A G E N D A
Lander County Hospital District – Board of Trustees
Regular Session
October 14, 2026 - 5:30 P.M.
John Peters Health Services Center
Board Room
555 West Humboldt Street
Battle Mountain, NV

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

Pledge of Allegiance

People are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comments 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** – (Mariluch) - (Discussion for Possible Action)

1) October 14, 2026, Agenda Notice – Posted October 9, 2026
   Infection Control report – August 2026
   Quality Assurance & Performance Improvement – August 2026
   Emergency Operation & Life Safety – August 2026
   Policy & Procedure – August 2026

2) Medical Staff appointments and reappointments

   Battle Mountain Clinic:
   Katylynn Hymas, PMHNP, one-year provisional appointment

   Battle Mountain General Hospital Emergency Department:
   Dr. Brandan Crum, one-year provisional appointment

   Teleradiology Services: Tahoe Carson Radiology:
   Dr. Daniel Kirkham, two-year reappointment
   Dr. Thomas Powierza, two-year reappointment

   Teleradiology Services: GTR Teleradiology:
   Dr. Erik Jan Bekkers, one-year provisional appointment

   Public Comment

- **New Business –** (Mariluch) - (Discussion for Possible Action)

3) Battle Mountain General Hospital Employee Appreciation Holiday Benefit

   The Board will discuss and consider additional day(s) off for Battle Mountain General Hospital (BMGH) employees in December 2026 and all other matters properly related thereto.

   Public Comment

- **Financials** – (Mariluch) - (Discussion for Possible Action)

4) August 2026 Financial Reports

The Board will review and discuss financial reports for August 2026, and all other matters properly related thereto.

Public Comment

- **Chief Executive Officer Report** – (Mariluch) – (Discussion for Possible Action)

5) Chief Executive Officer Bauer will present monthly report 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 9th day of October 2026, 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 me on this 9th day of October 2026

WITNESS Holly Heese 10/09/26

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 Trustee535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

Via Zoom
(Barring technical difficulties)

Topic: Board Regular Session 10/14/2026
Time: Oct 14, 2026, 05:30 PM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/81483468758?pwd=mDe172uwSsNCTKZyRiooUmyhtRdnN5.1

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Meeting ID: 814 8346 8758
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INFECTION CONTROL REPORT MEDICAL STAFF MEETING
AUGUST 2026

1. Clinic had 3__ procedures out wound infection.
2. ER had __26 procedures with OUT wound infection.
3. __0 _Needle sticks in __AUGUST____ , a total of 0 for the year.
4. Immunization shots:
   - ____0____ of the BMGH employees received the flu shot.
   - ____0____ LTC Residents received any vaccinations.
5. Flu Test: 16
   - Positive A ; __0 Positive B 0
   - RSV Positive 0
   - 21__ Influenza-like symptoms
6. Yearly TB testing:
   - ____2____ New hire employee tested positive for TB Quantiferon/TST; X-ray is clear.
7. House Cultures site:
   - Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.
8. Hand Hygiene monitor is ongoing in Hospital and Clinic.
9. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.
10. Total Long Term Care Residents: 23 ; 4__ Infection/s __ SSTI; __1 UTI.
11. AUGUST Acute 9 1 Infection/s
12. AUGUST `3 Swing 0 Infection/s
13. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.
14. Cultures need to be reported ASAP.
15. Infection Control – COVID-19 Reports:

    Tested: __21_____Negative:20 _ Positives: 1 Invalid:0

    No COVID positive case for all LTC residents and employees for the month of . AUGUST
16. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
17. As per CDC the 5 days' isolation for COVID positive patients is no longer mandatory; Less than 5 days of isolation is now allowed as long as the symptoms are resolved. This is for the general public only; no change on isolation policy for hospital settings, still 10 days for LTC.
18. Policy in effect for masking during Flu season - unvaccinated staff must wear mask around staff and patients.

Battle Mountain General Hospital
535 S Humboldt Street
BATTLE MOUNTAIN, NV 89820
PH: (775) 635-2550 x1135 FX: (775) 539-3248

BMGH August 2026 Antibiogram Report: Date Range 08/01/2026 - 08/31/2026

Citrobacter koseri	*Sensitive*		*Intermediate*		*Resistant*	
Amp/Sulbactam	1	100.00%	0	0.00%	0	0.00%
Cefazolin	1	100.00%	0	0.00%	0	0.00%
Ceftazidime	1	100.00%	0	0.00%	0	0.00%
Ceftriaxone	1	100.00%	0	0.00%	0	0.00%
Cefuroxime	0	0.00%	1	100.00%	0	0.00%
Ciprofloxacin	1	100.00%	0	0.00%	0	0.00%
Gentamicin	1	100.00%	0	0.00%	0	0.00%
Levofloxacin	1	100.00%	0	0.00%	0	0.00%
Nitrofurantoin	1	100.00%	0	0.00%	0	0.00%
Pip/Tazo	1	100.00%	0	0.00%	0	0.00%
Tobramycin	1	100.00%	0	0.00%	0	0.00%
Trimeth/Sulfa	1	100.00%	0	0.00%	0	0.00%
Total Isolates: 1						

Enterococcus faecalis	*Sensitive*		*Intermediate*		*Resistant*	
Ampicillin	1	100.00%	0	0.00%	0	0.00%
Gent. Synergy	1	100.00%	0	0.00%	0	0.00%
Penicillin	1	100.00%	0	0.00%	0	0.00%
Vancomycin	1	100.00%	0	0.00%	0	0.00%
Total Isolates: 1						

Escherichia coli	*Sensitive*		*Intermediate*		*Resistant*	
Amp/Sulbactam	8	80.00%	1	10.00%	1	10.00%
Ampicillin	7	70.00%	0	0.00%	3	30.00%
Cefazolin	10	100.00%	0	0.00%	0	0.00%
Ceftazidime	10	100.00%	0	0.00%	0	0.00%
Ceftriaxone	9	90.00%	0	0.00%	1	10.00%
Cefuroxime	10	100.00%	0	0.00%	0	0.00%
Ciprofloxacin	8	80.00%	1	10.00%	1	10.00%
Gentamicin	10	100.00%	0	0.00%	0	0.00%
Levofloxacin	9	90.00%	0	0.00%	1	10.00%
Nitrofurantoin	10	100.00%	0	0.00%	0	0.00%
Pip/Tazo	10	100.00%	0	0.00%	0	0.00%
Tobramycin	10	100.00%	0	0.00%	0	0.00%
Trimeth/Sulfa	8	80.00%	0	0.00%	2	20.00%
Total Isolates: 10						

Klebsiella pneumoniae	*Sensitive*		*Intermediate*		*Resistant*	
Amp/Sulbactam	1	100.00%	0	0.00%	0	0.00%
Cefazolin	1	100.00%	0	0.00%	0	0.00%
Ceftazidime	1	100.00%	0	0.00%	0	0.00%
Ceftriaxone	1	100.00%	0	0.00%	0	0.00%
Cefuroxime	1	100.00%	0	0.00%	0	0.00%
Ciprofloxacin	1	100.00%	0	0.00%	0	0.00%
Gentamicin	1	100.00%	0	0.00%	0	0.00%
Levofloxacin	1	100.00%	0	0.00%	0	0.00%
Nitrofurantoin	0	0.00%	1	100.00%	0	0.00%
Pip/Tazo	1	100.00%	0	0.00%	0	0.00%
Tobramycin	1	100.00%	0	0.00%	0	0.00%
Trimeth/Sulfa	1	100.00%	0	0.00%	0	0.00%
Total Isolates: 1						

Staphylococcus auricularis	*Sensitive*		*Intermediate*		*Resistant*	
Clindamycin	1	100.00%	0	0.00%	0	0.00%

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BMGH August 2026 Antibiogram Report: Date Range 08/01/2026 - 08/31/2026

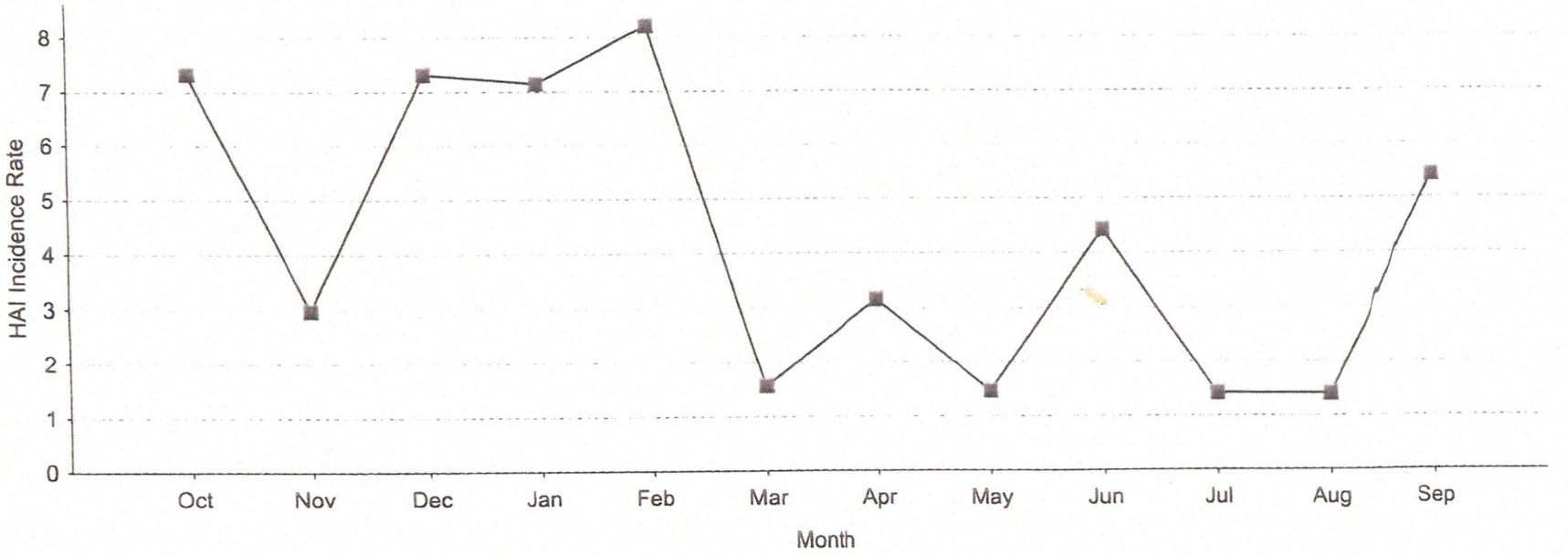
Staphylococcus auricularis	*Sensitive*		*Intermediate*		*Resistant*	
Erythromycin	1	100.00%	0	0.00%	0	0.00%
Gentamicin	1	100.00%	0	0.00%	0	0.00%
Levofloxacin	1	100.00%	0	0.00%	0	0.00%
Rifampin	1	100.00%	0	0.00%	0	0.00%
Tetracycline	1	100.00%	0	0.00%	0	0.00%
Trimeth/Sulfa	1	100.00%	0	0.00%	0	0.00%
Vancomycin	1	100.00%	0	0.00%	0	0.00%
Total Isolates: 1						

Staphylococcus epidermidis	*Sensitive*		*Intermediate*		*Resistant*	
Gentamicin	1	100.00%	0	0.00%	0	0.00%
Levofloxacin	1	100.00%	0	0.00%	0	0.00%
Nitrofurantoin	1	100.00%	0	0.00%	0	0.00%
Oxacillin	1	100.00%	0	0.00%	0	0.00%
Rifampin	1	100.00%	0	0.00%	0	0.00%
Tetracycline	0	0.00%	1	100.00%	0	0.00%
Trimeth/Sulfa	1	100.00%	0	0.00%	0	0.00%
Vancomycin	1	100.00%	0	0.00%	0	0.00%
Total Isolates: 1						

Summary

Total Infection	CAI	HAI	HAI Incidence Rate	Number Of MDRO	HAI Point Prevalence (August 31, 2026)
3	0	1	1.41	0	0.00 %

HAI Incidence Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI Incidence Rate
Blood/Systemic	0	0	0.00
Bone & Joint	0	0	0.00
Cardiovascular	0	0	0.00
Ear Nose, Mouth & Throat	0	0	0.00

Summary By Infection Category

Infection Category	Total	HAI	HAI Incidence Rate
Eye	0	0	0.00
Gastrointestinal	0	0	0.00
Genital	0	0	0.00
MDRO	0	0	0.00
Neurologic	0	0	0.00
Other	1	1	1.41
Parasitic	0	0	0.00
Respiratory	1	0	0.00
Skin & Soft Tissue	0	0	0.00
Urinary Tract/Kidney	1	0	0.00
Total	**3**	**1**	

Other Infection Category

HAI Incidence 1.41

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
LTC. LONG TERM CARE/	08/21/26	Unknown	Cough	Closed (08/30/26) - Resolved	Azithromycin Oral Tablet 250 MG (08/21/26) Prescriber: Burkhart, Abby	Upper Respiratory Infection, productive cough Started Z-pack on 8-22-26

Respiratory Infection Category

HAI Incidence 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
LTC. LONG TERM	08/14/26	Pneumonia	Altered mental status, Confusion (new onset),	Closed (08/22/26) - Resolved		

CARE		Extreme pain or discomfort, Extreme, unexplained tiredness, Extremity weakness, Functional decline, Pain, Weakness		at approximately 0034, Primary Thrombocytopenia; Myelodysplastic syndrome (clinical); pneumonitis.

Urinary Tract/Kidney Infection Category

HAI Incidence 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
LTC. LONG TERM CARE	08/12/26	Urinary Tract Infection		Closed (08/30/26) - Resolved		Resident went to Urology appointment. .. He took a urine sample and showed that she had a UTI. He prescribed Augment 500mg/125mg 1 tablet PO Q8hours X 7 days.

COPD IV
2-Pack 500mg. by one 250mg. QD x 4days.
Erythromycin ophth Ant. 0.5% 1 appl. Bleye QHS 7days CONJ

Battle Mountain General Hospital

Board of Governance
Emergency Operation Program and Policy and Procedure Summary

Date: August *18, 2026*

Policy and Procedure Committee Meeting Summary:

- **Policy and Procedure Coordinator:**
  Working with the following managers with policy guidelines or forms:
  - Food & Nutritional Services
  - Radiology
  - Nursing
- **Presenting this month:**
  Policies are currently being worked to updated.
  - Environmental Services
  - Acute Nursing

*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]***

Patient Safety Meeting:

BMGH patient safety workgroup objective is to review our safety metrics, address potential clinical vulnerabilities, and reinforce our culture of continuous quality improvement. By aligning our practices with Nevada State mandates and CMS Conditions of Participation, we ensure the highest standards of care and protection for our patients.

➢ Discussion:

- **Patient Safety:**

  Nevada, critical access hospitals, must comply with state-mandated patient safety programs under Nevada Revised Statutes Chapter 439 alongside federal Conditions of Participation 42 CFR Part 485 Subpart F.

- **Patient Safety Committees and Plans**
  - Establishment
  - Safety Plans
  - Reporting
- **Operational and Physical Standards**
  - Bed and Stay Limits
  - Emergency Care
  - Environment and Restraints
- **Mandatory Reporting Sentinel Events**

➢ Complaints:

- **Emergency Safety** closing of the ED
- **Long Term Care** personal clothing item missing
- **Long Term Care** Legal Guardianship
- **Clinic** Pt received incomplete misinformation regarding appointment
- **Clinic** MA gave wrong information MA rude to patient
- **Clinic** no follow up
- **Clinic** patient sent to the ED still charged clinic
- **Collections** Payment issues
- **Compliance** Possible HIPAA Breach

Emergency Operations Program Committee Workgroup:

In accordance with CMS regulatory standards and the recent collaborative directives of the Open Workgroup Committee, the following topics were formally reviewed and addressed:

- BMGH is on the final preparations for approval of the emergency flip guide (or emergency flip chart) that is a quick-reference safety tool designed with tiered, indexed tabs so you can instantly access step-by-step instructions during a crisis. These guidelines are established in BMGH Emergency Operations plan and policies. Kathy finished the map and a sample will be sent for approval that will be brought to the next meeting.
- Information on required annual training was sent to HR to set up annual in-services for BMGH Employees as part of our plan of corrections.
- Working with the State of Nevada Fire Marshal to finish up state of deficiency for signage around the building.
- RHPP will be conducting as tabletop exercise for an earthquake exercise of bed availability and evacuation procedures.
- BMGH will be hosting a decontamination training. A grant through the NHA has been given and we will invite county stakeholders. The date to follow.
- State representation from the Nevada Hospital Association Infection Control, Workforce and Clinical Services Director Nursing, and State emergency preparedness coordinator and Nevada Rural Hospital Partners Liability Cooperative and Behavioral health are coming for the rural annual visits.

Quality Assurance and Performance Improvement:

Quality measures for Critical Access Hospitals (CAHs) span various departmental operations to fulfill the **Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs)**. BMGH maintains quality metrics emphasize operational structural health, regulatory readiness, and baseline patient safety.

Presenting:

- Maintenance

- Life Safety
- Emergency Operations Program
- Laboratory
- Nursing: Acute Swing ED
- Business Office
- Pharmacy

Completed by: Holly Heese, Director of Compliance Quality & Risk

Battle Mountain
General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

FINANCIALS

AUGUST 2026

Battle Mountain General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

FINANCIAL STATEMENT REVIEW

AUGUST 2026

BALANCE SHEET

ASSETS

- *Operating cash at the end of August 2026 was $952,645. The Hospital also held $10,461,042 in money market funds, $6,124,258 in the LGIP Construction Reserve, $3,304,361 in the LGIP Capital Expenditures Reserve, $29,218,125 in the LGIP Operations Reserve, and $57,090 in the LGIP Savings Reserve. Long-term cash investments totaled an additional $22,242,337. Short-term investment account balances were $421,736 in the Operations Reserve, $215,831 in the Capital Expenditures Reserve, and $1,647,209 in the Construction Reserve.*

- *Gross accounts receivable had a balance of $ 9,273,305 (total) and net accounts receivable (what we expect to collect) had a balance of $ 2,401,349. The balance of the accounts receivable is made up of Athena A/R, $ 9,189,185, Point Click Care A/R, $339,193, Sharp Ambulance Billing A/R, $3,595 and ($258,668) in Athena A/R Clearing accounts.*

- *Accounts payable at the end of August totaled $(5,596).*

- *Total payroll liabilities were $337,981, consisting primarily of accrued payroll and accrued vacation liabilities.*

INCOME STATEMENT

REVENUES

- *Gross patient revenue for August was $2,364,182, compared to a budget of $1,890,753. August revenue exceeded budget by $473,429. August's gross patient revenue was $24,505 lower than July.*

Month Ending 08/31/2025	Month To Date 08/31/2026			Prior Year To Date 08/31/2025	Year To Date 08/31/2026	
Actual	Actual	Budget 2027		Actual	Actual	Budget 2027
690,036	1,233,806	766,281	Emergency	1,603,478	2,380,322	1,532,563
78,805	83,404	120,888	Inpatient	95,986	213,941	241,775
457,375	515,978	523,406	Outpatient	945,050	1,117,444	1,046,811
25,090	3,756	25,301	Observation	29,707	33,178	50,603
119,271	112,318	155,386	Clinic	274,595	230,889	310,773
23,247	177,549	75,140	Swing bed	57,565	312,913	150,279
207,197	237,371	224,351	Skilled nursing (SNF)	424,787	465,019	448,703
0	0	0	No Level of Care	0	(837)	0
1,601,021	2,364,182	1,890,753	Total Patient Revenue	3,431,168	4,752,869	3,781,507

- *In August ER, Swing Bed, SNF exceeded budget while other lever of care are below revenues.*
- *Gross Clinic revenues for August were $43,068 below budget, with actual revenues of $112,318 compared to a budget of $155,386. Clinic revenues were $6,253 lower compared to July.*

DEDUCTIONS

- *Contractual Adjustments for AUGUST were $ 909,923 with the budgeted amount of $652,310.*

- *Bad debt was $85,800, 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 ($0), Bad Debt Adjustment was ($2,352), EMS(SHARP) B/D write offs were ($0), EMS(SHARP) B/D Recovery were ($0), LTC B/D write offs were –$0-, Athena write offs were $12,821, B/D recovery was ($2,989), Allowance adjustment was $50,000, Adj to AR Collections $28,320.*

EXPENSES

- *Total operating expenses for August were $1,807,946, compared to a budget of $1,860,719, resulting in expenses that were $52,773 below budget.*

- *Employee-related expenses were $1,099,969, compared to a budget of $1,098,369, which was 0.1% above budget for the month.*

-

OPERATING INCOME AND NET INCOME

- *During the month of AUGUST BMGH overall experienced (Loss)/Gain from operations of ($390,736) as compared to a budgeted net loss of ($675,975), YTD as of AUGUST $798,998.*

- *The Overall (Loss)/Gain for the month of AUGUST was $337,423 compared to a budget of $20, YTD (Loss)Gain was $2,302,654, compared to the budgeted amount of $40.*

Battle Mountain General Hospital
Balance Sheet
As of August 31, 2026

Reporting Book: ACCRUAL
As of Date: 08/31/2026

	Month Ending 08/31/2026 Actual	Month Ending 06/30/2026 Actual
Assets		
Current Assets		
Cash and Liquid Capital		
US Bank	35,877.25	22,518.47
Operating Account	952,644.83	1,549,124.19
LGIP - Operations Reserve	29,218,125.48	19,856,973.94
LGIP - Construction Reserve	6,124,258.13	6,085,341.58
LGIP - Capital Expenditures Reserve	3,304,361.34	3,283,363.80
LGIP - SAV	57,089.56	56,726.79
Cash - TBILL Operations Reserve	421,735.60	419,274.57
Cash - TBILL Construction Reserve	1,647,209.11	1,637,596.88
Cash - TBILL Capital Expenditures Reserve	215,831.22	214,571.74
Cash - Money Market Account	10,461,042.14	9,836,855.11
Cash - Resident's Trust	22,387.89	16,036.93
Cash - Transfer	22,443.51	25,009.52
Petty Cash	1,700.00	1,700.00
Petty Cash - Resident's Trust	400.00	400.00
Total Cash and Liquid Capital	52,485,106.06	43,005,493.52
Accounts Receivable, Net of Allowance		
Accounts Receivable	9,273,305.40	8,804,666.89
Allowances against Receivables	6,871,956.27	6,391,956.27
Total Accounts Receivable, Net of Allowance	2,401,349.13	2,412,710.62
Other Receivables	1,198,229.50	8,405,923.42
Inventory	452,053.78	457,965.51
Prepaid Expenses	196,131.64	223,753.30
Total Current Assets	56,732,870.11	54,505,846.37
Long Term Assets		
Fixed Assets, Net of Depreciation		
Fixed Assets	59,906,072.77	59,831,006.87
Accumulated Depreciation	29,016,279.51	28,518,456.42
Construction in Progress	29,287.37	40,703.41
Total Fixed Assets, Net of Depreciation	30,919,080.63	31,353,253.86
Total Long Term Assets	30,919,080.63	31,353,253.86
Long Term Investments		
Wells Fargo - Long Term Investments	22,430,000.00	22,675,000.00
Mark to Market - Long Term Investments	(187,663.20)	(145,626.44)
Total Long Term Investments	22,242,336.80	22,529,373.56
Deferred Outflow (Pension Liability)		
Deferred Outflow (Pension Liability)	5,181,072.00	5,181,072.00
Total Deferred Outflow (Pension Liability)	5,181,072.00	5,181,072.00
Total Assets	115,075,359.54	113,569,545.79
Liabilities		
Current Liabilities		
Accounts Payable	(5,595.89)	526,957.84
Accrued Taxes	(0.04)	(0.04)
Accrued Payroll and Related	337,981.48	462,597.20
Deferred Revenue	50,000.00	50,000.00
Total Current Liabilities	382,385.55	1,039,555.00
Suspense Liabilities	83,236.13	222,906.56
Uncategorized Liabilities	15,407,184.00	15,407,184.00
Total Liabilities	15,872,805.68	16,669,645.56
Retained Earnings	98,865,130.59	88,553,508.75
Net Income	337,423.27	8,346,391.48

Battle Mountain General Hospital
Income Statement - Detail against Budget
As of August 31, 2026

Reporting Book: ACCRUAL
As of Date: 08/31/2026

Month Ending 08/31/2025	Month To Date 08/31/2026			Prior Year To Date 08/31/2025	Year To Date 08/31/2026	
Actual	Actual	Budget 2027		Actual	Actual	Budget 2027
690,036	1,233,806	766,281	Emergency	1,603,478	2,380,322	1,532,563
78,805	83,404	120,888	Inpatient	95,986	213,941	241,775
457,375	515,978	523,406	Outpatient	945,050	1,117,444	1,046,811
25,090	3,756	25,301	Observation	29,707	33,178	50,603
119,271	112,318	155,386	Clinic	274,595	230,889	310,773
23,247	177,549	75,140	Swing bed	57,565	312,913	150,279
207,197	237,371	224,351	Skilled nursing (SNF)	424,787	465,019	448,703
0	0	0	No Level of Care	0	(837)	0
1,601,021	2,364,182	1,890,753	Total Patient Revenue	3,431,168	4,752,869	3,781,507
521,012	909,923	652,310	Contractual Adjustments	1,098,871	1,834,976	1,304,620
			Bad Debt			
91,792	88,788	101,991	Bad Debt Write Off Hospital/Clinic	174,926	189,196	203,983
(12,447)	(2,989)	0	Bad Debt Recovery	(16,707)	(8,086)	0
79,345	85,799	101,991	Total Bad Debt	158,219	181,110	203,983
0	0	0	Revenue Deductions	0	16,346	0
600,357	995,722	754,301	Total Revenue Deductions	1,257,090	2,032,432	1,508,603
861	1,634	208	Incentive Revenue	938	1,651	417
861	1,634	208	Total Other Patient Revenue	938	1,651	417
1,001,525	1,370,094	1,136,660	Total Net Patient Revenue	2,175,016	2,722,088	2,273,321
80,338	51,619	48,500	Other Operating Revenue	136,980	1,611,446	97,000
431,878	468,739	463,007	Non-Operating Revenue	1,198,757	931,745	926,012
298,141	259,420	212,988	Interest Income	589,403	571,911	425,976
730,019	728,159	675,995	Total Non-Operating Revenue	1,788,160	1,503,656	1,351,988
1,811,882	2,149,872	1,861,155	Total Income before Expenses	4,100,156	5,837,190	3,722,309
13,952	20,440	22,095	Repairs and Maintenance	25,790	30,776	44,189
6,195	5,986	5,950	Leases and Rental Expenses	10,838	12,109	11,900
940,241	1,099,969	1,098,369	Employee Related Expenses	1,786,904	2,145,816	2,196,738
109,835	132,465	136,953	Supplies	224,281	252,030	273,907
266,069	239,212	277,992	Contract Services	533,872	459,341	555,983
10,531	4,181	11,838	Other Department Expenses	19,272	28,700	23,677
1,346,823	1,502,253	1,553,197	Total Departmental Expenses	2,600,957	2,928,772	3,106,394
27,851	21,212	27,225	Hospital Insurance Expenses	39,123	42,425	54,450
16,275	20,849	21,269	Utilities	35,526	42,001	42,537
142,150	249,384	255,063	Depreciation and Amortization	287,935	497,823	510,125
1,348	2,617	2,500	Recruitment and Credentialing	1,279	3,924	5,000
2,904	1,080	1,215	Other Fees	5,020	4,241	2,430
1,250	10,551	250	Other Operating Expenses	14,122	10,550	500
191,778	305,693	307,522	Total General and Administrative Expenses	383,005	600,964	615,042
1,538,601	1,807,946	1,860,719	Total Operating Expenses	2,983,962	3,529,736	3,721,436
242	4,503	416	Non-Operating Expenses	486	4,800	833
1,538,843	1,812,449	1,861,135	Total Expenses	2,984,448	3,534,536	3,722,269
273,040	337,423	20	Total Net Income	1,115,708	2,302,654	40

	2,364,182	**Total Patient Revenue**	**4,752,869**	
	1,634	**Total Other Patient Revenue**	**1,651**	
	51,619	**Other Operating Revenue**	**1,611,446**	
	2,417,435	**TOTAL OPERATING REVENUE**	**6,365,966**	
	995,722	**Total Revenue Deductions**	**2,032,432**	
	1,421,713	**NET OPERATING REVENUE**	**4,333,534**	
	1,812,449	**Total Expenses**	**3,534,536**	
	(390,736)	***(LOSS) FROM OPERATIONS***	**798,998**	

Battle Mountain General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

WELLS FARGO OPERATING ACCOUNT
AS OF AUGUST 2026

BEGINNING BALANCE:		
Cash in Operating Account for Operations	**1,123,255.63**	
Petty Cash - Hospital	1,700.00	**1,124,955.63**
DEPOSITS:		
Ad Valorem	65,296.77	
Net Proceeds of Mines		
Consolidated Tax	103,583.26	
JPHSC RENT (EMS & REACH)	6,732.39	
340B	32,705.61	
UPL/DSH	0.00	
Healthy Thursday	1,200.00	
Transfer from WF Investment Account	0.00	
Misc/Rebates/Dietary/Incentives	18,060.18	
Grant (Silver Summit Grant for trainings)		
Hospital/Clinic Receipts	1,340,737.09	
		1,568,315.30
WITHDRAWALS:		
Accounts Payable	765,021.26	
Athena	35,692.34	
Allied Insurance	83,980.01	
Payroll (Net)	707,012.52	
Payroll Taxes	146,229.19	
Transfer of Funds to LGIP Investment Account	0.00	
Merchant Charges	990.78	
		1,738,926.10
ENDING BALANCE:		
Cash in Operating Account for Operations	952,644.83	
Petty Cash - Hospital	1,700.00	**954,344.83**

Battle Mountain
General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

WELLS FARGO - MONEY MARKET MUTUAL FUNDS
AS OF AUGUST 2026

RESERVE ACCOUNT	BEGINNING BALANCE	DEPOSITS	BOUGHT/SOLD	INTERESTS	DIVIDENDS	TRANSFERS between Funds In /	ENDING BALANCE
Cash - Money Market Account	10,326,080.20	-		105,361.54	29,600.40		10,461,042.14
Wells Fargo - Long Term Investments	22,430,000.00		-				22,430,000.00
Mark to Market - Long Term Investments	(181,976.36)			(5,686.84)			(187,663.20)
GRAND TOTAL	**32,574,103.84**	**-**	**-**	**99,674.70**	**29,600.40**		**32,703,378.94**

Battle Mountain
General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

WELLS FARGO - RESERVE ACCOUNTS
AS OF AUGUST 2026

RESERVE ACCOUNT	BEGINNING BALANCE	DEPOSITS	WITHDRAWAL	TRANSFERS between Funds In / (Out)	DIVIDENDS	ENDING BALANCE
Cash - TBILL Operations Reserve	420,484.86				1,250.74	421,735.60
Cash - TBILL Construction Reserve	1,642,324.00				4,885.11	1,647,209.11
Cash - TBILL Capital Expenditures Reserve	215,191.13				640.09	215,831.22
GRAND TOTAL	**2,277,999.99**	**-**	**-**	**-**	**6,775.94**	**2,284,775.93**

Battle Mountain
General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

LGIP - RESERVE ACCOUNTS
AS OF AUGUST 2026

RESERVE ACCOUNT	BEGINNING BALANCE	DEPOSITS	WITHDRAWAL	INTEREST	ENDING BALANCE
LGIP - Operations Reserve	29,124,991.75			93,133.73	29,218,125.48
LGIP - Construction Reserve	6,104,736.86			19,521.27	6,124,258.13
LGIP - Capital Expenditures Reserve	3,293,828.58			10,532.76	3,304,361.34
LGIP - SAV	56,907.59			181.97	57,089.56
GRAND TOTAL	**38,580,464.78**	**-**	**-**	**123,369.73**	**38,703,834.51**

Battle Mountain General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

CEO's CREDIT CARD
AS OF AUGUST 2026

ACCOUNT	DATE POSTED	VENDOR	DESCRIPTION	CHARGES
CREDIT CARD (HOPE BAUER)	7/31/2026	THE LOONEY LEPRECHAUN	TREAT FOR EMPLOYEE	197.95
	8/14/2026	NEVADA HOSPITAL ASSOCIATION	NHA FULL MEMBERSHIP	335.00
GRAND TOTAL				**532.95**

Battle Mountain General Hospital
Schedule of Patient Revenues vs. Patient Payments
Fiscal Years ending June 30, 2027 & 2026

Fiscal Year ending June 30, 2027

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-26	$2,388,687	$2,196,309	$1,359,901	61.9%
Aug-26	$2,364,182	$2,270,797	$1,340,737	59.0%
Sep-26				
Oct-26				
Nov-26				
Dec-26				
Jan-27				
Feb-27				
Mar-27				
Apr-27				
May-27				
Jun-27				
YTD 2 mo. AVG	**$2,376,435**	**$2,233,553**	**$1,350,319**	**60.5%**

Fiscal Year ended June 30, 2026

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-25	$1,830,147	$1,692,946	$1,237,117	73.1%
Aug-25	$1,601,021	$1,671,058	$1,091,824	65.3%
Sep-25	$1,826,152	$1,752,440	$1,091,403	62.3%
Oct-25	$1,900,918	$1,776,030	$1,148,815	64.7%
Nov-25	$1,732,344	$1,819,805	$918,583	50.5%
Dec-25	$1,782,830	$1,805,364	$1,324,098	73.3%
Jan-26	$2,266,748	$1,927,307	$1,056,656	54.8%
Feb-26	$2,313,192	$2,120,923	$1,081,712	51.0%
Mar-26	$2,788,352	$2,456,097	$1,235,877	50.3%
Apr-26	$1,804,096	$2,301,880	$1,369,226	59.5%
May-26	$2,140,719	$2,244,389	$1,201,418	53.5%
Jun-26	$2,059,521	$2,001,445	$1,147,669	57.3%
YTD 12 mo. AVG	**$2,003,837**	**$1,964,140**	**$1,158,700**	**59.0%**

Battle Mountain General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820

BATTLE MOUNTAIN CLINIC CENSUS
AS OF AUGUST 2026

PHYSICIAN	DAYS WORKED Aug-26	PATIENTS SEEN Aug-26	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN YTD
Abby Burkhart, APRN(Includes LTC)	15	314	21	584
Telehealth				0
Chalee Mullin - FNP-C	16	225	14	438
Telehealth				0
Charloth Bledsoe, PMHNP	12	48	5	77
Telehealth		13		48
Michele Leary, DO	17	223	13	456
Telehealth				0
Jodi Allen, RD	0	0	0	0
Injections		5		7
Total		828		1,610

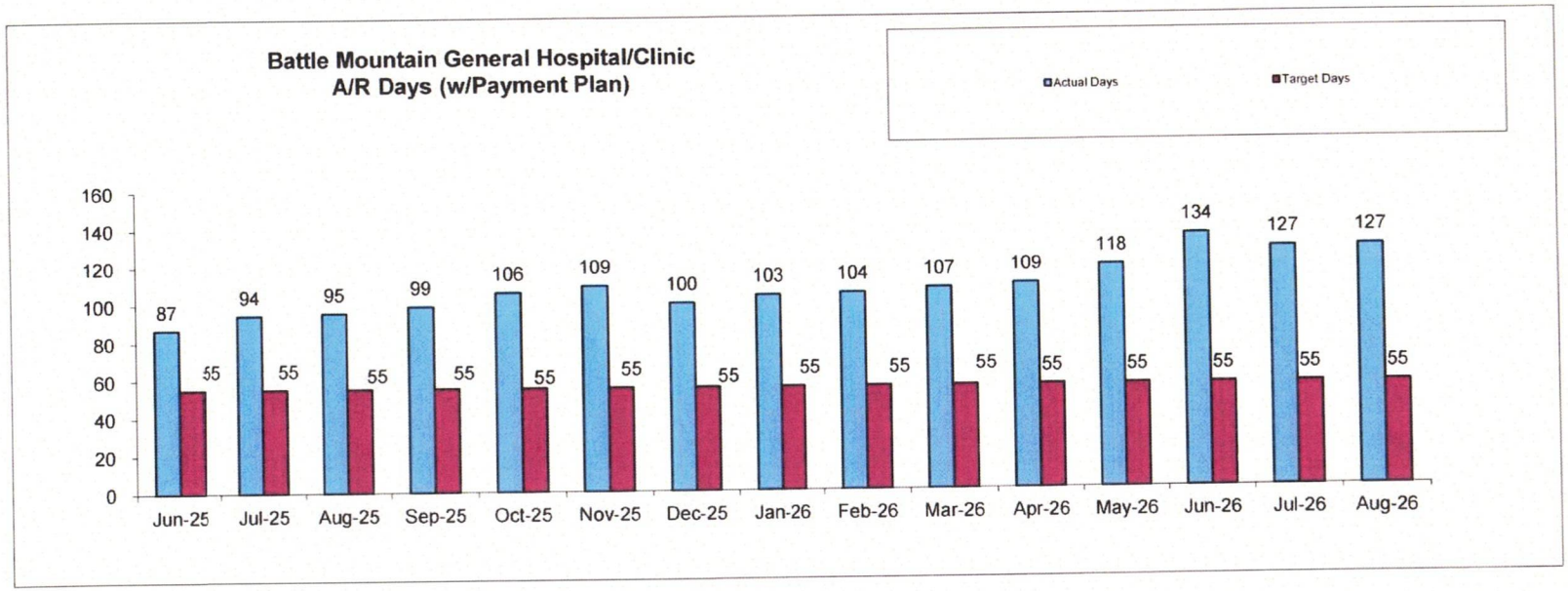
		DIFFERENCE
PATIENTS SEEN AUGUST 2025	839	-11
PATIENTS SEEN YTD AUGUST 2025	1,742	-132

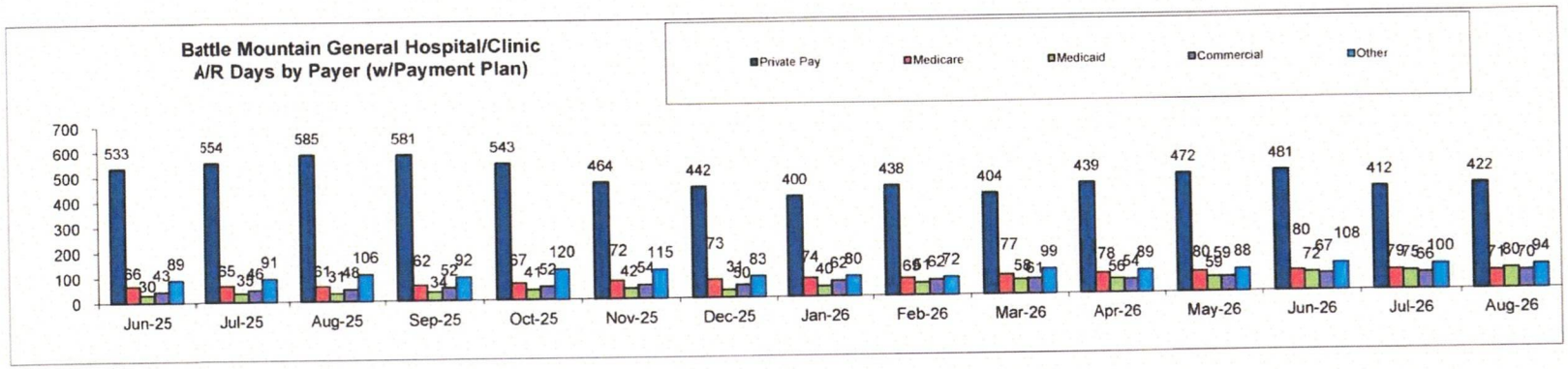
YTD	
Face to Face	1,555
Telehealth	48
Injections	7
Dietician	0
TOTAL	1,610

Jul-26	782
Aug-26	828
Sep-26	-
Oct-26	-
Nov-26	-
Dec-26	-
Jan-27	-
Feb-27	-
Mar-27	-
Apr-27	-
May-27	-
Jun-27	-
TOTAL	1,610

CARDIOLOGIST	DAYS WORKED Aug-26	PATIENTS SEEN Aug-26	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN YTD
Dr. Alban De Schutter	2	33	16.5	68

Battle Mountain
General Hospital
535 South Humboldt Street, Battle Mountain, NV 89820





AUGUST 2025	TWO Month Year-to-date 2025 Sum of Charges
CM - Blood Bank	**13,797.83**
Emergency	8,562.27
Inpatient	1,234.06
Outpatient	4,001.50
CM - Central Supply	**2,451.65**
Emergency	2,444.83
Swing bed	6.82
CM - CT Scan	**600,344.57**
Emergency	463,147.44
Inpatient	3,258.70
Observation	7,385.46
Outpatient	126,552.97
CM - Infusion	**184,339.27**
Emergency	151,286.37
Inpatient	12,881.73
Observation	4,349.69
Outpatient	15,821.48
CM - Laboratory	**662,296.24**
Emergency	192,575.89
Inpatient	12,262.01
Observation	3,284.08
Outpatient	446,486.95
Swing bed	7,587.31
CM - MRI	**72,693.09**
Emergency	**2,848.53**
Outpatient	69,844.56
CM - Observation	**7,713.09**
Observation	7,713.09
CM - Pharmacy	**82,527.95**
Emergency	40,192.86
Inpatient	5,950.54
Observation	3,572.71
Outpatient	26,760.37
Swing bed	6,051.47
CM - Physical Therapy	**164,440.55**
Emergency	389.91
Inpatient	5,588.38
Outpatient	152,404.04
Swing bed	6,058.22
CM - Professional Fees	**18,109.51**
Emergency	18,109.51
Inpatient	0.00
Outpatient	0.00
CM - Radiology	**111,841.43**
Emergency	48,094.02
Inpatient	616.44
Observation	493.64
Outpatient	62,637.33
Swing bed	0.00
CM - Ultrasound	**30,247.67**
Emergency	3,240.83
Inpatient	838.22
Outpatient	26,168.62
Swing bed	0.00
CM- Swing Bed	**6,811.92**
Swing bed	6,811.92
Emergency	**609,285.45**
Emergency	609,285.45

AUGUST 2026	TWO Month Year-to-date 2026 Sum of Charges	Changes Greater than $5K FY 2026 Increase (Decrease)	
CM - Blood Bank	**49,758.00**	**35,960.17**	**261%**
Emergency	13,426.00		
Inpatient	-		
Outpatient	36,332.00	**32,330.50**	**808%**
CM - Central Supply	**4,702.10**		
Emergency	4,702.10		
Swing bed	0.00		
CM - CT Scan	**808,139.00**	**207,794.43**	**35%**
Emergency	703,832.00	**240,684.56**	**52%**
Inpatient	19,547.00	**16,288.30**	**500%**
Observation	3,044.00		
Outpatient	81,716.00	**(44,836.97)**	**-35%**
CM - Infusion	**336,890.29**	**152,551.02**	**83%**
Emergency	276,006.29	**124,719.92**	**82%**
Inpatient	0.00	**(12,881.73)**	**-100%**
Observation	12,232.00	**7,882.31**	**181%**
Outpatient	48,652.00	**32,830.52**	**208%**
CM - Laboratory	**757,593.17**	**95,296.93**	**14%**
Emergency	264,692.25	**72,116.36**	**37%**
Inpatient	11,118.42		
Observation	2,569.75		
Outpatient	474,566.25	**28,079.30**	**6%**
Swing bed	4,646.50		
CM - MRI	**92,576.80**	**19,883.71**	**27%**
Emergency	**0.00**		
Outpatient	92,576.80	**22,732.24**	**33%**
CM - Observation	**7,855.18**		
Observation	7,855.18		
CM - Pharmacy	**140,083.57**	**57,555.62**	**70%**
Emergency	51,451.95	**11,259.09**	**28%**
Inpatient	8,443.86		
Observation	2,360.90		
Outpatient	61,552.75	**34,792.38**	**130%**
Swing bed	16,274.11	**10,222.64**	**169%**
CM - Physical Therapy	**198,599.16**	**34,158.61**	**21%**
Emergency	0.00		
Inpatient	5,522.52		
Outpatient	170,298.00	**17,893.96**	**12%**
Swing bed	22,778.64	**16,720.42**	**276%**
CM - Professional Fees	**43,283.59**	**25,174.08**	**139%**
Emergency	28,247.59	**10,138.08**	**56%**
Inpatient	716.00		
Outpatient	14,320.00	**14,320.00**	**100%**
CM - Radiology	**135,474.63**	**23,633.20**	**21%**
Emergency	67,218.10	**19,124.08**	**40%**
Inpatient	1,095.00		
Observation	0.00		
Outpatient	66,819.53		
Swing bed	342.00		
CM - Ultrasound	**50,944.71**	**20,697.04**	**68%**
Emergency	5,707.00		
Inpatient	0.00		
Outpatient	44,027.93	**17,859.31**	**68%**
Swing bed	1,209.78		
CM- Swing Bed	**-346.00**	**(7,157.92)**	**-105%**
Swing bed	-346.00	**(7,157.92)**	**-105%**
Emergency	**897,392.21**	**288,106.76**	**47%**
Emergency	897,020.19	**287,734.74**	**47%**

AUGUST 2025	TWO Month Year-to-date 2025 Sum of Charges	AUGUST 2026	TWO Month Year-to-date 2026 Sum of Charges	Changes Greater than $5K FY 2026 Increase (Decrease)	
Inpatient	248.01	Inpatient	372.02		
Swing bed	-248.01	Swing bed	0.00		
Med/Surg	**49,456.13**	**Med/Surg**	**167,290.00**	**117,833.87**	**238%**
Inpatient	46,749.49	Inpatient	162,717.00	115,967.51	248%
Observation	2,706.64	Observation	4,573.00		
Respiratory Therapy	**74,273.27**	**Respiratory Therapy**	**79,797.41**	**5,524.14**	**7%**
Emergency	53,567.59	Emergency	52,747.76		
Inpatient	6,358.83	Inpatient	2,812.00		
Observation	201.51	Observation	543.00		
Outpatient	13,608.77	Outpatient	22,869.65	9,260.88	68%
Swing bed	536.57	Swing bed	825.00		
OP Lab/Rad	**1,693.63**	**OP Lab/Rad**	**0.00**		
Outpatient	1,693.63	Outpatient	0.00		
SNF/Respite	**30,660.66**	**SNF/Respite**	**266,000.00**	**235,339.34**	**768%**
Swing bed	30,660.66	Swing bed	266,000.00	235,339.34	768%
Clinic	**283,396.95**	**Clinic**	**251,815.99**	**(31,580.96)**	**-11%**
Clinic	274,594.95	Clinic	230,889.08	(43,705.87)	-16%
Emergency	8,038.61	Emergency	15,270.59	7,231.98	90%
Inpatient	0.00	Inpatient	1,597.00		
Observation	0.00	Observation	0.00		
Outpatient	763.39	Outpatient	3,713.32		
Swing bed	0.00	Swing bed	346.00		
LTC	**424,787.00**	**LTC**	**465,019.00**	**40,232.00**	**9%**
Grand Total	**3,431,167.86**	**Grand Total**	**4,752,868.81**	**1,321,700.95**	**39%**

Company name: Battle Mountain General Hospital
Report name: Check register
Created on: 9/14/2026

Bank	Date	Vendor	Document no.	Amount	Cleared
	8/13/2026	785--AGAPE HOSPICE COMPLIANCE GUIDANCE	112868	9,000.49	8/31/2026
	8/13/2026	569--ALERA GROUP	ACH	3,950.00	8/31/2026
	8/13/2026	900851--BAIR DISTRIBUTING INC	ACH	150.16	8/31/2026
	8/13/2026	93--BATTLE MOUNTAIN GENERAL HOSPITAL	112869	132.83	8/31/2026
	8/13/2026	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	112870	175.00	8/31/2026
	8/13/2026	92100--BATTLE MTN. WATER & SEWER	112871	980.90	8/31/2026
	8/13/2026	98723--BECKMAN COULTER, INC.	ACH	539.49	8/31/2026
	8/13/2026	1323--BOUND TREE MEDICAL, LLC	ACH	572.65	8/31/2026
	8/13/2026	92600--BRIGGS HEALTHCARE	112872	152.75	8/31/2026
	8/13/2026	367--CARDINAL HEALTH 110, LLC	112873	12,542.12	8/31/2026
	8/13/2026	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	59.01	8/31/2026
	8/13/2026	1897--CDW GOVERNMENT	ACH	211.69	8/31/2026
	8/13/2026	366--CIRRUS PHARMACY SYSTEMS	ACH	1,344.18	8/31/2026
	8/13/2026	272--CONDER, CARYNN	ACH	65.00	8/31/2026
	8/13/2026	757--CONSENSUS CLOUD SOLUTION, LLC	ACH	826.33	8/31/2026
	8/13/2026	99108--CORE SOUND IMAGING INC	ACH	350.00	8/31/2026
	8/13/2026	3039--DESERT DISPOSAL	112874	366.00	8/31/2026
	8/13/2026	99095--DIRECTV	112875	319.20	8/31/2026
	8/13/2026	9716--DONALD CARTER HANSEN MD PC	ACH	16,179.84	8/31/2026
	8/13/2026	99129--DONALD R. CRUM MD	ACH	16,740.00	8/31/2026
	8/13/2026	435--DR. AJETT MAHENDERNATH	ACH	11,460.72	8/31/2026
	8/13/2026	708--DR. PELLEGRINI	ACH	4,320.00	8/31/2026
	8/13/2026	678--EMCOR SERVICES	112876	1,935.00	8/31/2026
	8/13/2026	500433--EMPLOYEE FUND BMGH	ACH	207.00	8/31/2026
	8/13/2026	240000--ETCHEVERRYS FOODTOWN	112877	312.37	8/31/2026
	8/13/2026	99154--EXPRESS RECOVERY SERVICES	112878	219.48	8/31/2026
	8/13/2026	655--FIDELITY INVESTMENTS	ACH	350.00	8/31/2026
	8/13/2026	94300--FISHER HEALTHCARE	ACH	2,515.63	8/31/2026
	8/13/2026	99119--FRAKES, ERIN	ACH	393.00	8/31/2026
	8/13/2026	35--GALLAGHER BENEFIT SERVICES	112879	1,090.80	8/31/2026
	8/13/2026	902502--GRAINGER	ACH	121.00	8/31/2026
	8/13/2026	830--GREAT BASIN COLLEGE	112880	1,800.00	In transit
	8/13/2026	278--HEALTH ASSURE BY ALSCO	ACH	12,907.78	8/31/2026
	8/13/2026	18--HEESE, HOLLY	ACH	15.00	8/31/2026
	8/13/2026	324--HENRY SCHEIN	ACH	494.94	8/31/2026
	8/13/2026	255--HOLLAND AUTO PARTS, LLC	112881	80.37	8/31/2026
	8/13/2026	814--HSA	ACH	30.00	8/31/2026
	8/13/2026	9762--ICU MEDICAL	ACH	64.08	8/31/2026
	8/13/2026	9271--KINGSTON WATER UTILITY	112882	50.10	8/31/2026
	8/13/2026	3015--LANDER COUNTY GATEFEES	112883	130.00	8/31/2026
	8/13/2026	180008--LANDER HARDWARE	112884	162.93	8/31/2026
	8/13/2026	120015--LiCON	112885	10,023.25	8/31/2026
	8/13/2026	564--LINDE GAS & EQUIPMENT INC	ACH	1,832.56	8/31/2026
	8/13/2026	818--MAGMUTUAL INSURANCE COMPANY	112886	28,450.25	8/31/2026
	8/13/2026	130031--MCKESSON DRUG COMPANY	ACH	3,546.34	8/31/2026
	8/13/2026	349--MCKESSON MEDICAL SURGICAL	ACH	330.33	8/31/2026
	8/13/2026	130044--MEDLINE INDUSTRIES, INC.	112887	7,532.13	8/31/2026
	8/13/2026	130049--MIDWAY MARKET	112888	139.04	8/31/2026
	8/13/2026	92050--NAPA AUTO PARTS	112889	45.98	8/31/2026
	8/13/2026	9630--NETWORK SERVICES CO	ACH	2,073.20	8/31/2026
	8/13/2026	9776--NEVADA RURAL HOSPITAL PARTNER	112890	6,124.98	8/31/2026
	8/13/2026	10--NOVARAD CORPORATION	112891	1,037.13	8/31/2026
	8/13/2026	7--NRHP FOUNDATION, INC	112892	1,250.00	8/31/2026
	8/13/2026	150000--OFFICE PRODUCTS INC (OPI)	ACH	10,212.17	8/31/2026
	8/13/2026	767--OPTUM BANK	ACH	100.00	8/31/2026
	8/13/2026	9615--PACIFIC STATES COMMUNICATIONS	112893	34,463.10	8/31/2026
	8/13/2026	99093--PATHFORWARD IT LLC	112894	8,943.75	8/31/2026
	8/13/2026	163--PETTY CASH	112895	159.39	8/31/2026
	8/13/2026	9539--PHARMERICA	ACH	1,024.05	8/31/2026
	8/13/2026	9304--POINTCLICKCARE TECHNOLOGIES	ACH	1,280.01	8/31/2026



Company name: Battle Mountain General Hospital
Report name: Check register
Created on: 9/14/2026

Bank	Date	Vendor	Document no.	Amount	Cleared
	8/13/2026	100141--PUBLIC EMPLOYEES BENEFIT PROGRAM	112896	2,624.30	8/31/2026
	8/13/2026	99153--QUALITY FLOORS & PAINTS	112897	18,644.79	8/31/2026
	8/13/2026	12--QUEST DIAGNOSTICS	112899	16.55	8/31/2026
	8/13/2026	2963--QUEST DIAGNOSTICS	112898	5,788.52	8/31/2026
	8/13/2026	140027--RELIASTAR LIFE INSURANCE COMPANY	112900	250.00	8/31/2026
	8/13/2026	745--RENOWN MEDICAL SCHOOL ASSOCIATES NORTH, INC	ACH	1,550.00	8/31/2026
	8/13/2026	99122--RINGCENTRAL INC	ACH	2,075.61	8/31/2026
	8/13/2026	99152--RIVIA HEALTH, INC	ACH	1,350.00	8/31/2026
	8/13/2026	856--SENTACT	ACH	686.95	8/31/2026
	8/13/2026	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	2,633.29	8/31/2026
	8/13/2026	550--SILVERTON MANAGEMENT COMPANY, LLC	ACH	3,324.80	8/31/2026
	8/13/2026	190016--SOUTHWEST GAS	112901	2,947.03	8/31/2026
	8/13/2026	99110--STAPLES	ACH	10.08	8/31/2026
	8/13/2026	98541--STATE OF NV DEPT OF PUBLIC SAFETY RECORDS	112902	936.00	8/31/2026
	8/13/2026	9382--TAHOE CARSON RADIOLOGY	112903	2,144.00	8/31/2026
	8/13/2026	190033--US FOODSERVICE, INC.	ACH	2,441.44	8/31/2026
	8/13/2026	220008--VITALANT	ACH	3,865.00	8/31/2026
	8/13/2026	1391--WAYSTAR/ ZIRMED INC	ACH	1,331.93	8/31/2026
	8/13/2026	99077--WebPT, Inc	112904	827.00	8/31/2026
	8/13/2026	1601--WERFEN USA LLC	ACH	467.29	8/31/2026
	8/13/2026	374--WOLF HVACR	112905	4,736.01	8/31/2026
	8/18/2026	99152--RIVIA HEALTH, INC	ACH	1,350.00	8/31/2026
	8/18/2026	99152--RIVIA HEALTH, INC	Voided - 091000010003836	-1,350.00	8/31/2026
	8/26/2026	830--GREAT BASIN COLLEGE	112906	1,800.00	In transit
	8/26/2026	99156--HOMEDEPOT	112907	8,900.01	8/31/2026
	8/27/2026	249--AETNA LIFE INSURANCE COMPANY	112908	43.97	In transit
	8/27/2026	903867--AFLAC TRADITIONAL AND DIRECT	112909	1,011.59	In transit
	8/27/2026	99081--ALBAN DE SCHUTTER	ACH	15,000.00	8/31/2026
	8/27/2026	201--ALLEN, JODY	ACH	1,700.00	8/31/2026
	8/27/2026	212--AMERICAN PROFICIENCY INSTITUTE	112910	536.00	In transit
	8/27/2026	1328--ANTHEM BLUE CROSS AND BLUE SHIELD	112911	4,867.99	In transit
	8/27/2026	852--ARGENTA RIM APARTMENTS	112912	1,306.50	In transit
	8/27/2026	1572--ATLANTIS CASINO RESORT & SPA	112913	573.00	In transit
	8/27/2026	900851--BAIR DISTRIBUTING INC	ACH	299.00	8/31/2026
	8/27/2026	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	112914	225.00	8/31/2026
	8/27/2026	98723--BECKMAN COULTER, INC.	ACH	231.72	8/31/2026
	8/27/2026	1323--BOUND TREE MEDICAL, LLC	ACH	45.12	8/31/2026
	8/27/2026	138--BRACCO DIAGNOSTICS INC.	112915	526.65	In transit
	8/27/2026	367--CARDINAL HEALTH 110, LLC	112916	16,202.63	In transit
	8/27/2026	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	310.52	8/31/2026
	8/27/2026	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00	8/31/2026
	8/27/2026	1897--CDW GOVERNMENT	ACH	14,164.32	8/31/2026
	8/27/2026	99062--CENTRAL STATION LLC	112917	727.00	In transit
	8/27/2026	679--CHEMAQUA	ACH	580.66	8/31/2026
	8/27/2026	[redacted]		42.00	In transit
	8/27/2026	2929--DELL MARKETING L.P.	ACH	14,856.63	8/31/2026
	8/27/2026	99095--DIRECTV	112919	320.00	In transit
	8/27/2026	9716--DONALD CARTER HANSEN MD PC	ACH	20,224.80	8/31/2026
	8/27/2026	435--DR. AJETT MAHENDERNATH	ACH	10,786.56	8/31/2026
	8/27/2026	754--DR. JONES, DANIEL C	ACH	8,640.00	8/31/2026
	8/27/2026	708--DR. PELLEGRINI	ACH	21,720.00	8/31/2026
	8/27/2026	99157--ELKO PIANO TUNING	112920	180.00	In transit
	8/27/2026	500433--EMPLOYEE FUND BMGH	ACH	201.00	8/31/2026
	8/27/2026	[redacted]		25.00	In transit
	8/27/2026	240000--ETCHEVERRYS FOODTOWN	112922	102.59	In transit
	8/27/2026	99155--FARMERS GROUP PROPERTY AND CASUALTY INS	112923	500.00	In transit
	8/27/2026	2073--FFF ENTERPRISES INC	ACH	256.36	8/31/2026
	8/27/2026	655--FIDELITY INVESTMENTS	ACH	350.00	8/31/2026
	8/27/2026	94300--FISHER HEALTHCARE	ACH	1,987.50	8/31/2026
	8/27/2026	99119--FRAKES, ERIN	ACH	430.80	8/31/2026

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Created on: 9/14/2026

Bank	Date	Vendor	Document no.	Amount	Cleared
	8/27/2026	99151--GE HEALTHCARE	ACH	393.02	8/31/2026
	8/27/2026	902502--GRAINGER	ACH	545.76	8/31/2026
	8/27/2026	278--HEALTH ASSURE BY ALSCO	ACH	4,156.43	8/31/2026
	8/27/2026	650--HEALTHSTREAM, INC	ACH	438.60	8/31/2026
	8/27/2026	324--HENRY SCHEIN	ACH	160.88	8/31/2026
	8/27/2026	814--HSA	ACH	30.00	8/31/2026
	8/27/2026	9762--ICU MEDICAL	ACH	3,185.20	8/31/2026
	8/27/2026	9663--IDEXX DISTRIBUTION, INC.	112924	2,124.60	In transit
	8/27/2026	764--INOVALON PROVIDER, INC	ACH	2,908.70	8/31/2026
	8/27/2026	[redacted]		25.00	In transit
	8/27/2026			181.96	In transit
	8/27/2026	180008--LANDER HARDWARE	112927	469.16	In transit
	8/27/2026	564--LINDE GAS & EQUIPMENT INC	ACH	5,007.24	8/31/2026
	8/27/2026	130031--MCKESSON DRUG COMPANY	ACH	6,851.24	8/31/2026
	8/27/2026	349--MCKESSON MEDICAL SURGICAL	ACH	2,410.75	8/31/2026
	8/27/2026	130044--MEDLINE INDUSTRIES, INC.	112928	5,423.90	In transit
	8/27/2026	130049--MIDWAY MARKET	112929	53.82	In transit
	8/27/2026	34--MINDRAY DS USA	ACH	72.00	8/31/2026
	8/27/2026	9630--NETWORK SERVICES CO	ACH	591.30	8/31/2026
	8/27/2026	497--NEVADA ASSOCIATION OF EMPLOYERS	112930	80.00	In transit
	8/27/2026	165--NEVADA HEALTHPAC	112931	300.00	In transit
	8/27/2026	140025--NEW YORK LIFE INS CO	112932	1,324.75	In transit
	8/27/2026	140046--NORCO, INC	112933	45.00	In transit
	8/27/2026	270--NORIDIAN HEATHCARE SOLUTIONS MEDICARE CENTER	112934	944.14	In transit
	8/27/2026	190008--NV ENERGY	112935	16,002.49	In transit
	8/27/2026	99042--OptimisPT	112936	200.00	In transit
	8/27/2026	767--OPTUM BANK	ACH	100.00	8/31/2026
	8/27/2026	9615--PACIFIC STATES COMMUNICATIONS	112937	925.00	In transit
	8/27/2026	19--PHARMERICA	112938	222.32	In transit
	8/27/2026	16--PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	ACH	431.61	8/31/2026
	8/27/2026	747--PPLSI	112939	104.75	In transit
	8/27/2026	308--PROMINENCE HEALTH PLAN	112940	2,533.18	In transit
	8/27/2026	98984--PUBLIC EMPLOYEES RETIREMENT SYSTEM	ACH	221,886.56	8/31/2026
	8/27/2026	140027--RELIASTAR LIFE INSURANCE COMPANY	112941	250.00	In transit
	8/27/2026	745--RENOWN MEDICAL SCHOOL ASSOCIATES NORTH, INC	ACH	1,051.20	8/31/2026
	8/27/2026	99122--RINGCENTRAL INC	ACH	2,075.61	8/31/2026
	8/27/2026	856--SENTACT	ACH	1,874.25	8/31/2026
	8/27/2026	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	2,552.26	8/31/2026
	8/27/2026	806--SKY FIBER NETWORK	ACH	99.00	8/31/2026
	8/27/2026	99110--STAPLES	ACH	1,722.57	8/31/2026
	8/27/2026	9382--TAHOE CARSON RADIOLOGY	112942	2,650.00	In transit
	8/27/2026	99058--TAHOE CARSON RADIOLOGY LTD	112943	13,881.20	In transit
	8/27/2026	190033--US FOODSERVICE, INC.	ACH	4,029.90	8/31/2026
	8/27/2026	1598--VERIZON WIRELESS	112944	390.11	In transit
	8/27/2026	220008--VITALANT	ACH	3,170.00	8/31/2026
	8/27/2026	100801--WELLS FARGO	112945	16,598.20	8/31/2026
	8/27/2026	1563--WEX BANK	ACH	484.59	8/31/2026
Total for Operating Account				**762,231.26**	

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) 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, 2025 and 2024, cash equivalents consisted primarily of money market accounts with brokers.

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.

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

Fair Value Measurements

To the extent available, the Hospital's investments are recorded at fair value. GASB 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 Hospital 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.

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.

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.

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.

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.

Adoption of New Accounting Standards

Effective July 1, 2024, the District implemented GASB Statement No. 101, Compensated Absences. This statement updated the recognition and measurement guidance for compensated absences and associated salary-related payments and amended certain previously disclosures. The District determined that Standard did not have a material impact on the financial statements.

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

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.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net position date but before the financial statements are issued. The Hospital recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net position, including the estimates inherent in the process of preparing the financial statements.

The Hospital's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net position but arose after the statement of net position date and before the financial statements are issued. The Hospital has evaluated subsequent events through August 31, 2026, which is the date the financial statements were available to be issued.

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, **2022.**

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, 2022.

NET PATIENT SERVICE REVENUE (CONTINUED)

Approximately 59% and 47% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2025 and 2024, 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.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the Hospital under these agreements is primarily discounts from established charges.