COST A	LLOCATION - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
		NET EXPENSES FOR COST		PITAL ED COSTS						
COS	T CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS	U	1	2	4	4A	5	0	/	-
	Capital Related Costs-Buildings and Fixtures									
	Capital Related Costs-Movable Equipment									2
	Employee Benefits Department									4
										5
	Maintenance and Repairs									6
	Operation of Plant									7
8	*									8
9	Housekeeping									9
10	Dietary									10
11	Cafeteria									11
12	Maintenance of Personnel									12
13	Nursing Administration									13
14	Central Services and Supply									14
15	Pharmacy									15
16	Medical Records & Medical Records Library									16
	Social Service									17
	Other General Service (specify)									18
	Nonphysician Anesthetists									19
	Nursing Program									20
	Intern & Res. Service-Salary & Fringes (Approved)									21
	Intern & Res. Other Program Costs (Approved)									22
23	Paramedical Education Program (specify)									23
	INPATIENT ROUTINE SERVICE COST CENTERS									
	Adults and Pediatrics (General Routine Care)									30
	Intensive Care Unit									31
	Coronary Care Unit									32
	Burn Intensive Care Unit									33
	Surgical Intensive Care Unit									34
	Other Special Care Unit (specify)									35
	Subprovider IPF									40
	Subprovider IRF									41
	1 (1)/									42
43										43 44
	Skilled Nursing Facility Nursing Facility									44
										45
46	Other Long Term Care									46

COSTA	LLOCATION - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROM	WORKSHEET B, PART I	
								ТО	_	
		NET EXPENSES FOR COST		ITAL D COSTS						
COST	CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS	U	1	2	4	4A	5	6	/	_
	Operating Room									50
	Recovery Room									51
	Labor Room and Delivery Room									52
	Anesthesiology								†	53
	Radiology-Diagnostic									54
	Radiology-Therapeutic									55
	Radioisotope									56
	Computed Tomography (CT) Scan									57
	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
	Intravenous Therapy									64
	Respiratory Therapy									65
	Physical Therapy									66
	Occupational Therapy									67
	Speech Pathology									68
	Electrocardiology									69
	Electroencephalography									70
	Medical Supplies Charged to Patients									71
	Implantable Devices Charged to Patients									82
	Drugs Charged to Patients									73
	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
	Other Ancillary (specify)									76
	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy									78
	OUTPATIENT SERVICE COST CENTERS Rural Health Clinic (RHC)									88
	Rural Health Clinic (RHC) Federally Qualified Health Center (FQHC)								-	88
	Clinic								-	90
	Emergency								+	90
	Observation Beds									91
	Other Outpatient Service (specify)									93
	Partial Hospitalization Program								+	93.99

COST ALLO	OCATION - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
		NET EXPENSES FOR COST	CAPITAL RELATED COSTS							
COST C	ENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	4	4A	5	6	7	1
	THER REIMBURSABLE COST CENTERS									4
	ome Program Dialysis									94
	mbulance Services									95
	urable Medical Equipment-Rented									96
	urable Medical Equipment-Sold									97
	ther Reimbursable (specify)									98
	utpatient Rehabilitation Provider (specify)									99
	ntern-Resident Service (not appvd. tchng. prgm.)									100
	ome Health Agency									101
	pioid Treatment Program									102
SI	PECIAL PURPOSE COST CENTERS									
105 K	idney Acquisition									105
106 H	eart Acquisition									106
107 Li	iver Acquisition									107
108 Lu	ung Acquisition									108
109 Pa	ancreas Acquisition									109
110 In	ntestinal Acquisition									110
111 Is	let Acquisition									111
	ther Organ Acquisition (specify)									112
115 A	mbulatory Surgical Center (Distinct Part)									115
116 H										116
117 O	ther Special Purpose (specify)									117
118 SU	UBTOTALS (sum of lines 1 through 117)									118
NO	ONREIMBURSABLE COST CENTERS									
190 G	ift, Flower, Coffee Shop, & Canteen									190
	esearch									191
	hysicians' Private Offices									192
	onpaid Workers									193
	ther Nonreimbursable (specify)									194
	ross Foot Adjustments									200
	egative Cost Centers									201
	OTAL (sum lines 118 through 201)									202

COST ALLOCATION - GENERAL SERVICE COSTS								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS	0		10	- 11	12	15	11	13	10	1,	
Capital Related Costs-Buildings and Fixtures											1
Capital Related Costs-Movable Equipment											
4 Employee Benefits Department											
5 Administrative and General											
6 Maintenance and Repairs											
7 Operation of Plant			ĺ	ĺ							
8 Laundry and Linen Service											
9 Housekeeping											
10 Dietary											1
11 Cafeteria					1						1
12 Maintenance of Personnel											1
13 Nursing Administration							1				1
14 Central Services and Supply								1			1
15 Pharmacy									1		1
16 Medical Records & Medical Records Library											1
17 Social Service											1
18 Other General Service (specify)											1
19 Nonphysician Anesthetists											1
20 Nursing Program											2
21 Intern & Res. Service-Salary & Fringes (Approved)											2
22 Intern & Res. Other Program Costs (Approved)											2
23 Paramedical Education Program (specify)											2
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Adults and Pediatrics (General Routine Care)											3
31 Intensive Care Unit											3
32 Coronary Care Unit											3
33 Burn Intensive Care Unit											3
34 Surgical Intensive Care Unit											3
35 Other Special Care Unit (specify)											3
40 Subprovider IPF					<u> </u>		<u> </u>				4
41 Subprovider IRF											4
42 Subprovider (specify)											4
43 Nursery											4
44 Skilled Nursing Facility											4
45 Nursing Facility											4
46 Other Long Term Care											4

COST AI	LLOCATION - GENERAL SERVICE COSTS								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	ANCILLARY SERVICE COST CENTERS	8	9	10	11	12	13	14	15	16	17	-
	Operating Room											50
	Recovery Room											51
	Labor Room and Delivery Room											52
	Anesthesiology											53
	Radiology-Diagnostic											54
55	Radiology-Therapeutic											55
	Radioisotope											56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization											59
	Laboratory											60
	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
	Intravenous Therapy											64
	Respiratory Therapy											65
	Physical Therapy											66
	Occupational Therapy											67
	Speech Pathology											68
	Electrocardiology											69
	Electroencephalography											70
	Medical Supplies Charged to Patients											71
	Implantable Devices Charged to Patients											82
	Drugs Charged to Patients											73
	Renal Dialysis											74
	ASC (Non-Distinct Part)											75
	Other Ancillary (specify)											76
	Allogeneic HSCT Acquisition											77
	CAR T-Cell Immunotherapy											78
	OUTPATIENT SERVICE COST CENTERS											4
	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)									1		89
	Clinic											90
	Emergency											91
	Observation Beds											92
	Other Outpatient Service (specify)											93
93.99	Partial Hospitalization Program											93.99

COST ALLOCATION - GENERAL SERVICE COSTS								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
OTHER REIMBURSABLE COST CENTERS	0	,	10	11	12	13	14	13	10	17	+
94 Home Program Dialysis											94
95 Ambulance Services											95
96 Durable Medical Equipment-Rented											96
97 Durable Medical Equipment-Sold									<u> </u>	+	97
98 Other Reimbursable (specify)							1		 	+	98
99 Outpatient Rehabilitation Provider (specify)											99
100 Intern-Resident Service (not appvd. tchng. prgm.)											100
101 Home Health Agency											101
102 Opioid Treatment Program											102
SPECIAL PURPOSE COST CENTERS											
105 Kidney Acquisition											105
106 Heart Acquisition											106
107 Liver Acquisition											107
108 Lung Acquisition											108
109 Pancreas Acquisition											109
110 Intestinal Acquisition											110
111 Islet Acquisition											111
112 Other Organ Acquisition (specify)											112
115 Ambulatory Surgical Center (Distinct Part)											115
116 Hospice											116
117 Other Special Purpose (specify)											117
118 SUBTOTALS (sum of lines 1 through 117)											118
NONREIMBURSABLE COST CENTERS											
190 Gift, Flower, Coffee Shop, & Canteen											190
191 Research											191
192 Physicians' Private Offices											192
193 Nonpaid Workers											193
194 Other Nonreimbursable (specify)											194
200 Cross Foot Adjustments											200
201 Negative Cost Centers											201
202 TOTAL (sum lines 118 through 201)											202

COST A	LLOCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD:	WORKSHEET B,	
									FROM	PART I	
		1	1	1	1	ı	1		TO		
			NON		DATEDNIA O	DAMEDIA O			INTERN &		
			NON-		INTERNS &	INTERNS &			RESIDENT		
		OTHER	PHYSICIAN		RESIDENTS	RESIDENTS	PARAMEDICAL		COST & POST		
COST	CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND	PROGRAM	EDUCATION		STEPDOWN		
		SERVICE	THETISTS	PROGRAM	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	4
	GENERAL SERVICE COST CENTERS	18	19	20	21	22	23	24	25	26	_
	Capital Related Costs-Buildings and Fixtures										-
	Capital Related Costs-Buildings and Fixtures Capital Related Costs-Movable Equipment	=									2
	Employee Benefits Department	=									4
4	Administrative and General	_									5
		_									
	Maintenance and Repairs	_									6
	Operation of Plant	4									7
	Laundry and Linen Service										8
	Troubenceping	_									9
	Dietary	_									10
	Cafeteria										11
											12
	Nursing Administration										13
	Central Services and Supply										14
	Pharmacy										15
	Medical Records & Medical Records Library										16
	Social Service]								17
	Other General Service (specify)										18
	Nonphysician Anesthetists										19
	Nursing Program										20
	Intern & Res. Service-Salary & Fringes (Approved)										21
	Intern & Res. Other Program Costs (Approved)										22
	Paramedical Education Program (specify)										23
	INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults and Pediatrics (General Routine Care)										30
31	Intensive Care Unit										31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
40	Subprovider IPF										40
41	Subprovider IRF										41
42	Subprovider (specify)										42
	Nursery										43
44	Skilled Nursing Facility										44
											45
	Other Long Term Care										46

COST A	LLOCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD:	WORKSHEET B,	
									FROM	PART I	
									TO		
									INTERN &		T
			NON-		INTERNS &	INTERNS &			RESIDENT		
		OTHER	PHYSICIAN		RESIDENTS	RESIDENTS	PARAMEDICAL		COST & POST		
COST	CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND	PROGRAM	EDUCATION		STEPDOWN		
		SERVICE	THETISTS	PROGRAM	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	7
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room										50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology										53
54	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
	Radioisotope										56
	Computed Tomography (CT) Scan										57
	Magnetic Resonance Imaging (MRI)										58
	Cardiac Catheterization										59
	Laboratory										60
	PBP Clinical Laboratory Services-Program Only										61
	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
	Intravenous Therapy										64
	Respiratory Therapy										65
	Physical Therapy										66
	Occupational Therapy										67
	Speech Pathology										68
	Electrocardiology										69
70	Electroencephalography										70
	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										82
	Drugs Charged to Patients										73
	Renal Dialysis										74
	ASC (Non-Distinct Part)		1								75
	Other Ancillary (specify)		1								76
	Allogeneic HSCT Acquisition						1				77
	CAR T-Cell Immunotherapy		1								78
	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)		1								89
	Clinic		 				1		1		90
	Emergency		 				1		1		91
92	Observation Beds										92
	Other Outpatient Service (specify)										93
	Partial Hospitalization Program		 				1		1		93.99

COST ALI	OCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET B, PART I	
COST C	ENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	THER REIMBURSABLE COST CENTERS	18	19	20	21	22	23	24	25	26	-
_	Home Program Dialysis										94
	Ambulance Services										95
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										97
	Other Reimbursable (specify)										98
	Outpatient Rehabilitation Provider (specify)										99
	ntern-Resident Service (not appvd. tchng. prgm.)										100
	Home Health Agency										101
	Opioid Treatment Program										102
	SPECIAL PURPOSE COST CENTERS										
105 k	Kidney Acquisition										105
106 I	Heart Acquisition										106
107 I	Liver Acquisition										107
108 I	Lung Acquisition										108
109 F	Pancreas Acquisition										109
	ntestinal Acquisition										110
	slet Acquisition										111
	Other Organ Acquisition (specify)										112
	Ambulatory Surgical Center (Distinct Part)										115
	Hospice										116
	Other Special Purpose (specify)										117
	SUBTOTALS (sum of lines 1 through 117)										118
	ONREIMBURSABLE COST CENTERS										
	Gift, Flower, Coffee Shop, & Canteen										190
	Research										191
	Physicians' Private Offices										192
	Nonpaid Workers										193
	Other Nonreimbursable (specify)										194
	Cross Foot Adjustments										200
	Negative Cost Centers										201
202 1	TOTAL (sum lines 118 through 201)		ļ					<u> </u>	1	1	202