

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART C
	COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	

**PART C - OUTPATIENT AMBULATORY SURGICAL CENTER**

1	Standard overhead amounts (ASC fees)		1
2	Deductibles		2
3	Subtotal (line 1 minus line 2)		3
4	Application of coinsurance (80% of line 3)		4
5	ASC portion of blend (for column 1, 58% of line 4, and column 1.01, 58% of line 1)		5
6	Outpatient ASC cost (from Worksheet D, Part V (see instructions))		6
COMPUTATION OF LESSER OF COST OR CHARGES			
7	Total charges		7
CUSTOMARY CHARGES			
8	Aggregate amount actually collected from patients liable for payment for services on a charge basis		8
9	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13 (e)		9
10	Ratio of line 8 to line 9 (not to exceed 1.000000)		10
11	Total customary charges (see instructions)		11
12	Excess of customary charges over reasonable cost (complete only if line 11 exceeds line 6) (see instru.)		12
13	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 11) (see instru.)		13
14	Lesser of cost or charges (see instructions)		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	Deductibles and coinsurance (see instructions)		15
16	Total (see instructions)		16
17	Hospital specific portion of blend (42% of line 16)		17
18	ASC blended amount (line 5 plus line 17)		18
19	Lesser of lines 16 or 18		19
20	Part B deductibles and coinsurance		20
21	ASC payment amount (column 1 amount from line 19, column 1.01, line 19 minus line 20)		21