

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET C
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Cost Center Description	Total ( from Wkst. B, Pt. 1, col. 18 )	Total Charges	Ratio ( col. 1 divided by col. 2 )	
	1	2	3	
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
OUTPATIENT SERVICE COST CENTERS				
60 Clinic				60
61 Rural Health Clinic (RHC)				61
62 FQHC				62
63 Other Outpatient Service Cost				63
71 Ambulance				71
100 Total				100