

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART D
	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 D - OUTPATIENT RADIOLOGY SERVICES**

1	Prevailing charges (from PS&R or your records)		1
2	62 percent of line 1		2
3	Deductibles		3
4	Applicable of coinsurance (80% of the sum of line 2 minus line 3)		4
5	Blended charge proportion (for column 1, 58% of line 4, and column 1.01, 58% of line 2)		5
6	Cost of outpatient radiology (from Worksheet D, Part V (see instructions))		6
COMPUTATION OF LESSER OF REASONABLE 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 (exclude professional component) (see instructions)		15
16	Total (see instructions)		16
17	Cost proportion (column 1 enter 42% of line 16 and column 1.01 enter 42% of line 14)		17
18	Outpatient radiology blended amount (sum of line 5 plus line 17)		18
19	Lesser of lines 16 or 18		19
20	Part B deductibles and coinsurance		20
21	Radiology payment amount (column 1 amount from line 19, column 1.01, line 19 minus line 20)		21