

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST /

COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4						
GENERAL SERVICE COST CENTERS										
1 Old Capital Related Costs-Buildings and Fixtures										1 1
2 Old Capital Related Costs-Movable Equipment										2 2
3 New Capital Related Costs-Buildings and Fixtures										3 3
4 New Capital Related Costs-Movable Equipment										4 4
5 Employee Benefits										5 5
6 Administrative and General										6 6
7 Maintenance and Repairs										7 7
8 Operation of Plant										8 8
9 Laundry and Linen Service										9 9
10 Housekeeping										10 10
11 Dietary										11 11
12 Cafeteria										12 12
13 Maintenance of Personnel										13 13
14 Nursing Administration										14 14
15 Central Services and Supply										15 15
16 Pharmacy										16 16
17 Medical Records & Medical Records Library										17 17
18 Social Service										18 18
19 Other General Service (specify)										19 19
20 Nonphysician Anesthetists										20 20
21 Nursing School										21 21
22 Intern & Res. Service-Salary & Fringes (Approved)										22 22
23 Intern & Res. Other Program Costs (Approved)										23 23
24 Paramedical Education Program (specify)										24 24
INPATIENT ROUTINE SERVICE COST CENTERS										
25 Adults and Pediatrics (General Routine Care)										25 25
26 Intensive Care Unit										26 26
27 Coronary Care Unit										27 27
28 Burn Intensive Care Unit										28 28
29 Surgical Intensive Care Unit										29 29
30 Other Special Care Unit (specify)										30 30
31 Subprovider (specify)										31 31
33 Nursery										33 33
34 Skilled Nursing Facility										34 34
35 Nursing Facility										35 35
36 Other Long Term Care										36 36

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

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WORKSHEET B-1 COST /

COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)							
	1	2	3	4							
ANCILLARY SERVICE COST CENTERS											
37 Operating Room											37 37
38 Recovery Room											38 38
39 Delivery Room and Labor Room											39 39
40 Anesthesiology											40 40
41 Radiology-Diagnostic											41 41
42 Radiology-Therapeutic											42 42
43 Radioisotope											43 43
44 Laboratory											44 44
45 PBP Clinical Laboratory Services-Program Only											45 45
46 Whole Blood & Packed Red Blood Cells											46 46
47 Blood Storing, Processing, & Trans.											47 47
48 Intravenous Therapy											48 48
49 Respiratory Therapy											49 49
50 Physical Therapy											50 50
51 Occupational Therapy											51 51
52 Speech Pathology											52 52
53 Electrocardiology											53 53
54 Electroencephalography											54 54
55 Medical Supplies Charged to Patients											55 55
55.30 Implantable Devices Charged to Patients											55.30 55.30
56 Drugs Charged to Patients											56 56
57 Renal Dialysis											57 57
58 ASC (Non-Distinct Part)											58 58
59 Other Ancillary (specify)											59 59
OUTPATIENT SERVICE COST CENTERS											
60 Clinic											60 60
61 Emergency											61 61
62 Observation Beds											62 62
63 Other Outpatient Service (specify)											63 63
OTHER REIMBURSABLE COST CENTERS											
64 Home Program Dialysis											64 64
65 Ambulance Services											65 65
66 Durable Medical Equipment-Rented											66 66
67 Durable Medical Equipment-Sold											67 67
68 Other Reimbursable (specify)											68 68
69 Outpatient Rehabilitation Provider (specify)											69 69
70 Intern-Resident Service (not appvd. tchnng. prgm.)											70 70

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO:		PERIOD: FROM _____ TO _____		WORKSHEET B-1 COST					
COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)					
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)							1	2	3	4
71 Home Health Agency													71	71
SPECIAL PURPOSE COST CENTERS														
82 Lung Acquisition													82	82
83 Kidney Acquisition													83	83
84 Liver Acquisition													84	84
85 Heart Acquisition													85	85
86 Other Organ Acquisition (specify)													86	86
92 Ambulatory Surgical Center (Distinct Part)													92	92
93 Hospice													93	93
94 Other Special Purpose (specify)													94	94
95 SUBTOTALS (sum of lines 1-94)													95	95
NONREIMBURSABLE COST CENTERS														
96 Gift, Flower, Coffee Shop, & Canteen													96	96
97 Research													97	97
98 Physicians' Private Offices													98	98
99 Nonpaid Workers													99	99
100 Other Nonreimbursable (specify)													100	100
101 Cross foot adjustments													101	101
102 Negative cost centers													102	102
103 Cost to be allocated (per Wkst. B, Part I)													103	103
104 Unit cost multiplier (Wkst. B, Part I)													104	104
105 Cost to be allocated (per Wkst. B, Part II)													105	105
106 Unit cost multiplier (Wkst. B, Part II)													106	106
107 Cost to be allocated (per Wkst. B, Part III)													107	107
108 Unit cost multiplier (Wkst. B, Part III)													108	108

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST #

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	9	10	11	12	13	14	15	16	17	18		
GENERAL SERVICE COST CENTERS												
Old Capital Related Costs-Buildings and Fixtures											1	1
Old Capital Related Costs-Movable Equipment											2	2
New Capital Related Costs-Buildings and Fixtures											3	3
New Capital Related Costs-Movable Equipment											4	4
Employee Benefits											5	5
Administrative and General											6	6
Maintenance and Repairs											7	7
Operation of Plant											8	8
Laundry and Linen Service											9	9
Housekeeping											10	10
Dietary											11	11
Cafeteria											12	12
Maintenance of Personnel											13	13
Nursing Administration											14	14
Central Services and Supply											15	15
Pharmacy											16	16
Medical Records & Medical Records Library											17	17
Social Service											18	18
Other General Service (specify)											19	19
Nonphysician Anesthetists											20	20
Nursing School											21	21
Intern & Res. Service-Salary & Fringes (Approved)											22	22
Intern & Res. Other Program Costs (Approved)											23	23
Paramedical Education Program (specify)											24	24
INPATIENT ROUTINE SERVICE COST CENTERS												
Adults and Pediatrics (General Routine Care)											25	25
Intensive Care Unit											26	26
Coronary Care Unit											27	27
Burn Intensive Care Unit											28	28
Surgical Intensive Care Unit											29	29
Other Special Care Unit (specify)											30	30
Subprovider (specify)											31	31
Nursery											33	33
Skilled Nursing Facility											34	34
Nursing Facility											35	35
Other Long Term Care											36	36

FORM CMS-2552-96

3690 (Cont.) 07-09

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST #

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	9	10	11	12	13	14	15	16	17	18	
ANCILLARY SERVICE COST CENTERS											
Operating Room											37 37
Recovery Room											38 38
Delivery Room and Labor Room											39 39
Anesthesiology											40 40
Radiology-Diagnostic											41 41
Radiology-Therapeutic											42 42
Radioisotope											43 43
Laboratory											44 44
PBP Clinical Laboratory Services-Program Only											45 45
Whole Blood & Packed Red Blood Cells											46 46
Blood Storing, Processing, & Trans.											47 47
Intravenous Therapy											48 48
Respiratory Therapy											49 49
Physical Therapy											50 50
Occupational Therapy											51 51
Speech Pathology											52 52
Electrocardiology											53 53
Electroencephalography											54 54
Medical Supplies Charged to Patients											55 55
<i>Implantable Devices Charged to Patients</i>											<i>55.30 55.30</i>
Drugs Charged to Patients											56 56
Renal Dialysis											57 57
ASC (Non-Distinct Part)											58 58
Other Ancillary (specify)											59 59
OUTPATIENT SERVICE COST CENTERS											
Clinic											60 60
Emergency											61 61
Observation Beds											62 62
Other Outpatient Service (specify)											63 63
OTHER REIMBURSABLE COST CENTERS											
Home Program Dialysis											64 64
Ambulance Services											65 65
Durable Medical Equipment-Rented											66 66
Durable Medical Equipment-Sold											67 67
Other Reimbursable (specify)											68 68
Outpatient Rehabilitation Provider (specify)											69 69
Intern-Resident Service (not appvd. tchng. prgm.)											70 70

FORM CMS-2552-96

3690 (Cont.) 05-08

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST /

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	9	10	11	12	13	14	15	16	17	18		
Home Health Agency											71	71
SPECIAL PURPOSE COST CENTERS												
Lung Acquisition											82	82
Kidney Acquisition											83	83
Liver Acquisition											84	84
Heart Acquisition											85	85
Other Organ Acquisition (specify)											86	86
Ambulatory Surgical Center (Distinct Part)											92	92
Hospice											93	93
Other Special Purpose (specify)											94	94
SUBTOTALS (sum of lines 1-94)											95	95
NONREIMBURSABLE COST CENTERS												
Gift, Flower, Coffee Shop, & Canteen											96	96
Research											97	97
Physicians' Private Offices											98	98
Nonpaid Workers											99	99
Other Nonreimbursable (specify)											100	100
Cross foot adjustments											101	101
Negative cost centers											102	102
Cost to be allocated (per Wkst. B, Part I)											103	103
Unit cost multiplier (Wkst. B, Part I)											104	104
Cost to be allocated (per Wkst. B, Part II)											105	105
Unit cost multiplier (Wkst. B, Part II)											106	106
Cost to be allocated (per Wkst. B, Part III)											107	107
Unit cost multiplier (Wkst. B, Part III)											108	108

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)

FORM

FORM CMS-2552-96

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS							PROVIDER NO:	PERIOD: FROM _____ TO _____	WORKSHEET B-1	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	24				
GENERAL SERVICE COST CENTERS										
Old Capital Related Costs-Buildings and Fixtures										1
Old Capital Related Costs-Movable Equipment										2
New Capital Related Costs-Buildings and Fixtures										3
New Capital Related Costs-Movable Equipment										4
Employee Benefits										5
Administrative and General										6
Maintenance and Repairs										7
Operation of Plant										8
Laundry and Linen Service										9
Housekeeping										10
Dietary										11
Cafeteria										12
Maintenance of Personnel										13
Nursing Administration										14
Central Services and Supply										15
Pharmacy										16
Medical Records & Medical Records Library										17
Social Service										18
Other General Service (specify)										19
Nonphysician Anesthetists										20
Nursing School										21
Intern & Res. Service-Salary & Fringes (Approved)										22
Intern & Res. Other Program Costs (Approved)										23
Paramedical Education Program (specify)										24
INPATIENT ROUTINE SERVICE COST CENTER										
Adults and Pediatrics (General Routine Care)										25
Intensive Care Unit										26
Coronary Care Unit										27
Burn Intensive Care Unit										28
Surgical Intensive Care Unit										29
Other Special Care Unit (specify)										30
Subprovider (specify)										31
Nursery										33
Skilled Nursing Facility										34
Nursing Facility										35
Other Long Term Care										36

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)

FORM CMS-2552-92

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL		
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	23					24
ANCILLARY SERVICE COST CENTERS											
Operating Room											37
Recovery Room											38
Delivery Room and Labor Room											39
Anesthesiology											40
Radiology-Diagnostic											41
Radiology-Therapeutic											42
Radioisotope											43
Laboratory											44
PBP Clinical Laboratory Services-Program Only											45
Whole Blood & Packed Red Blood Cells											46
Blood Storing, Processing, & Trans.											47
Intravenous Therapy											48
Respiratory Therapy											49
Physical Therapy											50
Occupational Therapy											51
Speech Pathology											52
Electrocardiology											53
Electroencephalography											54
Medical Supplies Charged to Patients											55
<i>Implantable Devices Charged to Patients</i>											<i>55.30</i>
Drugs Charged to Patients											56
Renal Dialysis											57
ASC (Non-Distinct Part)											58
Other Ancillary (specify)											59
OUTPATIENT SERVICE COST CENTERS											
Clinic											60
Emergency											61
Observation Beds											62
Other Outpatient Service (specify)											63
OTHER REIMBURSABLE COST CENTERS											
Home Program Dialysis											64
Ambulance Services											65
Durable Medical Equipment-Rented											66
Durable Medical Equipment-Sold											67
Other Reimbursable (specify)											68
Outpatient Rehabilitation Provider (specify)											69
Intern-Resident Service (not appvd. tchng. prgm.)											70

3

FORM CMS-2552-96

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS						PROVIDER NO:	PERIOD: FROM _____ TO _____		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	24		26		
Home Health Agency										71
SPECIAL PURPOSE COST CENTERS										
Lung Acquisition										82
Kidney Acquisition										83
Liver Acquisition										84
Heart Acquisition										85
Other Organ Acquisition (specify)										86
Ambulatory Surgical Center (Distinct Part)										92
Hospice										93
Other Special Purpose (specify)										94
SUBTOTALS (sum of lines 1-94)										95
NONREIMBURSABLE COST CENTERS										
Gift, Flower, Coffee Shop, & Canteen										96
Research										97
Physicians' Private Offices										98
Nonpaid Workers										99
Other Nonreimbursable (specify)										100
Cross foot adjustments										101
Negative cost centers										102
Cost to be allocated (per Wkst. B, Part I)										103
Unit cost multiplier (Wkst. B, Part I)										104
Cost to be allocated (per Wkst. B, Part II)										105
Unit cost multiplier (Wkst. B, Part II)										106
Cost to be allocated (per Wkst. B, Part III)										107
Unit cost multiplier (Wkst. B, Part III)										108

CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)