

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-2
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Check applicable box: <input type="checkbox"/> Renal Dialysis Department <input type="checkbox"/> Home Program Dialysis												
OUTPATIENT SERVICES												
COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	MEDICAL SUPPLIES	PEDIATRIC MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)
	BUILDING	EQUIPMENT	RNs	OTHER								
	1	2	3	4								
1	Total Renal Department Costs											1
	MAINTENANCE											
2	Hemodialysis											2
2.01	AKI-Hemodialysis											2.01
2.02	Hemodialysis-Pediatric											2.02
3	Intermittent Peritoneal											3
3.01	AKI-Intermittent Peritoneal											3.01
3.02	IPD-Pediatric											3.02
	TRAINING											
4	Hemodialysis											4
4.01	Hemodialysis-Pediatric											4.01
5	Intermittent Peritoneal											5
5.01	IPD-Pediatric											5.01
6	CAPD											6
6.01	CAPD-Pediatric											6.01
7	CCPD											7
7.01	CCPD-Pediatric											7.01
	HOME											
8	Hemodialysis											8
8.01	Hemodialysis-Pediatric											8.01
9	Intermittent Peritoneal											9
9.01	IPD-Pediatric											9.01
10	CAPD											10
10.01	CAPD-Pediatric											10.01
11	CCPD											11
11.01	CCPD-Pediatric											11.01
	OTHER BILLABLE SERVICES											
12	Inpatient Dialysis											12
13	Method II Home Patient											13
14	ESAs (included in Renal Department)											14
15	ARANESP (sec instructions)											15
16	Other											16
17	Total (sum of lines 2 through 16)											17
18	Medical Educational Program Costs											18
19	Total Renal Costs (line 17 plus line 18)											19