| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS-THROUGH COSTS | PROVIDER CCN: _____ | PERIOD FROM _____ TO _____ | WORKSHEET D, PART III |
|---|---|---|---|

Check applicable boxes: [ ] Title V [ ] Title XVIII, Part A [ ] Title XIX [ ] Hospital [ ] PARHM Demonstration [ ] PPS [ ] TEFRA [ ] Other

| | | Nursing Program Post-Stepdown Adjustments | Nursing Program | Allied Health Post-Stepdown Adjustments | Allied Health Cost | All Other Medical Education Cost | Swing-Bed Adjustment Amount (see instructions) | Total Costs (sum of cols. 1, 2, and 3, minus col. 4) | Total Patient Days | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days | Inpatient Program Pass-Through Cost (col. 7 x col. 8) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (A) | Cost Center Description | 1A | 1 | 2A | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | | | | | |
| 30 | Adults & 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 (Other) | | | | | | | | | | | | 42 |
| 43 | Nursery | | | | | | | | | | | | 43 |
| 44 | Skilled Nursing Facility | | | | | | | | | | | | 44 |
| 45 | Nursing Facility | | | | | | | | | | | | 45 |
| 200 | Total (sum of lines 30 through 199) | | | | | | | | | | | | 200 |

(A) Worksheet A line numbers