

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE GENERAL INPATIENT CARE					PROVIDER CCN: _____	PERIOD: FROM _____	WORKSHEET O-4		
					HOSPICE CCN: _____	TO _____			
		SALARIES 1	OTHER 2	SUBTOTAL ( col. 1 plus col. 2 ) 3	RECLASSI- FICATIONS 4	SUBTOTAL 5	ADJUST- MENTS 6	TOTAL ( col. 5 ± col. 6 ) 7	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>									
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/ Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment/Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies-Non-routine								42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Svc								46
100	Total *								100

\* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53