

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET D, PARTS V & VI
Check Applicable Boxes	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, Part B <input type="checkbox"/> Title XIX - O/P	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> Swing Bed SNF <input type="checkbox"/> Swing Bed NF <input type="checkbox"/> ICF/MR

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

Cost Center Description	Cost to Charge Ratio From Worksheet C,			PROGRAM CHARGES							
				Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)		
	Part II, col. 8	Part I, col. 9	Part II, col. 9								
	1	1.01	1.02	2	3	4	5	5.01	5.02		
(A) ANCILLARY SERVICE COST CENTERS											
37 Operating Room											37
38 Recovery Room											38
39 Delivery & Labor Room											39
40 Anesthesiology											40
41 Radiology-Diagnostic											41
42 Radiology-Therapeutic											42
43 Radioisotope											43
44 Laboratory											44
45 PBP Clinic Laboratory Services-Prgm. Only											45
46 Whole Blood & Packed Red Blood Cells											46
47 Blood Storing, Processing, & Transfusing											47
48 Intravenous Therapy											48
49 Respiratory Therapy											49
50 Physical Therapy											50
51 Occupational Therapy											51
52 Speech Pathology											52
53 Electrocardiology											53
54 Electroencephalography											54
55 Medical Supplies Charged To Patients											55
5.30 Implantable Devices Charged to Patients											55.30
56 Drugs Charged To Patients											56
57 Renal Dialysis											57
58 ASC (Non-Distinct Part)											58
59 Other Ancillary (specify)											59

FORM CMS 2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3621.5 & 3621.6)

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				Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)		
	Part II, col. 8	Part I, col. 9	Part II, col. 9	2	3	4	5	5.01	5.02		
OUTPATIENT SERVICE COST CENTERS											
60 Clinic											60
61 Emergency											61
62 Observation Bed											62
63 Other Outpatient Service (specify)											63
OTHER REIMBURSABLE COST CENTERS											
64 Home Program Dialysis											64
65 Ambulance											65
66 Durable Medical Equipment-Rented											66
67 Durable Medical Equipment-Sold											67
68 Other Reimbursable Cost Center											68
101 Subtotal (see instructions)											101
102 CRNA Charges (see instructions)											102
103 Less PBP Clinic Lab. Services-Program Only Charges											103
104 Net Charges (line 101 ± lines 102 and 103)											104

(A) Worksheet A line numbers
 (1) Report non hospital and non subprovider components cost for the period here (see instructions)

PART VI - VACCINE COST APPORTIONMENT

	1	
1 Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2 Program vaccine charges (from your records or the PS&R)		2
3 Program costs (line 1 x line 2) (see instructions for transfer)		3

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PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	PROGRAM COSTS						Hospital I/P Part B Charges (see instru.)	Hospital I/P Part B Cost (columns 1.02 x 10)	
	Outpatient Ambulatory Surgical Center (cols. 1 x 2)	Outpatient Radiology (cols. 1 x 3)	Other Outpatient Diagnostic (cols. 1 x 4)	All Other (cols. 1 x 5)	PPS services (columns 1.01 x 5.01)	All Other (columns 1.01 x 5.02)			
	6	7	8	9	9.01	9.02	10	11	
(A) ANCILLARY SERVICE COST CENTERS									
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38 Recovery Room									38
39 Delivery & Labor Room									39
40 Anesthesiology									40
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PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

PROGRAM COSTS									
	Outpatient Ambulatory Surgical Center (cols. 1 x 2)	Outpatient Radiology (cols. 1 x 3)	Other Outpatient Diagnostic (cols. 1 x 4)	All Other (cols. 1 x 5)	PPS services (columns 1.01 x 5.01)	All Other (columns 1.01 x 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P Part B Cost (columns 1.02 x 10)	
	6	7	8	9	9.01	9.02	10	11	
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(A) Worksheet A line numbers