



Q4'10

Earnings Call

February 25, 2011

Forward-Looking Statements

Certain statements contained in this presentation constitute “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Such forward-looking statements are based on management's current expectations and involve known and unknown risks, uncertainties and other factors that may cause the Company's actual results to be materially different from those expressed or implied by such forward-looking statements. Such factors include, among others, the following: the passage of health care reform legislation and the enactment of additional federal and state health care reform; other changes in federal, state, or local laws and regulations affecting the health care industry; general economic and business conditions, both nationally and regionally; demographic changes; changes in, or the failure to comply with, laws and governmental regulations; the ability to enter into managed care provider arrangements on acceptable terms; changes in Medicare and Medicaid payments or reimbursement; liability and other claims asserted against the Company; competition, including the Company's ability to attract patients to its hospitals; technological and pharmaceutical improvements that increase the cost of providing, or reduce the demand for, health care; changes in business strategy or development plans; the ability to attract and retain qualified personnel, including physicians, nurses and other health care professionals, and the impact on the Company's labor expenses resulting from a shortage of nurses or other health care professionals; the significant indebtedness of the Company; the Company's ability to integrate new businesses with its existing operations; the availability and terms of capital to fund the expansion of the Company's business, including the acquisition of additional facilities; the creditworthiness of counterparties to the Company's business transactions; adverse fluctuations in interest rates and other risks related to interest rate swaps or any other hedging activities the Company undertakes; the ability to continue to expand and realize earnings contributions from the Company's Conifer revenue cycle management and patient communication businesses; and its ability to identify and execute on measures designed to save or control costs or streamline operations. Certain additional risks and uncertainties are discussed in the Company's filings with the Securities and Exchange Commission, including the Company's annual report on Form 10-K and quarterly reports on Form 10-Q. The Company specifically disclaims any obligation to update any forward-looking statement, whether as a result of changes in underlying factors, new information, future events or otherwise.

Non-GAAP Information

This presentation includes certain financial measures such as Adjusted EBITDA, which are not calculated in accordance with generally accepted accounting principles (GAAP). Management recommends that you focus on the GAAP numbers as the best indicator of financial performance.

These alternative measures are provided only as a supplement to aid in analysis of the Company.

Reconciliation between non-GAAP measures and related GAAP measures can be found in Appendix A.

2010 and Q4'10 Highlights

- Nearly 30% increase in adjusted EBITDA (Q4'10)
- 12.2% EBITDA margin (Q4'10)
 - Strongest 4th quarter margin in 7 years
 - 260 bp improvement over Q4'09
- \$1.050 billion adjusted EBITDA (2010)
 - High-end of initial 2010 Outlook range of \$985mm to \$1.050 billion
 - Achieved without \$64mm anticipated 2010 contribution from California Provider Fee
- 11.4% adjusted EBITDA margin (2010)
 - Highest annual margin achieved in 7 years
 - 7th consecutive year of margin expansion

Volume trends show substantial improvement

- November and December were strongest volume months of the year, following a soft October
- Strengthening volume trends have continued into 2011
 - 0.2% admissions growth in first 7 full weeks of 2011 (*49 days, through Feb 18*)
- Outpatient volume growth turns positive
 - 2.9% increase in outpatient visits (*Q4'10 versus Q4'09*)
 - 3.2% increase in paying outpatient visits (*Q4'10 versus Q4'09*)
 - Compared to 2% decline in Q3'10 outpatient visits
 - Q1'11 outpatient growth continues to strengthen (*1/01/11 through 2/18/11*)
- Absence of flu volumes reduced admissions growth by 30bp and outpatient visit growth by 90bp (*Q4'10 versus Q4'09*)

Volume trends show substantial improvement *(cont.)*

- Surgery trends improved
 - 0.7% decline in total surgeries, less than half the rate of decline in Q3'10
- Sum of uninsured and charity admissions flat *(Q4'10 versus Q4'09)*

Pricing growth extends strong trend line

- Favorable pricing trend expected to continue into 2011
- Commercial revenues under signed contract:
 - 90% of 2011
 - 60% for 2012
 - 15% for 2013
- Contracting strategy provides good balance of locking in attractive pricing where available, while preserving meaningful flexibility
- Medicaid reimbursement reductions assumed in 2011 Outlook
 - \$30mm - \$60mm (*before contributions from state provider fee programs*)
 - Remain comfortable with combined Medicaid and Provider Fee assumptions

Outstanding cost performance

- 1.0% **decline** in controllable costs (*PAPD, Q4'10 versus Q4'09*)
 - 1.5% **decline** in SW&B (*PAPD, Q4'10 versus Q4'09*)
 - 0.9% increase in supply costs (*PAPD, Q4'10 versus Q4'09*)

Adjusted Free Cash Flow

- \$92mm Adjusted Free Cash Flow (2010)
 - Included only \$9mm net cash contribution from California Provider Fee program
- \$64mm contribution to Q1'11 EBITDA and revenue from California Provider Fee program
 - Final written CMS approval of managed care portion of program received 1/18/11



**2011 Outlook adjusted EBITDA range of
\$1.15 – 1.25 billion reconfirmed**

Sources of earnings and cash flow growth

- 1** **Outpatient** Improve outpatient/inpatient mix
- 2** **Conifer** High growth/high margin revenue cycle management business focused on acute care providers
- 3** **MPI (1)** Significant cost savings extracted from productivity and other efficiency initiatives
- 4** **Health IT** Current HIT investments necessary to achieve government's "meaningful use" will capture government incentives and contribute positive benefit to earnings beginning in 2012, while also improving clinical outcomes and operational efficiency
- 5** **Bad Debt** Economic recovery and reduced unemployment expected to decrease bad debt expense and drive margin expansion
- 6** **Operating Leverage** Available capacity and increasing volumes position Company for substantial margin expansion
- 7** **Affordable Care Act** Significant reductions in uncompensated care and increased paying volumes due to Affordable Care Act

(1) Medicare Performance Initiative

 Tenet-specific

 Macroeconomic

 Industry

Outpatient acquisitions coming on line and driving growth

- \$3mm contribution to EBITDA in Q4'10
- \$165mm expected investment in newly acquired OP centers in 2010 and 2011
- \$25mm expected contribution to 2011 EBITDA from acquisitions closed in 2010
- \$10mm expected contribution to 2011 EBITDA from acquisitions closed in 2011

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Conifer

High growth/high margin revenue cycle management business focused on acute care providers

Conifer continues to grow

- Sales pipeline is expanding
- Doubling of non-Tenet revenue expected in 2011

3

MPI

Significant cost savings extracted from productivity and other efficiency initiatives

MPI cost savings exceeding interim targets

- Exceeded \$30mm EBITDA contribution target in 2010
- 2010 savings gain enhanced EBITDA visibility in 2011
- \$50mm incremental savings target in 2011 reconfirmed

Solid 2010 and Q4'10

- Pricing and cost trends remain favorable
- Volume trends improving
- Bad debt expense better than initially anticipated
 - Uninsured and charity trends show early indications of stabilization
- Q4'10 and 2010 demonstrate our longer-term positive earnings trajectory remains intact
 - Soft Q3'10 results an aberration in a positive long-term trend
- Confident in our strategies
- Reconfirming 2011 Outlook for adjusted EBITDA
- Outpatient, Conifer, and MPI initiatives meeting interim milestones

Strong track record and bright future

- Clinical quality, patient care, and integrity remain top priorities
 - “Commitment to Quality” launched 7 years ago
 - Malpractice expense PAPD, down nearly 70%
 - CMS’ Evidence-Based Medicine 2010 measures our highest to date
 - Full 2% CMS annual payment update earned for 2011
 - 100% of pay-for-performance rate increases earned from United Healthcare at **every** Tenet hospital in 2010

Clinical quality rewards both patients and shareholders

- Substantial investment in advanced clinical systems expected to result in the recognition of financial incentives beginning in 2011
- Physician and patient satisfaction reached all-time highs in 2010



Biggs Porter

Chief Financial Officer

Key Metrics

- \$281mm in Q4'10 and \$1.050 billion in 2010 adjusted EBITDA
- 1.8% revenue growth, or \$40mm increase (Q4'10)
 - Smaller impact from adverse payer mix shift
 - \$39mm increase in outpatient revenues
 - 2.2% revenue growth after adjusting for \$3mm unfavorable PYCA in Q4'10 and \$6mm favorable PYCA in Q4'09
- 1.8% increase in net inpatient revenue per admission (Q4'10)
 - 2.9% increase in inpatient net revenue per patient day (Q4'10)
- Pricing supported by:
 - Strong commercial managed care pricing contracts
 - 1.33 aggregate Case Mix Index ("CMI") increased by approximately 1 percent
 - 1.53 Medicare CMI was flat
 - 1.34 commercial managed care CMI, increase of approximately 2 percent
- Pricing gains overcame 3.6% decline in net Medicare inpatient revenue per admission, with unchanged Medicare CMI
 - 5.1% increase in Medicare revenues per outpatient visit aided by higher acuity

Medicaid Reimbursement Issues

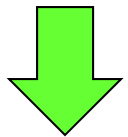
Several states have proposed cuts in Medicaid reimbursement:

- Texas
 - \$175mm in Texas Medicaid revenues (*includes both managed and direct Medicaid revenues*)
 - \$9mm estimated adverse annual impact from 10% reduction included in legislative budget proposal, but only \$3mm impacting 2011 (*proposal is for state fiscal year beginning 9/01/11*)
- California
 - Proposed cuts only pertain to hospitals not contracted with Medi-Cal
 - Only 3 of Tenet's California hospitals are noncontracted with Medi-Cal
 - < \$0.5mm in adverse exposure, even at high-end of proposed cuts

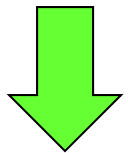
2011 adjusted EBITDA Outlook includes \$30-60mm in Medicaid reimbursement reductions

- This assumption range is before potential favorable impacts of:
 - California - Proposed 2011 extension of provider fee program
 - Georgia - Proposed funding of private hospital uncompensated care payments
 - >\$40mm potential aggregate upside from California and Georgia proposals

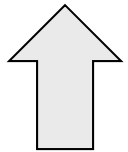
Cost performance remains excellent



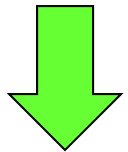
1.0% decline in total controllable costs PAPERD (Q4'10)



1.5% decline in SW&B PAPERD (Q4'10)

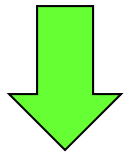


0.9% increase in supply costs PAPERD (Q4'10)



\$21mm decline in malpractice expense (Q4'10)

- Includes \$10mm related to higher interest rates, reversing adverse impact in Q3'10



1.6% decline in "Other operating expense" PAPERD (Q4'10)

HIT investments improve clinical outcomes and operational efficiencies

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Health IT

- Clinical systems are critical to physician alignment and integration, reduction of medication errors, standardization of clinical practice and reduction of cost

(\$ in millions)

	2009	2010	2011	2012	2013	2014	2015	2016
Healthcare IT (HIT) Program Expense ⁽¹⁾	\$12	\$21	\$50	\$60	\$40	\$15	–	–
Federal HIT Incentives	–	–	\$15	\$70	\$97	\$81	\$44	\$13
EBITDA Impact	(\$12)	(\$21)	(\$35)	\$10	\$57	\$66	\$44	\$13
HIT Capital Expenditures	\$49	\$64	\$111	\$115	\$69	\$14	–	–
Foundation Systems (# Go-Live)	–	8	12	20	9	–	–	–
CPOE Systems (# Go-Live)	–	–	9	17	14	9	–	–

Penalties avoided
by achieving
“Meaningful Use”
(Net present
value of \$315mm)

Positive net EBITDA impact starting in 2012

1. Excludes recurring clinical support operating expenses and HIT benefits to operating performance.

Bad debt expense remains lower than anticipated

\$191mm in bad debt expense

- \$10mm increase, or 5.5% (*Q4'10 versus Q4'09*)
- 8.3% bad debt ratio, 30bp increase to Q4'09, but flat to Q3'10

Increased bad debt expense, despite declining uninsured volumes, results from:

- Pricing increases
- Declining collection rates

Cash

- \$405mm in cash and cash equivalents (12/31/10)
 - \$7mm increase from \$398mm at 9/30/10
- \$175mm net cash from operating activities (Q4'10)
- \$180mm adjusted cash provided by operations (Q4'10)
- \$16mm adjusted free cash flow used in continuing operations (Q4'10)
 - \$58mm decrease in tax payments
 - \$10mm decrease in interest paymentsOffset by:
 - \$47mm increase in working capital
 - \$196mm in capital expenditures (Q4'10), a \$4mm increase (Q4'10 versus Q4'09)
- \$92mm in adjusted free cash flow in 2010, down \$30mm, from \$122mm in 2009
 - Non-cash items in 2010 including Medicare bad debt recoveries, which convert to cash in 2011

Other cash impacts on Q4'10

- \$21mm used for outpatient acquisitions
- \$50mm proceeds received for MOB sales
 - MOBs generated approximately \$10mm in rents and \$3.5MM in EBITDA (annualized 2010)
 - \$5mm impairment charge in Q4'10

2011 Outlook

- Reconfirming 2011 Outlook range as \$1.15 billion to \$1.25 billion
 - 9.5% to 19% increase over 2010
- GAAP cash from operations expected in range of \$570mm to \$740mm
 - Increase of \$98mm to \$268mm
 - Expect slightly higher capex in 2011, including \$69mm for HIT capex
 - \$160mm in cash usage for OP acquisitions and assets acquired related to physician employment

2011 Outlook Assumptions

Line #			2011 Outlook
1	Admissions - growth	(%)	(1.0) – (0)
2	Inpatient Revenue per Admission – growth	(%)	3.5 – 4.5
3	Outpatient Revenue per Visit - growth	(%)	(1.0) – 0
4	Net operating revenues	(\$Bil)	9.7 – 9.9
5	Controllable operating expenses (includes \$50mm expense for 2011 ARRA/HIT)	(\$Bil)	7.75 – 7.9
6	Bad debt ratio	(%)	7.6 – 8.2
7	Adjusted EBITDA ⁽¹⁾	(\$mm)	1,150 – 1,250
8	Depreciation and Amortization	(\$mm)	390 – 400
9	Interest Expense, Net	(\$mm)	415 – 395
10	Income from continuing operations before income taxes ⁽¹⁾	(\$mm)	345 – 455
11	Net income from continuing operations ⁽¹⁾ (at 40.0% tax rate)	(\$mm)	207 – 273
12	Preferred stock dividends	(\$mm)	24
13	Net income attributable to noncontrolling interests	(\$mm)	(15) – (10)
14	Net income attributable to common shareholders	(\$mm)	168 – 239
15	E.P.S. ⁽¹⁾ ⁽²⁾ (continuing operations)	(\$)	0.33 - 0.46

(1) Excludes impairment and restructuring charges, litigation and investigation costs, net gain (losses) from early extinguishment of debt, and net gain (losses) on sales of investments

(2) The high end of the range includes an additional 59 million shares as our mandatory convertible preferred stock is dilutive at this level of earnings

2011 EBITDA expected to follow historic distribution across quarters. . . without unusual front-end or back-end loading

- Historic seasonal EBITDA pattern has been:
 - Q1 - - - 28% of full year's adjusted EBITDA
 - Q3 - - - 19-25%
 - Q2 and Q4 - - - remainder evenly split across these two quarters
- Q1'10 strong due to high acuity, relative volume comps, and favorable cost report adjustments
- Expect significant revenues from state provider fee programs in the remainder of 2011 in addition to the \$64mm in Q1'11
- Later 2011 quarters benefit from increasing EBITDA contributions from MPI, outpatient acquisitions, and other initiatives

Cash Outlook for 2011

- Seasonal items expected to result in negative cash flow in Q1'11:
 - Pay down year end liabilities for 2010 capital expenditures
 - 401(k) match
 - Incentive compensation
- Expect 2011's growth in cash from operations > growth in EBITDA
 - Some of 2010's earnings converting to cash
 - Continued drive on cash collections
- "Normal" taxes expected to be about \$20mm annually, until NOL exhausted, expected in 2014 or 2015
- 2011 net tax payments expected to be higher reflecting:
 - One final refund on DOJ settlement payments
 - A payment related to a final settlement on prior audit years
 - Approximately \$50mm of cash tax payments in 2011

2011 Cash Walk Forward

(\$mm)

	2010 Actual	2011 Outlook	
		Low	High
Adjusted EBITDA	1,050	1,150	1,250
Add Back: Stock Compensation Charges	22	20	25
Changes in Cash from Operating Assets and Liabilities	(149)	(135)	(70)
Interest Payments	(402)	(365)	(385)
Net Operating Cash before Taxes, Litigation and Disc. Ops.	521	670	820
Income Tax (Payments) Refunds, Net	34	(45)	(55)
Payments against reserves for restructuring charges and Litigation Costs ⁽¹⁾	(83)	(30)	(20)
Net Cash used in by Operating Activities from Disc. Ops.	0	(25)	(5)
Net Cash Provided by Operating Activities	472	570	740
Capital Expenditures – Continuing Operations	(463)	(475)	(525)
Capital Expenditures – Discontinued Operations	(13)	0	0
Investing Activities including Outpatient Acquisitions & MOB Divestitures	56	(140)	(145)
Net Financing Activities	(337)	(80)	(95)
Net Increase (Decrease) in Cash and Cash Equivalents	(285)	(125)	(25)
Cash and Cash Equivalents at Beginning of Period	690	405	
Cash and Cash Equivalents at End of Period	405	280	380

⁽¹⁾ Company has not forecasted for 2011 unincurred payments related to litigation and investigations

Summary

2010 performance continued our upward progression:

- Solid revenue growth
- Continued commercial pricing strength
- Outpatient volume strength
- Constrained growth in bad debt expense
- Excellent cost performance

2011 expected to extend those favorable trends:

- Growth initiatives gain additional visibility
- Cash flow benefits from:
 - Higher earnings
 - Receivables collections
 - Retirement of DOJ obligation



Appendix A:
Adjusted EBITDA Reconciliation

Definitions of Non-GAAP Terms

Adjusted EBITDA

Adjusted EBITDA, a non-GAAP term, is defined by the Company as net income (loss) attributable to Tenet Healthcare Corporation common shareholders before (1) cumulative effect of changes in accounting principle, net of tax, (2) net income attributable to noncontrolling interests, (3) preferred stock dividends, (4) income (loss) from discontinued operations, net of tax, (5) income tax (expense) benefit, (6) investment earnings (loss), (7) gain (loss) from early extinguishment of debt, (8) net gain (loss) on sales of investments, (9) interest expense, (10) litigation and investigation (costs) benefit, net of insurance recoveries, (11) hurricane insurance recoveries, net of costs, (12) impairment of long-lived assets and goodwill and restructuring charges, net of insurance recoveries, and (13) depreciation and amortization. The Company's Adjusted EBITDA may not be comparable to EBITDA reported by other companies.

The Company provides this information as a supplement to GAAP information to assist itself and investors in understanding the impact of various items on its financial statements, some of which are recurring or involve cash payments. The Company uses this information in its analysis of the performance of its business excluding items that it does not consider as relevant in the performance of its hospitals in continuing operations. Adjusted EBITDA is not a measure of liquidity, but is a measure of operating performance that management uses in its business as an alternative to net income (loss) attributable to Tenet Healthcare Corporation common shareholders. Because Adjusted EBITDA excludes many items that are included in our financial statements, it does not provide a complete measure of our operating performance. Accordingly, investors are encouraged to use GAAP measures when evaluating the Company's financial performance.

The reconciliation of net income (loss) attributable to Tenet Healthcare Corporation common shareholders, the most comparable GAAP term, to Adjusted EBITDA, is set forth in the first table below for the three and twelve months ended December 31, 2010 and 2009.

Adjusted Free Cash Flow

Adjusted Free Cash Flow, a non-GAAP term, is defined by the Company as cash provided by (used in) operating activities less payments against reserves for restructuring charges and litigation costs, operating cash flows from discontinued operations, capital expenditures in continuing operations, and new hospital construction expenditures. The Company believes the use of Adjusted Free Cash Flow is meaningful as the use of this financial measure provides the Company and the users of its financial statements with supplemental information about the impact on the Company's cash flows from the items specified above. The Company provides this information as a supplement to GAAP information to assist itself and investors in understanding the impact of various items on its cash flows, some of which are recurring. The Company uses this information in its analysis of its cash flows excluding items that it does not consider relevant to the liquidity of its hospitals in continuing operations. Adjusted Free Cash Flow is a measure of liquidity that management uses in its business as an alternative to net cash provided by (used in) operating activities. Because Adjusted Free Cash Flow excludes many items that are included in our financial statements, it does not provide a complete measure of our liquidity. Accordingly, investors are encouraged to use GAAP measures when evaluating the Company's financial performance or liquidity. The reconciliation of net cash provided by (used in) operating activities, the most comparable GAAP term, to Adjusted Free Cash Flow is set forth in the second table below for the three and twelve months ended December 31, 2010 and 2009.

Additional Supplemental Non-GAAP Disclosures

Table #1 - Reconciliation of Adjusted EBITDA to Net Income Attributable to Tenet Healthcare Corporation Common Shareholders

(Unaudited)

(Dollars in millions)

	Three Months Ended December 31,		Year Ended December 31,	
	2010	2009	2010	2009
Net income attributable to Tenet Healthcare Corporation common shareholders	\$ 74	\$ 21	\$1,119	\$ 181
Less: Net income attributable to noncontrolling interests	(2)	(2)	(9)	(10)
Preferred stock dividends	(6)	(6)	(24)	(6)
Income (loss) from discontinued operations, net of tax	22	5	17	(31)
Income from continuing operations	60	24	1,135	228
Income tax (expense) benefit	(2)	35	977	23
Investment earnings	—	1	5	—
Gain (loss) from early extinguishment of debt	(2)	—	(57)	97
Net gain on sales of investments	—	—	—	15
Interest expense	(101)	(103)	(424)	(445)
Operating income	165	91	634	538
Litigation and investigation costs	(6)	(18)	(12)	(31)
Impairment of long-lived assets and goodwill, and restructuring charges	(9)	(14)	(10)	(27)
Depreciation and amortization	(101)	(95)	(394)	(386)
Adjusted EBITDA	\$ 281	\$ 218	\$1,050	\$ 982
Net operating revenues	\$2,301	\$2,261	\$9,205	\$9,014
Adjusted EBITDA as % of net operating revenues (Adjusted EBITDA margin)	12.2%	9.6%	11.4%	10.9%

Additional Supplemental Non-GAAP Disclosures
Table #2 Reconciliation of Adjusted Free Cash Flow
(Unaudited)

(Dollars in millions)

	Three Months Ended December 31,		Year Ended December 31,	
	2010	2009	2010	2009
Net cash provided by operating activities	\$ 175	\$ 141	\$ 472	\$ 425
Less:				
Payments against reserves for restructuring charges and litigation costs	(7)	(27)	(83)	(192)
Net cash provided by operating activities from discontinued operations	2	9	—	40
Adjusted net cash provided by operating activities – continuing operations	180	159	555	577
Purchases of property and equipment – continuing operations	(196)	(181)	(450)	(397)
Construction of new and replacement hospitals	—	(11)	(13)	(58)
Adjusted Free Cash Flow – continuing operations	\$ (16)	\$ (33)	\$ 92	\$ 122

Additional Supplemental Non-GAAP Disclosures
**Table #3 - Reconciliation of Outlook Adjusted EBITDA to
Outlook Net Income Attributable to Tenet Healthcare Corporation Common Shareholders
for Year Ending December 31, 2011**
(Unaudited)

(Dollars in millions)

	Low	High
Net income attributable to Tenet Healthcare Corporation common shareholders	\$165	\$239
Less:		
Net income attributable to noncontrolling interests	(15)	(10)
Preferred stock dividends	(24)	(24)
Loss from discontinued operations, net of tax	0	0
Income from continuing operations	204	273
Income tax expense	(136)	(182)
Income from continuing operations, before income taxes	340	455
Interest expense, net	(415)	(395)
Operating income	755	850
Litigation and investigation costs ^(a)	0	0
Impairment of long-lived assets and goodwill, and restructuring charges	(5)	0
Depreciation and amortization	(390)	(400)
Adjusted EBITDA	\$1,150	\$1,250
Net operating revenues	\$9,700	\$9,900
Adjusted EBITDA as % of net operating revenues (Adjusted EBITDA margin)	11.9%	12.6%

^(a) Company has not forecasted for 2011 unincurred costs related to litigation and investigations.

Additional Supplemental Non-GAAP Disclosures

**Table #4 - Reconciliation of Outlook Adjusted EBITDA to
Outlook Normalized Net Income Attributable to Tenet Healthcare Corporation
Common Shareholders for Year Ending December 31, 2011**
(Unaudited)

(Dollars in millions except per share amounts)

	<u>Low</u>	<u>High</u>
Adjusted EBITDA (from Table # 3, above)	\$1,150	\$1,250
Depreciation and amortization	(390)	(400)
Interest expense, net	(415)	(395)
Normalized income from continuing operations before income taxes	345	455
Normalized income tax expense ^(a)	(138)	(182)
Normalized income from continuing operations	207	273
Preferred stock dividends	(24)	(24)
Net income attributable to noncontrolling interests	(15)	(10)
Normalized net income attributable to Tenet Healthcare Corporation common shareholders ^(a)	<u>\$168</u>	<u>\$239</u>
Weighted average shares outstanding (in millions) ^(b)	507	566
Normalized earnings per share – continuing operations ^(a)	\$0.33	\$0.46

^(a) Uses normalized tax rate of 40 percent.

^(b) The high end of the range includes an additional 59 million shares as our mandatory convertible preferred stock is dilutive at this level of earnings.

Additional Supplemental Non-GAAP Disclosures
Table #5 Reconciliation of Outlook Adjusted Free Cash Flow
for the Year Ending December 31, 2011
(Unaudited)

(Dollars in millions)

	Low	High
Net cash provided by operating activities	\$570	\$740
Less:		
Payments against reserves for restructuring charges and litigation costs ^(a)	(30)	(20)
Net cash used in operating activities from discontinued operations	(25)	(5)
Adjusted net cash provided by operating activities – continuing operations	625	765
Purchases of property and equipment – continuing operations	(475)	(525)
Adjusted Free Cash Flow – continuing operations	\$150	\$240

^(a) Company has not forecasted for 2011 unincurred payments related to litigation and investigations.