

ALLOCATION OF CAPITAL RELATED COSTS	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET B PART II
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		DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC-B&F	CRC-ME	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	A&G	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1	2	2A	3	4	5	6	
GENERAL SERVICE COST CENTERS										
1	CAPITAL RELATED - BUILDINGS & FIXTURES									1
2	CAPITAL RELATED - MOVABLE EQUIPMENT									2
3	EMPLOYEE BENEFITS DEPARTMENT									3
4	ADMINISTRATIVE AND GENERAL									4
5	PLANT OP, MAINT & REPAIRS									5
6	LAUNDRY AND LINEN SERVICE									6
7	HOUSEKEEPING									7
8	DIETARY									8
9	NURSING ADMINISTRATION									9
10	CENTRAL SERVICES AND SUPPLY									10
11	PHARMACY									11
12	MEDICAL RECORDS									12
13	MEDICAL SOCIAL SERVICES									13
14	ACTIVITIES PROGRAM									14
15	QA & PERFORMANCE IMPROVEMENT PROGRAM									15
16	TRAINING AND IN-SERVICE EDUCATION									16
17	PATIENT TRANSPORTATION PART A									17
18										18
INPATIENT ROUTINE NURSING COST CENTERS										
25	SKILLED NURSING FACILITY									24
26	NURSING FACILITY									25
27	ICF/IID									26
ANCILLARY SERVICE COST CENTERS										
30	RADIOLOGY - DIAGNOSTIC									30
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY									31
32	LABORATORY									32
33	INTRAVENOUS THERAPY									33
34	RESPIRATORY THERAPY									34
35	PHYSICAL THERAPY									35
36	OCCUPATIONAL THERAPY									36
37	SPEECH LANGUAGE PATHOLOGIST									37
38	AUDIOLOGY									38
39	ELECTROCARDIOLOGY									39
40	MEDICAL SUPPLIES CHARGED TO PATIENTS									40
41	DRUGS: DRUGS CHARGED TO PATIENTS									41
42	DRUGS: IV SOLUTIONS									42
43	DENTAL CARE									43
44	APPLIANCES AND EQUIPMENT									44
45	BLOOD AND BLOOD PRODUCTS									45
46	BLOOD TRANSFUSION/PROCESSING/STORAGE									46
47										47

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		DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC-B&F	CRC-ME	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	A&G	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1	2	2A	3	4	5	6	
OUTPATIENT SERVICE COST CENTERS										
60	SCREENING & PREVENTATIVE SERVICES									60
61	OUTPATIENT LABORATORY									61
62	PORTABLE X-RAY SERVICES									62
63	OUTPATIENT DURABLE MEDICAL EQUIPMENT									63
64										64
OUTPATIENT REIMBURSABLE COST CENTERS										
70	HOME HEALTH AGENCY									70
71	AMBULANCE									71
72	HOSPICE									72
73	OUTPATIENT REHAB (SPECIFY)									73
74										
COST REIMBURSED COST CENTERS										
80	PREVENTIVE VACCINES									80
81										81
89	SUBTOTALS									89
NONREIMBURSABLE COST CENTERS										
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN									90
91	NONPAID WORKERS									91
92	PHYSICIAN PRIVATE OFFICES									92
93										93
99	NEGATIVE COST CENTER									99
100	TOTAL									100

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	HOUSE-KEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICE	ACTIVITIES PROGRAM	
	7	8	9	10	11	12	13	14	
GENERAL SERVICE COST CENTERS									
1	CAPITAL RELATED - BUILDINGS & FIXTURES								1
2	CAPITAL RELATED - MOVABLE EQUIPMENT								2
3	EMPLOYEE BENEFITS DEPARTMENT								3
4	ADMINISTRATIVE AND GENERAL								4
5	PLANT OP, MAINT & REPAIRS								5
6	LAUNDRY AND LINEN SERVICE								6
7	HOUSEKEEPING								7
8	DIETARY								8
9	NURSING ADMINISTRATION								9
10	CENTRAL SERVICES AND SUPPLY								10
11	PHARMACY								11
12	MEDICAL RECORDS								12
13	MEDICAL SOCIAL SERVICES								13
14	ACTIVITIES PROGRAM								14
15	QA & PERFORMANCE IMPROVEMENT PROGRAM								15
16	TRAINING AND IN-SERVICE EDUCATION								16
17	PATIENT TRANSPORTATION PART A								17
18									18
INPATIENT ROUTINE NURSING COST CENTERS									
25	SKILLED NURSING FACILITY								24
26	NURSING FACILITY								25
27	ICF/IID								26
ANCILLARY SERVICE COST CENTERS									
30	RADIOLOGY - DIAGNOSTIC								30
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY								31
32	LABORATORY								32
33	INTRAVENOUS THERAPY								33
34	RESPIRATORY THERAPY								34
35	PHYSICAL THERAPY								35
36	OCCUPATIONAL THERAPY								36
37	SPEECH LANGUAGE PATHOLOGIST								37
38	AUDIOLOGY								38
39	ELECTROCARDIOLOGY								39
40	MEDICAL SUPPLIES CHARGED TO PATIENTS								40
41	DRUGS: DRUGS CHARGED TO PATIENTS								41
42	DRUGS: IV SOLUTIONS								42
43	DENTAL CARE								43
44	APPLIANCES AND EQUIPMENT								44
45	BLOOD AND BLOOD PRODUCTS								45
46	BLOOD TRANSFUSION/PROCESSING/STORAGE								46
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		HOUSE-KEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICE	ACTIVITIES PROGRAM	
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OUTPATIENT SERVICE COST CENTERS										
60	SCREENING & PREVENTATIVE SERVICES									60
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62	PORTABLE X-RAY SERVICES									62
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OUTPATIENT REIMBURSABLE COST CENTERS										
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80	PREVENTIVE VACCINES									80
81										81
89	SUBTOTALS									89
NONREIMBURSABLE COST CENTERS										
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN									90
91	NONPAID WORKERS									91
92	PHYSICIAN PRIVATE OFFICES									92
93										93
99	NEGATIVE COST CENTER									99
100	TOTAL									100

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	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	OTHER GENERAL SERVICE	SUBTOTAL	POST STEPDOWN ADJ	TOTAL	
	15	16	17	18	19	20	21	
GENERAL SERVICE COST CENTERS								
1	CAPITAL RELATED - BUILDINGS & FIXTURES							1
2	CAPITAL RELATED - MOVABLE EQUIPMENT							2
3	EMPLOYEE BENEFITS DEPARTMENT							3
4	ADMINISTRATIVE AND GENERAL							4
5	PLANT OP, MAINT & REPAIRS							5
6	LAUNDRY AND LINEN SERVICE							6
7	HOUSEKEEPING							7
8	DIETARY							8
9	NURSING ADMINISTRATION							9
10	CENTRAL SERVICES AND SUPPLY							10
11	PHARMACY							11
12	MEDICAL RECORDS							12
13	MEDICAL SOCIAL SERVICES							13
14	ACTIVITIES PROGRAM							14
15	QA & PERFORMANCE IMPROVEMENT PROGRAM							15
16	TRAINING AND IN-SERVICE EDUCATION							16
17	PATIENT TRANSPORTATION PART A							17
18								18
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25	SKILLED NURSING FACILITY							24
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30	RADIOLOGY - DIAGNOSTIC							30
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY							31
32	LABORATORY							32
33	INTRAVENOUS THERAPY							33
34	RESPIRATORY THERAPY							34
35	PHYSICAL THERAPY							35
36	OCCUPATIONAL THERAPY							36
37	SPEECH LANGUAGE PATHOLOGIST							37
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40	MEDICAL SUPPLIES CHARGED TO PATIENTS							40
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60	SCREENING & PREVENTATIVE SERVICES								60
61	OUTPATIENT LABORATORY								61
62	PORTABLE X-RAY SERVICES								62
63	OUTPATIENT DURABLE MEDICAL EQUIPMENT								63
64									64
OUTPATIENT REIMBURSABLE COST CENTERS									
70	HOME HEALTH AGENCY								70
71	AMBULANCE								71
72	HOSPICE								72
73	OUTPATIENT REHAB (SPECIFY)								73
74									
COST REIMBURSED COST CENTERS									
80	PREVENTIVE VACCINES								80
81									81
89	SUBTOTALS								89
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN								90
91	NONPAID WORKERS								91
92	PHYSICIAN PRIVATE OFFICES								92
93									93
99	NEGATIVE COST CENTER								99
100	TOTAL								100