

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

PROVIDER CCN:

PERIOD:

WORKSHEET C

FROM: _____

TO: _____

		TOTAL COST	CHARGES			COST TO CHARGE RATIO	
			TOTAL CHARGES	RECLASS- IFICATIONS	RECLASSIFIED CHARGES		
		1	2	3	4	5	
INPATIENT ROUTINE NURSING COST CENTERS							
25	SKILLED NURSING FACILITY						25
26	NURSING FACILITY						26
27	ICF/IID						27
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
OUTPATIENT SERVICE COST CENTERS							
64							64
OUTPATIENT REIMBURSABLE COST CENTERS							
71	AMBULANCE						71
COST REIMBURSED SERVICES COST CENTERS							
80	PREVENTIVE VACCINES						80
81							81
100	TOTAL						100