

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-3
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Check applicable box: <input type="checkbox"/> Renal Dialysis Department <input type="checkbox"/> Home Program Dialysis												
COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (SALARY)	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	PEDIATRIC MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHERS (HOURS)								
	1	2	3	4	5	6	7	7.01	8	9	10	
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	CCDP											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	CCDP											11
11.01	CCPD-Pediatric											11.01
	OTHER BILLABLE SERVICES											
12	Inpatient Dialysis Treatments											12
13	Method II Home Patient											13
14	ESAs											14
15	ARANESP (see instructions)											15
16	Other											16
17	Total Statistical Basis											17
18	Unit Cost Multiplier (line 1 ÷ line 17)											18