

<b>RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS</b>	<b>PROVIDER NO. :</b> _____	<b>PERIOD :</b> <b>FROM</b> _____ <b>TO</b> _____	<b>WORKSHEET C</b>
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Cost Center		TOTAL (From Wkst B, Pt. I, Col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1	2	3	
<b>ANCILLARY SERVICE COST CENTERS</b>					
21	Radiology				21
22	Laboratory				22
23	Intravenous Therapy				23
24	Oxygen ( Inhalation ) Therapy				24
25	Physical Therapy				25
26	Occupational Therapy				26
27	Speech Pathology				27
28	Electrocardiology				28
29	Medical Supplies Charged				29
30	Drugs Charged to Patients				30
31	Dental Care - Title XIX only				31
32	Support Surfaces				32
33	Other Ancillary Service Cost				33
<b>OUTPATIENT SERVICE COST CENTERS</b>					
34	Clinic				34
35	R H C				35
36	Other Outpatient Service Cost				36
48	Ambulance				48
75	Total				75