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|---------------------------------------------|--|------------------------|-----------------------------------|---------------|
| ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS | | PROVIDER CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET I-1 |
|---------------------------------------------|--|------------------------|-----------------------------------|---------------|

| Check applicable box: | | <input type="checkbox"/> Renal Dialysis Department | <input type="checkbox"/> Home Program Dialysis | |
|-----------------------|-----------------------------------------|----------------------------------------------------|------------------------------------------------|---------------------|
| | TOTAL COSTS | BASIS | STATISTICS | FTEs per 2080 Hours |
| | | | | |
| 1 | Registered Nurses | Hours of Service | | 1 |
| 2 | Licensed Practical Nurses | Hours of Service | | 2 |
| 3 | Nurses Aides | Hours of Service | | 3 |
| 4 | Technicians | Hours of Service | | 4 |
| 5 | Social Workers | Hours of Service | | 5 |
| 6 | Dieticians | Hours of Service | | 6 |
| 7 | Physicians | Accumulated Cost | | 7 |
| 8 | Non-patient Care Salary | Accumulated Cost | | 8 |
| 9 | Subtotal (sum of lines 1-8) | | | 9 |
| 10 | Employee Benefits | Salary | | 10 |
| 11 | Capital Related Costs-Bldgs. & Fixtures | Square Feet | | 11 |
| 12 | Capital Related Costs-Mov. Equip. | Percentage of Time | | 12 |
| 13 | Machine Costs & Repairs | Percentage of Time | | 13 |
| 14 | Supplies | Requisitions | | 14 |
| 14.01 | Pediatric Medical Supplies | Requisitions | | 14.01 |
| 15 | Drugs | Requisitions | | 15 |
| 16 | Other | Accumulated Cost | | 16 |
| 17 | Subtotal (sum of lines 9-16)* | | | 17 |
| 18 | Capital Related Costs-Bldgs. & Fixtures | Square Feet | | 18 |
| 19 | Capital Related Costs-Mov. Equip. | Percentage of Time | | 19 |
| 20 | Employee Benefits Department | Salary | | 20 |
| 21 | Administrative and General | Accumulated Cost | | 21 |
| 22 | Maint./Repairs-Operation-Housekeeping | Square Feet | | 22 |
| 23 | Medical Education Program Costs | | | 23 |
| 24 | Central Services & Supplies | Requisitions | | 24 |
| 25 | Pharmacy | Requisitions | | 25 |
| 26 | Other Allocated Costs | Accumulated Cost | | 26 |
| 27 | Subtotal (sum of lines 17-26)* | | | 27 |
| 28 | Laboratory (see instructions) | Charges | | 28 |
| 29 | Respiratory Therapy (see instructions) | Charges | | 29 |
| 30 | Other (see instructions) | Charges | | 30 |
| 31 | Total costs (sum of lines 27-30) | | | 31 |

* Line 17, column 1, should agree with Worksheet A, column 7 for line 74 or line 94, as appropriate, and line 27, column 1, should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94, as appropriate.