

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET C
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	TOTAL COST	CHARGES			COST TO CHARGE RATIO
		TOTAL CHARGES	RECLASS-IFICATIONS	RECLASSIFIED CHARGES	
		1	2	3	
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 COST CENTERS					
80	PREVENTIVE VACCINES				80
81					81
100	TOTAL				100