

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER CCN:

PERIOD:
FROM: _____
TO: _____

WORKSHEET A

			SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1	2	3	4	5	
GENERAL SERVICE COST CENTERS								
1	0100	CAPITAL RELATED - BUILDINGS & FIXTURES						1
2	0200	CAPITAL RELATED - MOVABLE EQUIPMENT						2
3	0300	EMPLOYEE BENEFITS DEPARTMENT						3
4	0400	ADMINISTRATIVE AND GENERAL						4
5	0500	PLANT OP, MAINT & REPAIRS						5
6	0600	LAUNDRY AND LINEN SERVICE						6
7	0700	HOUSEKEEPING						7
8	0800	DIETARY						8
9	0900	NURSING ADMINISTRATION						9
10	1000	CENTRAL SERVICES AND SUPPLY						10
11	1100	PHARMACY						11
12	1200	MEDICAL RECORDS						12
13	1300	MEDICAL SOCIAL SERVICES						13
14	1400	ACTIVITIES PROGRAM						14
15	1500	QA & PERFORMANCE IMPROVEMENT PROGRAM						15
16	1600	TRAINING AND IN-SERVICE EDUCATION						16
17	1700	PATIENT TRANSPORTATION PART A						17
18	1800							18
INPATIENT ROUTINE NURSING COST CENTERS								
25	2500	SKILLED NURSING FACILITY						25
26	2600	NURSING FACILITY						26
27	2700	ICF/IID						27
ANCILLARY SERVICE COST CENTERS								
30	3000	RADIOLOGY - DIAGNOSTIC						30
31	3100	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY						31
32	3200	LABORATORY						32
33	3300	IV THERAPY						33
34	3400	RESPIRATORY THERAPY						34
35	3500	PHYSICAL THERAPY						35
36	3600	OCCUPATIONAL THERAPY						36
37	3700	SPEECH LANGUAGE PATHOLOGIST						37
38	3800	AUDIOLOGY						38
39	3900	ELECTROCARDIOLOGY						39
40	4000	MEDICAL SUPPLIES CHARGED TO PATIENTS						40
41	4100	DRUGS: DRUGS CHARGED TO PATIENTS						41
42	4200	DRUGS: IV SOLUTIONS						42
43	4300	DENTAL CARE						43
44	4400	APPLIANCES AND EQUIPMENT						44
45	4500	BLOOD AND BLOOD PRODUCTS						45
46	4600	BLOOD TRANSFUSION/PROCESSING/STORAGE						46
47	4700							47

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			RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUST- MENTS	EXPENSES FOR COST ALLOCATION	
			6	7	8	9	
GENERAL SERVICE COST CENTERS							
1	0100	CAPITAL RELATED - BUILDINGS & FIXTURES					1
2	0200	CAPITAL RELATED - MOVABLE EQUIPMENT					2
3	0300	EMPLOYEE BENEFITS DEPARTMENT					3
4	0400	ADMINISTRATIVE AND GENERAL					4
5	0500	PLANT OP, MAINT & REPAIRS					5
6	0600	LAUNDRY AND LINEN SERVICE					6
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OUTPATIENT SERVICE COST CENTERS								
60	6000	SCREENING & PREVENTATIVE SERVICES						60
61	6100	OUTPATIENT LABORATORY						61
62	6200	PORTABLE X-RAY SERVICES						62
63	6300	OUTPATIENT DURABLE MEDICAL EQUIPMENT						63
64	6400							64
OUTPATIENT REIMBURSABLE COST CENTERS								
70	7000	HOME HEALTH AGENCY						70
71	7100	AMBULANCE						71
72	7200	HOSPICE						72
73	7300	OUTPATIENT REHABILITATION (SPECIFY)						73
74	7400							
COST REIMBURSED COST CENTERS								
80	8000	PREVENTIVE VACCINES						80
81	8100							81
89	8900	SUBTOTALS						89
NONREIMBURSABLE COST CENTERS								
90	9000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN						90
91	9100	NONPAID WORKERS						91
92	9200	PHYSICIAN PRIVATE OFFICES						92
93	9300							93
100		TOTAL						100

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