

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND REDUCTION OF THERAPY COST	PROVIDER NO. : _____	PERIOD : FROM _____ TO _____	WORKSHEET D PART I
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PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

Check <input type="checkbox"/> Title V ⁽¹⁾ One: <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX ⁽¹⁾	Check One: <input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> ICF/MR <input type="checkbox"/> Other _____ <input type="checkbox"/> PPS (For cost reporting periods beginning before 07/01/98) >PPS FISCAL YEARS BEGINNING 07/01/98 MUST ALSO COMPLETE PART III <
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Cost Center	RATIO OF COST TO CHARGES (Fr. Wkst. C Column 3)	HEALTH CARE PROGRAM CHARGES		HEALTH CARE PROGRAM COST		TITLE XVIII CHARGES ON AND AFTER 1/1/1998	PART B THERAPY COSTS ON AND AFTER 1/1/1998 Col. 1 X 6)	10% REDUCTION OF THERAPY (Col. 7 X 10%)	NET ALLOWABLE PART B COSTS Col. 5 less Col. 8)
		Part A	Part B	Part A	Part B				
		(Col. 1 X Col. 2)	(Col. 1 X Col. 3)	4	5				
	1	2	3	4	5	6	7	8	9

ANCILLARY SERVICE COST CENTERS

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 To Patients									29
30	Drugs Charged to Patients									30
31	Dental Care - Title XIX									31
32	Support Surfaces									32
33	Other Ancillary Services									33

OUTPATIENT COST CENTERS

34	Clinic									34
35	R H C									35
36	Other Outpatient Services									36
48	Ambulance (2)									48
75	Total (Sum of lines 21 - 48)									75

(1) For titles V and XIX use columns 1, 2 and 4 only.
 (2) Line 48 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.