

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS			PROVIDER CCN:	PERIOD :	WORKSHEET K-5, PART I			
			HOSPICE CCN:	FROM _____				
				TO _____				
HOSPICE COST CENTER (1)	From Wkst. K-4, Pt. I, col. 7, line -	HOSPICE TRIAL BALANCE	CAPITAL RELATED		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0 through 3)	ADMINIS-TRATIVE & GENERAL	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT				
		0	1	2	3	3A	4	
1	Administrative and General	6						1
2	Inpatient - General Care	7						2
3	Inpatient - Respite Care	8						3
4	Physician Services	9						4
5	Nursing Care	10						5
6	Nursing Care- Continuous Home Care	11						6
7	Physical Therapy	12						7
8	Occupational Therapy	13						8
9	Speech/ Language Pathology	14						9
10	Medical Social Services - Direct	15						10
11	Spiritual Counseling	16						11
12	Dietary Counseling	17						12
13	Counseling - Other	18						13
14	Home Health Aide and Homemakers	19						14
15	HH Aide & Homemaker - Cont. Home Care	20						15
16	Other	21						16
17	Drugs, Biologicals and Infusion	22						17
18	Analgesics	23						18
19	Sedative/Hypnotics	24						19
20	Other - Specify	25						20
21	Durable Medical Equipment/Oxygen	26						21
22	Patient Transportation	27						22
23	Imaging Services	28						23
24	Labs and Diagnostics	29						24
25	Medical Supplies	30						25
26	Outpatient Services (incl. E/R Dept.)	31						26
27	Radiation Therapy	32						27
28	Chemotherapy	33						28
29	Other	34						29
30	Bereavement Program Costs	35						30
31	Volunteer Program Costs	36						31
32	Fundraising	37						32
33	Other Program Costs	38						33
34	Totals (sum of lines 1 through 33)							34
35	Unit Cost Multiplier							35

(1) Columns 0 through 16, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 83.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		PROVIDER CCN:		PERIOD :		WORKSHEET K-5		
		HOSPICE CCN:		FROM _____		Part I		
				TO _____				
HOSPICE COST CENTER (1)		PLANT OPERATION MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		5	6	7	8	9	10	11
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care- Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech/ Language Pathology							9
10	Medical Social Services - Direct							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemakers							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biologicals and Infusion							17
18	Analgesics							18
19	Sedative/Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (incl. E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1 through 33)							34
35	Unit Cost Multiplier							35

(1) Columns 0 through 16, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 83.

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				HOSPICE CCN:	FROM _____	Part I		
					TO _____			
HOSPICE COST CENTER (1)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	SUBTOTAL (sum of cols. 3A through 15)	ALLOCATED HOSPICE A & G (see Pt. II)	TOTAL HOSPICE COSTS	
	12	13	14	15	16	17	18	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care- Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech/ Language Pathology							9
10	Medical Social Services - Direct							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemakers							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biologicals and Infusion							17
18	Analgesics							18
19	Sedative/Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (incl. E/R Dept.)							26
27	Radiation Therapy							27
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29	Other							29
30	Bereavement Program Costs							30
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(1) Columns 0 through 16, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 83.