

APPORTIONMENT OF HOSPICE SHARED SERVICES	PROVIDER CCN:	PERIOD:	WORKSHEET K-5, PART III
	COMPONENT CCN:	FROM _____ TO _____	

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS					
COST CENTER	Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1	2	3	
ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66			1
2	Occupational Therapy	67			2
3	Speech/ Language Pathology	68			3
4	Drugs, Biological and Infusion Therapy	73			4
5	Durable Medical Equipment/Oxygen	96			5
6	Labs and Diagnostics	60			6
7	Medical Supplies	71			7
8	Outpatient Services (including E/R Dept.)	93			8
9	Radiation Therapy	55			9
10	Other	76			10
11	Totals (sum of lines 1-10)				11