

APPORTIONMENT OF SNF - BASED HOSPICE SHARED SERVICES COSTS BY LEVEL OF CARE

PROVIDER CCN: _____

PERIOD: FROM: _____

WORKSHEET K-7

HOSPICE CCN: _____

TO: _____

	WKST C, COL 3, LINE #	COST TO CHARGE RATIO	CHARGES BY LOC				SHARED SERVICE COSTS BY LOC					
			HCHC	HRHC	HIRC	HCIP	HCHC	HRHC	HIRC	HCIP		
			1	2	3	4	5	6	7	8		9
1	RADIOLOGY - DIAGNOSTIC	30										1
2	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	31										2
3	LABORATORY	32										3
4	INTRAVENOUS THERAPY	33										4
5	RESPIRATORY THERAPY	34										5
6	PHYSICAL THERAPY	35										6
7	OCCUPATIONAL THERAPY	36										7
8	SPEECH LANGUAGE PATHOLOGIST	37										8
9	MEDICAL SUPPLIES CHARGED TO PATIENTS	40										9
10	DRUGS: DRUGS CHARGED TO PATIENTS	41										10
11	DRUGS: IV SOLUTIONS	42										11
12	BLOOD AND BLOOD PRODUCTS	45										12
13	BLOOD TRANSFUSION/PROCESSING/STORAGE	46										13
20	TOTAL											20