

COST ALLOCATION - STATISTICAL BASIS		PROVIDER CCN:		PERIOD : FROM _____ TO _____		WORKSHEET B - 1	
Cost Center Description	0	CAP. REL. BUILDINGS & FIXTURES ( Square Feet )	CAP. REL. MOVABLE EQUIPMENT ( Dollar Value or Square Feet )	EMPLOYEE BENEFITS ( Gross Salaries )	RECONCILIATION	ADMINISTRATIVE & GENERAL ( Accumulated Cost )	
	0	1	2	3	4 A	4	
<b>GENERAL SERVICE COST CENTERS</b>							
1 Capital-Related Costs - Buildings & Fixtures							1
2 Capital-Related Costs - Movable Equipment							2
3 Employee Benefits							3
4 Administrative and General							4
5 Plant Operation, Maintenance and Repairs							5
6 Laundry and Linen Service							6
7 Housekeeping							7
8 Dietary							8
9 Nursing Administration							9
10 Central Services and Supply							10
11 Pharmacy							11
12 Medical Records and Library							12
13 Social Service							13
14 Nursing and Allied Health Education							14
15 Other General Service Cost							15
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30 Skilled Nursing Facility							30
31 Nursing Facility							31
32 ICF/IID							32
33 Other Long Term Care							33
<b>ANCILLARY SERVICE COST CENTERS</b>							
40 Radiology							40
41 Laboratory							41
42 Intravenous Therapy							42
43 Oxygen (Inhalation) Therapy							43
44 Physical Therapy							44
45 Occupational Therapy							45
46 Speech Pathology							46
47 Electrocardiology							47
48 Medical Supplies Charged to Patients							48
49 Drugs Charged to Patients							49
50 Dental Care - Title XIX only							50
51 Support Surfaces							51
52 Other Ancillary Service Cost							52

COST ALLOCATION - STATISTICAL BASIS		PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B - 1	
Cost Center Description	0	CAP. REL. BUILDINGS & FIXTURES ( Square Feet )	CAP. REL. MOVABLE EQUIPMENT ( Dollar Value or Square Feet )	EMPLOYEE BENEFITS ( Gross Salaries )	RECONCIL- IATION 4 A	ADMINIS- TRATIVE & GENERAL ( Accumulated Cost )	4
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60 Clinic							60
61 Rural Health Clinic (RHC)							61
62 FQHC							62
63 Other Outpatient Service Cost							63
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70 Home Health Agency Cost							70
71 Ambulance							71
72 Outpatient Rehabilitation (specify)							72
73 CMHC							73
74 Other Reimbursable Cost							74
<b>SPECIAL PURPOSE COST CENTERS</b>							
83 Hospice							83
84 Other Special Purpose Cost							84
89 Subtotals							89
<b>NON REIMBURSABLE COST CENTERS</b>							
90 Gift, Flower, Coffee Shops and Canteen							90
91 Barber and Beauty Shop							91
92 Physicians' Private Offices							92
93 Nonpaid Workers							93
94 Patients' Laundry							94
95 Other Nonreimbursable Cost							95
98 Cross Foot Adjustments							98
99 Negative Cost Center							99
102 Cost to be allocated (Per Wkst. B, Pt I.)							102
103 Unit Cost Multiplier (Wkst. B, Pt I.)							103
104 Cost to be allocated (Per Wkst. B, Pt. II)							104
105 Unit Cost Multiplier (Wkst B, Pt. II)							105

COST ALLOCATION - STATISTICAL BASIS				PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B - 1	
Cost Center Description	PLANT OPER. MAINTENANCE & REPAIRS ( Square Feet )	LAUNDRY & LINEN SERVICE ( Pounds of Laundry )	HOUSE KEEPING ( Hours of Service )	DIETARY ( Meals Served )	NURSING ADMINIS- TRATION ( Direct Nursing Hrs. )	CENTRAL SERVICES & SUPPLY ( Costed Requisitions )	PHARMACY ( Costed Requisitions )		
	5	6	7	8	9	10	11		
<b>GENERAL SERVICE COST CENTERS</b>									
1 Capital-Related Costs - Buildings & Fixtures									1
2 Capital-Related Costs - Movable Equipment									2
3 Employee Benefits									3
4 Administrative and General									4
5 Plant Operation, Maintenance and Repairs									5
6 Laundry and Linen Service									6
7 Housekeeping									7
8 Dietary									8
9 Nursing Administration									9
10 Central Services and Supply									10
11 Pharmacy									11
12 Medical Records and Library									12
13 Social Service									13
14 Nursing and Allied Health Education									14
15 Other General Service Cost									15
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30 Skilled Nursing Facility									30
31 Nursing Facility									31
32 ICF/IID									32
33 Other Long Term Care									33
<b>ANCILLARY SERVICE COST CENTERS</b>									
40 Radiology									40
41 Laboratory									41
42 Intravenous Therapy									42
43 Oxygen (Inhalation) Therapy									43
44 Physical Therapy									44
45 Occupational Therapy									45
46 Speech Pathology									46
47 Electrocardiology									47
48 Medical Supplies Charged to Patients									48
49 Drugs Charged to Patients									49
50 Dental Care - Title XIX only									50
51 Support Surfaces									51
52 Other Ancillary Service Cost									52

COST ALLOCATION - STATISTICAL BASIS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B - 1	
Cost Center Description	PLANT OPER. MAINTENANCE & REPAIRS ( Square Feet )	LAUNDRY & LINEN SERVICE ( Pounds of Laundry )	HOUSE KEEPING ( Hours of Service )	DIETARY ( Meals Served )	NURSING ADMINIS- TRATION ( Direct Nursing Hrs. )	CENTRAL SERVICES & SUPPLY ( Costed Requisitions )	PHARMACY ( Costed Requisitions )	
	5	6	7	8	9	10	11	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60	Clinic							60
61	Rural Health Clinic (RHC)							61
62	FQHC							62
63	Other Outpatient Service Cost							63
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70	Home Health Agency Cost							70
71	Ambulance							71
72	Outpatient Rehabilitation (specify)							72
73	CMHC							73
74	Other Reimbursable Cost							74
<b>SPECIAL PURPOSE COST CENTERS</b>								
83	Hospice							83
84	Other Special Purpose Cost							84
89	Subtotals							89
<b>NON REIMBURSABLE COST CENTERS</b>								
90	Gift, Flower, Coffee Shops and Canteen							90
91	Barber and Beauty Shop							91
92	Physicians' Private Offices							92
93	Nonpaid Workers							93
94	Patients' Laundry							94
95	Other Nonreimbursable Cost							95
98	Cross Foot Adjustments							98
99	Negative Cost Center							99
102	Cost to be allocated (Per Wkst. B, Pt I.)							102
103	Unit Cost Multiplier (Wkst. B, Pt I.)							103
104	Cost to be allocated (Per Wkst. B, Pt. II)							104
105	Unit Cost Multiplier (Wkst B, Pt. II)							105

COST ALLOCATION - STATISTICAL BASIS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B - 1	
Cost Center Description	MEDICAL RECORDS & LIBRARY ( Time Spent )	SOCIAL SERVICE ( Time Spent )	NURSING & ALLIED HEALTH EDUCATION ( Assigned Time )	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL	
	12	13	14	15	16	17	18	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Capital-Related Costs - Buildings & Fixtures							1
2	Capital-Related Costs - Movable Equipment							2
3	Employee Benefits							3
4	Administrative and General							4
5	Plant Operation, Maintenance and Repairs							5
6	Laundry and Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Central Services and Supply							10
11	Pharmacy							11
12	Medical Records and Library							12
13	Social Service							13
14	Nursing and Allied Health Education							14
15	Other General Service Cost							15
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Skilled Nursing Facility							30
31	Nursing Facility							31
32	ICF/IID							32
33	Other Long Term Care							33
<b>ANCILLARY SERVICE COST CENTERS</b>								
40	Radiology							40
41	Laboratory							41
42	Intravenous Therapy							42
43	Oxygen (Inhalation) Therapy							43
44	Physical Therapy							44
45	Occupational Therapy							45
46	Speech Pathology							46
47	Electrocardiology							47
48	Medical Supplies Charged to Patients							48
49	Drugs Charged to Patients							49
50	Dental Care - Title XIX only							50
51	Support Surfaces							51
52	Other Ancillary Service Cost							52

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Cost Center Description	MEDICAL RECORDS & LIBRARY ( Time Spent )	SOCIAL SERVICE ( Time Spent )	NURSING & ALLIED HEALTH EDU EDUCATION ( Assigned Time )	GENERAL SERVICE COST COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL		
	12	13	14	15	16	17	18		
<b>OUTPATIENT SERVICE COST CENTERS</b>									
60 Clinic									60
61 Rural Health Clinic (RHC)									61
62 FQHC									62
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71 Ambulance									71
72 Outpatient Rehabilitation (specify)									72
73 CMHC									73
74 Other Reimbursable Cost									74
<b>SPECIAL PURPOSE COST CENTERS</b>									
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89 Subtotals									89
<b>NON REIMBURSABLE COST CENTERS</b>									
90 Gift, Flower, Coffee Shops and Canteen									90
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