

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET D PART I
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Check applicable box:	<input type="checkbox"/> Title V (1)	<input type="checkbox"/> Title XVIII	<input type="checkbox"/> Title XIX (1)
Check applicable box:	<input type="checkbox"/> SNF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF / IID
	<input type="checkbox"/> Other _____	<input type="checkbox"/> PPS - Must also complete Part II	

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

Cost Center Description	Ratio of Cost to Charges (from Wkst. C, col. 3)	Health Care Program Charges		Healthcare Program Cost		
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1	2	3	4	
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 COST CENTERS						
60 Clinic						60
61 Rural Health Clinic (RHC)						61
62 FQHC						62
63 Other Outpatient Service Cost						63
71 Ambulance (2)						71
100 Total (sum of lines 40 - 71)						100

- (1) For titles V and XIX use columns 1, 2 and 4 only.
- (2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.