

COST ALLOCATION - GENERAL SERVICE COSTS		PROVIDER CCN:		PERIOD : FROM _____ TO _____		WORKSHEET B PART I	
Cost Center Description	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	CAP. REL BUILDINGS & FIXTURES	CAP. REL MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (sum of cols. 0 - 3)	ADMINIS- TRATIVE & GENERAL	
	0	1	2	3	3 A	4	
GENERAL SERVICE COST CENTERS							
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility						30
31	Nursing Facility						31
32	ICF/IID						32
33	Other Long Term Care						33
ANCILLARY SERVICE COST CENTERS							
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 - GENERAL SERVICE COSTS		PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B PART 1	
Cost Center Description	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	CAP. REL BUILDINGS & FIXTURES	CAP. REL MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (sum of cols. 0 - 3)	ADMINIS- TRATIVE & GENERAL	
	0	1	2	3	3 A	4	
OUTPATIENT SERVICE COST CENTERS							
60	Clinic						60
61	Rural Health Clinic (RHC)						61
62	FQHC						62
63	Other Outpatient Service Cost						63
OTHER REIMBURSABLE COST CENTERS							
70	Home Health Agency Cost						70
71	Ambulance						71
72	Outpatient Rehabilitation (specify)						72
73	CMHC						73
74	Other Reimbursable Cost						74
SPECIAL PURPOSE COST CENTERS							
83	Hospice						83
84	Other Special Purpose Cost						84
89	Subtotals						89
NON REIMBURSABLE COST CENTERS							
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
100	Total						100

COST ALLOCATION - GENERAL SERVICE COSTS		PROVIDER CCN:				PERIOD: FROM _____ TO _____		WORKSHEET B PART I	
Cost Center Description		PLANT OPER. MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS									
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
INPATIENT ROUTINE SERVICE COST CENTERS									
30	Skilled Nursing Facility								30
31	Nursing Facility								31
32	ICF/IID								32
33	Other Long Term Care								33
ANCILLARY SERVICE COST CENTERS									
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 - GENERAL SERVICE COSTS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B PART I	
Cost Center Description		PLANT OPER. MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		5	6	7	8	9	10	11
OUTPATIENT SERVICE COST CENTERS								
60	Clinic							60
61	Rural Health Clinic (RHC)							61
62	FQHC							62
63	Other Outpatient Service Cost							63
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost							70
71	Ambulance							71
72	Outpatient Rehabilitation (specify)							72
73	CMHC							73
74	Other Reimbursable Cost							74
SPECIAL PURPOSE COST CENTERS								
83	Hospice							83
84	Other Special Purpose Cost							84
89	Subtotals							89
NON REIMBURSABLE COST CENTERS								
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
100	Total							100

COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B PART I	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL			
	12	13	14	15	16	17	18			
GENERAL SERVICE COST CENTERS										
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
INPATIENT ROUTINE SERVICE COST CENTERS										
30	Skilled Nursing Facility									30
31	Nursing Facility									31
32	ICF/IID									32
33	Other Long Term Care									33
ANCILLARY SERVICE COST CENTERS										
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 - GENERAL SERVICE COSTS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B PART I	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL
		12	13	14	15	16	17	18
OUTPATIENT SERVICE COST CENTERS								
60	Clinic							60
61	Rural Health Clinic (RHC)							61
62	FQHC							62
63	Other Outpatient Service Cost							63
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost							70
71	Ambulance							71
72	Outpatient Rehabilitation (specify)							72
73	CMHC							73
74	Other Reimbursable Cost							74
SPECIAL PURPOSE COST CENTERS								
83	Hospice							83
84	Other Special Purpose Cost							84
89	Subtotals							89
NON REIMBURSABLE COST CENTERS								
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
100	Total							100