

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	PROVIDER CCN: _____ COMPONENT CCN:	PERIOD: FROM _____ TO _____	WORKSHEET K-5, PART I
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PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE COST CENTER (omit cents)	From Wkst. K-4 Part I, col. 7, line	HOSPICE TRIAL BALANCE (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
			BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2						
1 Administrative and General	6	0								1
2 Inpatient - General Care	7									2
3 Inpatient - Respite Care	8									3
4 Physician Services	9									4
5 Nursing Care	10									5
6 Nursing Care-Continuous Home Care	11									6
7 Physical Therapy	12									7
8 Occupational Therapy	13									8
9 Speech/ Language Pathology	14									9
10 Medical Social Services	15									10
11 Spiritual Counseling	16									11
12 Dietary Counseling	17									12
13 Counseling - Other	18									13
14 Home Health Aide and Homemaker	19									14
15 HH Aide & Homemaker - Cont. Home Care	20									15
16 Other	21									16
17 Drugs, Biological and Infusion Therapy	22									17
18 Analgesics	23									18
19 Sedatives / Hypnotics	24									19
20 Other - Specify	25									20
21 Durable Medical Equipment/Oxygen	26									21
22 Patient Transportation	27									22
23 Imaging Services	28									23
24 Labs and Diagnostics	29									24
25 Medical Supplies	30									25
26 Outpatient Services (including E/R Dept.)	31									26
27 Radiation Therapy	32									27
28 Chemotherapy	33									28
29 Other	34									29
30 Bereavement Program Costs	35									30
31 Volunteer Program Costs	36									31
32 Fundraising	37									32
33 Other Program Costs	38									33
34 Totals (sum of lines 1-33) (2)										34
35 Unit Cost Multiplier (see instructions)										35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	PROVIDER CCN: _____ COMPONENT CCN:	PERIOD: FROM _____ TO _____	WORKSHEET K-5, PART I (Cont.)
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PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE COST CENTER (omit cents)	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN-TENANCE OF PERSONNEL 12	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1 Administrative and General											1
2 Inpatient - General Care											2
3 Inpatient - Respite Care											3
4 Physician Services											4
5 Nursing Care											5
6 Nursing Care-Continuous Home Care											6
7 Physical Therapy											7
8 Occupational Therapy											8
9 Speech/ Language Pathology											9
10 Medical Social Services											10
11 Spiritual Counseling											11
12 Dietary Counseling											12
13 Counseling - Other											13
14 Home Health Aide and Homemaker											14
15 HH Aide & Homemaker - Cont. Home Care											15
16 Other											16
17 Drugs, Biological and Infusion Therapy											17
18 Analgesics											18
19 Sedatives / Hypnotics											19
20 Other - Specify											20
21 Durable Medical Equipment/Oxygen											21
22 Patient Transportation											22
23 Imaging Services											23
24 Labs and Diagnostics											24
25 Medical Supplies											25
26 Outpatient Services (including E/R Dept.)											26
27 Radiation Therapy											27
28 Chemotherapy											28
29 Other											29
30 Bereavement Program Costs											30
31 Volunteer Program Costs											31
32 Fundraising											32
33 Other Program Costs											33
34 Totals (sum of lines 1-33) (2)											34
35 Unit Cost Multiplier (see instructions)											35

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WORKSHEET K-5,
PART I (Cont.)

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE COST CENTER (omit cents)	OTHER GENERAL SERVICE '8	NON- PHYSICIAN ANES- THETISTS 19	NURSING SCHOOL 20	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (SPECIFY) 23	SUBTOTAL (cols. 4a-23) 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUST. 25	SUBTOTAL (cols. 24 ± 25) 26	ALLOCATED HOSPICE A&G (see Part II) 27	TOTAL HOSPICE COSTS (cols. 26 ± 27) 28	
				SALARY & FRINGES 21	PROGRAM COSTS 22							
1 Administrative and General												1
2 Inpatient - General Care												2
3 Inpatient - Respite Care												3
4 Physician Services												4
5 Nursing Care												5
6 Nursing Care-Continuous Home Care												6
7 Physical Therapy												7
8 Occupational Therapy												8
9 Speech/ Language Pathology												9
10 Medical Social Services												10
11 Spiritual Counseling												11
12 Dietary Counseling												12
13 Counseling - Other												13
14 Home Health Aide and Homemaker												14
15 HH Aide & Homemaker - Cont. Home Care												15
16 Other												16
17 Drugs, Biological and Infusion Therapy												17
18 Analgesics												18
19 Sedatives / Hypnotics												19
20 Other - Specify												20
21 Durable Medical Equipment/Oxygen												21
22 Patient Transportation												22
23 Imaging Services												23
24 Labs and Diagnostics												24
25 Medical Supplies												25
26 Outpatient Services (including E/R Dept.)												26
27 Radiation Therapy												27
28 Chemotherapy												28
29 Other												29
30 Bereavement Program Costs												30
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