

ALLOCATION OF CAPITAL - RELATED COSTS				PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET B PART II	
Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COSTS	CAP. REL BUILDINGS & FIXTURES	CAP. REL. MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL	PLANT OPER. MAINTENANCE & REPAIRS
	0	1	2	2 A	3	4	5
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

ALLOCATION OF CAPITAL - RELATED COSTS				PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B PART II	
Cost Center Description		DIRECTLY ASSIGNED CAPITAL RELATED COSTS	CAP. REL BUILDINGS & FIXTURES	CAP. REL. MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL	PLANT OPER. MAINTENANCE & REPAIRS	
		0	1	2	2 A	3	4	5	
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

ALLOCATION OF CAPITAL - RELATED COSTS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B PART II
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		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

ALLOCATION OF CAPITAL - RELATED COSTS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B PART II
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		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

ALLOCATION OF CAPITAL - RELATED COSTS					PROVIDER CCN:		PERIOD: FROM _____ TO _____		WORKSHEET B PART II	
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	

ALLOCATION OF CAPITAL - RELATED COSTS		PROVIDER CCN:			PERIOD: FROM _____ TO _____		WORKSHEET B PART II	
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