

COST ALLOCATION - HOSPICE GENERAL SERVICE COST					PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET K-4 PART I		
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOC. (1) (from Wkst. K, col. 10)	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANS- PORTATION	VOLUNTEER SERVICE COORDI- NATOR	SUBTOTAL (cols. 0 through 5)	ADMINIS- TRATIVE & GENERAL	TOTAL
		BUILDS. & FIXTURES	MOVABLE EQUIPMENT						
	0	1	2	3	4	5	5A	6	7
GENERAL SERVICE COST CENTERS									
1	Capital Related Costs-Bldg. and Fixt.								1
2	Capital Related Costs-Movable Equip.								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination								5
6	Administrative and General								6
INPATIENT CARE SERVICE									
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
VISITING SERVICES									
9	Physician Services								9
10	Nursing Care								10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech/ Language Pathology								14
15	Medical Social Services								15
16	Spiritual Counseling								16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker								19
20	HH Aide & Homemaker-Cont. Home Care								20
21	Other								21
OTHER HOSPICE SERVICE COSTS									
22	Drugs, Biological and Infusion Therapy								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R Dept.)								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
HOSPICE NONREIMBURSABLE SERVICE									
35	Bereavement Program Costs								35
36	Volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Total (sum of lines 1 through 38)								39