

APPORTIONMENT OF SNF-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE	PROVIDER CCN: _____ HOSPICE CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET O-7
--	---	-----------------------------------	---------------

Cost Center Descriptions	Wkst. C, col. 3, line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				Shared Service Costs by LOC				
			HCHC ( col. 1 x col. 2 )	HRHC ( col. 1 x col. 3 )	HIRC ( col. 1 x col. 4 )	HGIP ( col. 1 x col. 5 )	HCHC ( col. 1 x col. 2 )	HRHC ( col. 1 x col. 3 )	HIRC ( col. 1 x col. 4 )	HGIP ( col. 1 x col. 5 )	
	0	1	2	3	4	5	6	7	8	9	
<b>ANCILLARY SERVICE COST CENTERS</b>											
1 Physical Therapy	44										1
2 Occupational Therapy	45										2
3 Speech/ Language Pathology	46										3
4 Drugs, Biological and Infusion Therapy	49										4
5 Durable Medical Equipment/Oxygen	51										5
6 Labs and Diagnostics	41										6
7 Medical Supplies	48										7
8 Outpatient Services (including E/R Dept.)	63										8
9 Radiation Therapy	40										9
10 Other	52										10
11 Totals (sum of lines 1 through 10)											11