

APPORTIONMENT OF HOSPICE SHARED SERVICES	PROVIDER CCN:  HOSPICE CCN:	PERIOD : FROM _____ TO _____	WORKSHEET K-5 Part III
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PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

COST CENTER	Wkst. C, col. 3, line:	Cost to Charge Ratio	Total Hospice Charges ( from provider records )	Hospice Shared Ancillary Costs ( col. 1 x col. 2 )
	0	1	2	3
<b>ANCILLARY SERVICE COST CENTERS</b>				
1	Physical Therapy	44		
2	Occupational Therapy	45		1
3	Speech/ Language Pathology	46		2
4	Drugs, Biologicals and Infusion	49		3
5	Labs and Diagnostics	41		4
6	Medical Supplies	48		5
7	Radiation Therapy	40		6
8	Other	52		7
9	Total (sum of lines 1-8)			8
				9