| APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL | | | | | PROVIDER CCN: | PERIOD: FROMTO | OM PART I | |
|---|---|--|---|--|---|-------------------------|--|-----|
| Check a | pplicable box: [] Hospital Staff [] Medical Staff | | | | 1 | | | |
| | - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIOD: | S ENDING BEFORE JUNE 3 | 0, 2014 | | | | | |
| Line No. | Specialty Description/Physician Identifier | Total Remuneration | Professional Component | RCE Amount 5 | Physician/ Professional Component Hours | Unadjusted RCE Limit | 5 Percent of Unadjusted RCE Limit | |
| 1 | General Practitioner Family Practice | 3 | 7 | 3 | 0 | / | o | 1 |
| | Internal Medicine | | | | | | | 2 |
| | Surgery | | | | | | | 3 |
| | Pediatrics | | | | | | | 4 |
| | Obstetrics-Gynecology | | | | | | | 5 |
| | Radiology | | | | | | | 6 |
| | Psychiatry | | | | | | | 7 |
| | Anesthesiology | i | | | | | | 8 |
| 9 | Pathology | | | | | | | 9 |
| | All Other | | | | | | | 10 |
| 11 | Total | | | | | | | 11 |
| | | | | | | | • | |
| Line No. | Specialty Description/Physician Identifier 10 | Cost of Membership & Continuing Education | Professional Component Share of col. 11 | Cost of Physician Malpractice Insurance | Professional Component Share of col. 13 | Adjusted RCE Limit | Adjust Cost of Physician's Direct Medical & Surgical Services | |
| 1 | General Practitioner Family Practice | | | | | | | 1 |
| | Internal Medicine | | | | | | | 2 |
| | Surgery | | | | | | | 3 |
| | Pediatrics | | | | | | | 4 |
| | Obstetrics-Gynecology | | | | | | | 5 |
| | Radiology | | | | | | | 6 |
| | Psychiatry | | | | | | | 7 |
| | Anesthesiology | | | | | | | 8 |
| | Pathology | | | | | | | 9 |
| | All Other | | | | | | | 10 |
| 1.1 | Total (transfer the amount in column 16 line 11 to Bort II line 1 column 1 or 2 or annumints) | i i | | 1 | | 1 | 1 | 1.1 |