Financing at a financial limit for any undertaking can be hard to do in light of the fact that there is a great deal of things that can be in danger while thinking about where to apply the funding as well. My choice is to apply the funding to activities where it should be connected to like day by day tasks with keeping our nursing staff certified in light of the fact that we could look with fines and rehearsing medicinal services with no confirmation which isn't great. The administration was planned to get funds in Federal allocations for intense consideration benefits. Numerous diferent methods for installment are connected to hospital, for example, Medicare and Medicaid and private protection. The hospitals utilize these funds to pay for therapeutic treatment and administrations.

I think the general population who need treatment would be the disease patient, the crisis room tasks for hundred individuals. The ones that should hold up would be the two senior patients.

After cautiously investigating the financial limit and what regions should be funded we should analyze the criticalness and what might do the best great while assigning funds. The principal region of funding that I need to address is the ER offices activity. This is certainly a top need for funding. The ER all patients regardless of on the off chance that they can pay or not, protection or not, accordingly this is a territory that must have the best possible funding to work at pinnacle limit and disjoin the network (with almost hundred million dollars). The following zone that I would allot funding to would prepare for the staff, if the staff isn't appropriately prepared us as an association remain to lose much more cash with potential claims and squandered funds by rehashing strategies that are done mistakenly, alongside guaranteeing patient wellbeing with almost fifty five million dollars). Third I would fund substitution the MRI unit, because of the way that this sort of testing can help get to the issue a lot quicker than numerous other test, sparing time and suffering that the patient should not suffer (with almost hundred and seventy million dollars).

**References**

Singh, S. R., Bakken, E., Kindig, D. A., & Young, G. J. (2016). Hospital community benefit in the context of the larger public health system: a state-level analysis of hospital and governmental public health spending across the United States. *Journal of Public Health Management and Practice*, *22*(2), 164-174.

Cooper, Z., Craig, S. V., Gaynor, M., & Van Reenen, J. (2018). The price ain’t right? Hospital prices and health spending on the privately insured. *The Quarterly Journal of Economics*, *134*(1), 51-107.