

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS						PROVIDER CCN: _____	PERIOD: FROM _____ TO _____		WORKSHEET O-6 PART I		
						HOSPICE CCN: _____					
Descriptions	TOTAL EXPENSES 0	CAP REL BLDG & FIX 1	CAP REL MVBLE EQUIP 2	EMPLOYEE BENEFITS DEPARTMENT 3	SUBTOTAL 3A	ADMINIS-TRATIVE & GENERAL 4	PLANT OP & MAINT 5	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	
<b>GENERAL SERVICE COST CENTERS</b>											
1 Cap Rel Costs-Bldg & Fixt											1
2 Cap Rel Costs-Mvble Equip											2
3 Employee Benefits											3
4 Administrative & General											4
5 Plant Operation and Maintenance											5
6 Laundry & Linen Service											6
7 Housekeeping											7
8 Dietary											8
9 Nursing Administration											9
10 Routine Medical Supplies											10
11 Medical Records											11
12 Staff Transportation											12
13 Volunteer Service Coordination											13
14 Pharmacy											14
15 Physician Administrative Services											15
16 Other General Service											16
17 Patient/Residential Care Services											17
<b>LEVEL OF CARE</b>											
50 Hospice Continuous Home Care											50
51 Hospice Routine Home Care											51
52 Hospice Inpatient Respite Care											52
53 Hospice General Inpatient Care											53
<b>NONREIMBURSABLE COST CENTERS</b>											
60 Bereavement Program											60
61 Volunteer Program											61
62 Fundraising											62
63 Hospice/Palliative Medicine Fellows											63
64 Palliative Care Program											64
65 Other Physician Services											65
66 Residential Care											66
67 Advertising											67
68 Telehealth/Telemonitoring											68
69 Thrift Store											69
70 Nursing Facility Room & Board											70
71 Other Nonreimbursable											71
99 Negative Cost Center											99
100 Total											100

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS						PROVIDER CCN: _____	PERIOD: FROM _____ TO _____		WORKSHEET O-6 PART I		
						HOSPICE CCN: _____					
Descriptions	NURSING ADMINIS-TRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANS-PORTATION	VOLUNTEER SVC COOR-DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT / RESIDENT CARE SVCS	TOTAL	
	9	10	11	12	13	14	15	16	17	18	
<b>GENERAL SERVICE COST CENTERS</b>											
1	Cap Rel Costs-Bldg & Fixt										1
2	Cap Rel Costs-Mvble Equip										2
3	Employee Benefits										3
4	Administrative & General										4
5	Plant Operation and Maintenance										5
6	Laundry & Linen Service										6
7	Housekeeping										7
8	Dietary										8
9	Nursing Administration										9
10	Routine Medical Supplies										10
11	Medical Records										11
12	Staff Transportation										12
13	Volunteer Service Coordination										13
14	Pharmacy										14
15	Physician Administrative Services										15
16	Other General Service (specify)										16
17	Patient/Residential Care Services										17
<b>LEVEL OF CARE</b>											
50	Continuous Home Care										50
51	Routine Home Care										51
52	Inpatient Respite Care										52
53	General Inpatient Care										53
<b>NONREIMBURSABLE COST CENTERS</b>											
60	Bereavement Program										60
61	Volunteer Program										61
62	Fundraising										62
63	Hospice/Palliative Medicine Fellows										63
64	Palliative Care Program										64
65	Other Physician Services										65
66	Residential Care										66
67	Advertising										67
68	Telehealth/Telemonitoring										68
69	Thrift Store										69
70	Nursing Facility Room & Board										70
71	Other Nonreimbursable (specify)										71
99	Negative Cost Center										99
100	Total										100