaging results, they will be published into the patient portal. If the ordering provider is from another facility, the results are automatically faxed to that provider. Those orders would then be placed on that provider's portal and not ours. I encourage patients to make sure that we have the correct provider information in our system to ensure results get to the right location. We have been told that results were not sent in the past, but each time we have been able to show on fax logs that the results were sent to and received by the number that we have listed. If any patient would like to hand deliver the results to their provider for their next visit, they can request a copy to take with them. If there are further questions, please bring the questions to our attention for answers and resolutions.
- **Medicaid Managed Care Contracts:** The contracting process has begun with Care Source and Silver Summit health plans. The contract verbiage is very similar between the two companies but they have different negotiation points for reimbursement. I am working to secure cost based reimbursement for our Medicaid services and good market place reimbursements with a small discount from billed charges. Each of the rural hospitals and rural health clinics are negotiating at this time. I have hopes to have them wrapped up very soon.  
I want our local Medicaid population to keep their eyes open for information regarding their selection process of a managed care organization. Their coverage goes live in January of 2026.
- **Provider Recruitment:** We have enjoyed having Cathryn Beggs, FNP working in our clinic for the past couple months. She has expressed a desire to stay with us on a long-term contract. I have issued an offer letter and we are working toward an agreeable end. Once the agreement is found and a letter of intent has been signed, I will prepare a contract to be brought to the Board for approval. Cathryn's medical staff privileges are on the consent agenda this evening.
- **Locum Tenens Physician:** We have been in contact with a locum tenens physician named Dr. David Rivas, DO. Our initial conversation with Dr. Rivas was positive and we are trying to get him set to join us for an initial term of three months. It may be possible to have him join us as soon as the last week of this month. If it turns out to be a good match, we have the opportunity to pursue him for permanent placement. He expressed that if everything works well, he would be interested in moving his family to Battle Mountain.
- **Drive for School Supplies:** I want to thank the BMGH employees and the County EMS for their help with the School Supply Drive. The generosity of those that donated is remarkable as a large amount of supplies were gathered to help the local school kids begin their school year. We wish them great success throughout the school year.
- **Catherine Cortez Masto:** This past Monday, we welcomed Senator Catherine Cortez Masto to Battle Mountain General Hospital as she makes her way around the state to visit the rural

hospitals. She and her staff spent time seeking our thoughts and our needs. Following our conversation, she took the time to tour through our facility in which she was very impressed with our staff and building. She encouraged us to reach out to her office if there is something that they can help with.