

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET D
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SELECT PROGRAM	<input type="checkbox"/> TITLE V	<input type="checkbox"/> TITLE XVIII	<input type="checkbox"/> TITLE XIX
SELECT COMPONENT	<input type="checkbox"/> SNF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF / IID

	RATIO OF COST TO CHARGES	HEALTHCARE CHARGES			HEALTHCARE COSTS			
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS								
30	RADIOLOGY - DIAGNOSTIC							30
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY							31
32	LABORATORY							32
33	IV 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								
65								65
OUTPATIENT REIMBURSABLE COST CENTERS								
71	AMBULANCE							71
COST REIMBURSED COST CENTERS								
80	PREVENTIVE VACCINES							80
81								81
100	TOTAL							100