

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-4
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department	<input type="checkbox"/> Home Program Dialysis											
	Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
	1	2	3	4	4.01	4.02	5	6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis													1
1.01	Maintenance - AKI Hemodialysis													1.01
2	Maintenance - Peritoneal Dialysis													2
2.01	Maintenance - AKI Peritoneal Dialysis													2.01
3	Training - Hemodialysis													3
4	Training - Peritoneal Dialysis													4
5	Training - CAPD													5
6	Training - CCPD													6
7	Home Program - Hemodialysis													7
8	Home Program - Peritoneal Dialysis													8
9	Home Program - CAPD	<u>Patient Weeks</u>		<u>Patient Weeks</u>	<u>Patient Weeks</u>	<u>Patient Weeks</u>								9
10	Home Program - CCPD													10
11	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instructions)													11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)													12