COST A	LLOCATION - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
		NET EXPENSES FOR COST		CAPITAL RELATED COSTS						
COS	T CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS	U	ı	2	4	4A	3	0	/	\vdash
1	Capital Related Costs-Buildings and Fixtures									\vdash
2	Capital Related Costs-Movable Equipment									
4	Employee Benefits Department									
5	Administrative and General									
6	Maintenance and Repairs									
7	Operation of Plant									
8	Laundry and Linen Service									
9	Housekeeping									
10	Dietary]
11	Cafeteria]
12	Maintenance of Personnel]
13	Nursing Administration]
14	Central Services and Supply									1
15	Pharmacy									1
16	Medical Records & Medical Records Library									1
17	Social Service]
18	Other General Service (specify)									
19	Nonphysician Anesthetists									
20	Nursing Program									2
21	Intern & Res. Service-Salary & Fringes (Approved)									- 2
	Intern & Res. Other Program Costs (Approved)									- 2
23	Paramedical Education Program (specify)									2
	INPATIENT ROUTINE SERVICE COST CENTERS									
	Adults and Pediatrics (General Routine Care)									67.1
	Intensive Care Unit									67.1
	Coronary Care Unit					-				3
	Burn Intensive Care Unit									3
	Surgical Intensive Care Unit									3
	Other Special Care Unit (specify)									3
	Subprovider IPF						<u> </u>			4
	Subprovider IRF									4
42										4
	Nursery									4
	Skilled Nursing Facility									4
	Nursing Facility									4
46	Other Long Term Care									4

COST A	LLOCATION - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
		NET EXPENSES FOR COST		ITAL D COSTS						
COST	T CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS	0	1	2	4	4A	5	6	7	_
	Operating Room									50
	Recovery Room						+			51
	Labor Room and Delivery Room									52
	Anesthesiology									53
	Radiology-Diagnostic	1								54
	Radiology-Therapeutic									55
	Radioisotope	1					1			56
	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
	Laboratory									60
	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
										66
	Occupational Therapy									67
	Speech Pathology									68
	Electrocardiology									69
										70
	Medical Supplies Charged to Patients									71
	Implantable Devices Charged to Patients									82
	Drugs Charged to Patients									73
	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
	Other Ancillary (specify)									76
	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy									78
	OUTPATIENT SERVICE COST CENTERS									- 00
	Rural Health Clinic (RHC)	 								88
	Federally Qualified Health Center (FQHC)									89
90								+		90
	Emergency Observation Beds									91
	Other Outpatient Service (specify)									92
	Partial Hospitalization Program							+		93.99
93.99	Paruai Hospitalization Program									93.99

COST ALLOCATIO	N - GENERAL SERVICE COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
		NET EXPENSES FOR COST	FOR COST RELATED COSTS							
COST CENTER I	DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	4	4A	5	6	7	
	EIMBURSABLE COST CENTERS									
94 Home Prog										94
95 Ambulance										95
	edical Equipment-Rented									96
	edical Equipment-Sold									97
	nbursable (specify)									98
	Rehabilitation Provider (specify)									99
	ident Service (not appvd. tchng. prgm.)									100
101 Home Hea										101
102 Opioid Tre										102
	PURPOSE COST CENTERS									
105 Kidney Ac	quisition									105
106 Heart Acqu	uisition									106
107 Liver Acqu	isition									107
108 Lung Acqu	isition									108
109 Pancreas A	equisition									109
110 Intestinal A	Acquisition									110
111 Islet Acqui	sition									111
112 Other Orga	an Acquisition (specify)									112
115 Ambulator	y Surgical Center (Distinct Part)									115
116 Hospice										116
117 Other Spec	cial Purpose (specify)									117
	ALS (sum of lines 1 through 117)			_						118
NONREIM	BURSABLE COST CENTERS									
190 Gift, Flowe	er, Coffee Shop, & Canteen									190
191 Research	•									191
192 Physicians'	Private Offices									192
193 Nonpaid W	/orkers									193
194 Other Non	reimbursable (specify)									194
200 Cross Foot										200
201 Negative C	Cost Centers									201
	um lines 118 through 201)									202

COST A	LLOCATION - GENERAL SERVICE COSTS	_							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS	Ü		10		12	13		10	10	17	
1	Capital Related Costs-Buildings and Fixtures											1
2	Capital Related Costs-Movable Equipment											2
	Employee Benefits Department											4
5	Administrative and General											5
6	Maintenance and Repairs											6
7	Operation of Plant											7
8	Laundry and Linen Service											8
9	Housekeeping											9
10	Dietary											10
	Cafeteria											11
12	Maintenance of Personnel											12
	Nursing Administration											13
	Central Services and Supply											14
	Pharmacy											15
	Medical Records & Medical Records Library											16
	Social Service											17
	Other General Service (specify)											18
	Nonphysician Anesthetists											19
	Nursing Program											20
	Intern & Res. Service-Salary & Fringes (Approved)											21
	Intern & Res. Other Program Costs (Approved)											22
	Paramedical Education Program (specify)											23
	INPATIENT ROUTINE SERVICE COST CENTERS											
	Adults and Pediatrics (General Routine Care)											30
	Intensive Care Unit											31
	Coronary Care Unit Burn Intensive Care Unit											
												33 34
	Surgical Intensive Care Unit Other Special Care Unit (specify)											35
	Subprovider IPF	-				+		1				40
	Subprovider IPF Subprovider IRF	-				1		1			+	41
	Subprovider IRF Subprovider (specify)											41
	Nurserv											43
	Skilled Nursing Facility											44
	Nursing Facility											45
	Other Long Term Care											46
70	Other Long Tellii Care								l .		1	70

COST AI	LLOCATION - GENERAL SERVICE COSTS								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	ANCILLARY SERVICE COST CENTERS	0	9	10	11	12	13	14	13	10	17	+-
	Operating Room											50
	Recovery Room											51
52	Labor Room and Delivery Room											52
53	Anesthesiology											53
54	Radiology-Diagnostic											54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization											59
60	Laboratory											60
	PBP Clinical Laboratory Services-Program Only											61
	Whole Blood & Packed Red Blood Cells											62
	Blood Storing, Processing, & Trans.											63
	Intravenous Therapy											64
	Respiratory Therapy											65
	Physical Therapy											66
	Occupational Therapy											67
	Speech Pathology											68
	Electrocardiology											69
	Electroencephalography											70
71	Medical Supplies Charged to Patients											71
72	Implantable Devices Charged to Patients											82
	Drugs Charged to Patients											73
	Renal Dialysis											74
	ASC (Non-Distinct Part)											75
7/6	Other Ancillary (specify)			1	ļ	ļ						76
	Allogeneic HSCT Acquisition											77
	CAR T-Cell Immunotherapy OUTPATIENT SERVICE COST CENTERS											78
	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)			+	-			1			+	88
	Clinic Clinic			 	 	 		1			+	90
	Emergency			 	 	-						90
	Observation Beds											92
	Other Outpatient Service (specify)											93
	Partial Hospitalization Program			ł –	ł .	i e						93.99
13.17	1 aram 1105pranzauon 1 10gram					1		1		1	1	75.7

COST A	LLOCATION - GENERAL SERVICE COSTS								PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	OTHER REIMBURSABLE COST CENTERS	0	9	10	11	12	13	14	13	10	17	
94	Home Program Dialysis											94
	Ambulance Services											95
	Durable Medical Equipment-Rented											96
	Durable Medical Equipment-Sold											97
	Other Reimbursable (specify)											98
	Outpatient Rehabilitation Provider (specify)											99
	Intern-Resident Service (not appvd. tchng. prgm.)											100
	Home Health Agency											101
	Opioid Treatment Program											102
	SPECIAL PURPOSE COST CENTERS											
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
	Islet Acquisition											111
	Other Organ Acquisition (specify)											112
	Ambulatory Surgical Center (Distinct Part)											115
	Hospice											116
	Other Special Purpose (specify)											117
118	SUBTOTALS (sum of lines 1 through 117)											118
	NONREIMBURSABLE COST CENTERS											
	Gift, Flower, Coffee Shop, & Canteen											190
191	Research											191
	Physicians' Private Offices											192
	Nonpaid Workers											193
	Other Nonreimbursable (specify)											194
	Cross Foot Adjustments											200
201	Negative Cost Centers											201
202	TOTAL (sum lines 118 through 201)											202

12-22 FORM CMS-2552-10 4090 (Cont.)

COST ALL	OCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD: FROM	WORKSHEET B, PART I	
									TO	. FAKI I	
		1	1		1	ı	1		INTERN &	+	_
			NON		INTERNIC 0	DITEDNIC 0					
		OTHER	NON- PHYSICIAN		INTERNS & RESIDENTS	INTERNS & RESIDENTS	DAD AMEDICAL		RESIDENT COST & POST		
GOOT OF	NAMES DESCRIPTIONS			Numania			PARAMEDICAL				
COST CE	ENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND	PROGRAM	EDUCATION	GI IDWO WAY	STEPDOWN	TOT 1 1	
		SERVICE	THETISTS	PROGRAM	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	4
	ENERAL GERNIGE COGT CENTERS	18	19	20	21	22	23	24	25	26	_
	ENERAL SERVICE COST CENTERS										
	apital Related Costs-Buildings and Fixtures	4									1
	apital Related Costs-Movable Equipment										2
	mployee Benefits Department	4									4
	dministrative and General	4									5
	laintenance and Repairs	4									6
	peration of Plant	4									7
	aundry and Linen Service	4									8
	ousekeeping										9
10 D											10
11 C											11
12 M	Iaintenance of Personnel										12
13 N	ursing Administration										13
14 C	entral Services and Supply										14
15 P	harmacy										15
16 M	ledical Records & Medical Records Library										16
17 S	ocial Service										17
18 O	ther General Service (specify)		1								18
19 N	onphysician Anesthetists										19
20 N	ursing Program										20
	stern & Res. Service-Salary & Fringes (Approved)										21
	itern & Res. Other Program Costs (Approved)						1				22
	aramedical Education Program (specify)										23
	PATIENT ROUTINE SERVICE COST CENTERS										
	dults and Pediatrics (General Routine Care)										30
	stensive Care Unit		ĺ							†	31
	oronary Care Unit									†	32
	urn Intensive Care Unit		ĺ							†	33
	urgical Intensive Care Unit		ĺ							†	34
	ther Special Care Unit (specify)									†	35
	ubprovider IPF		1							<u> </u>	40
	ubprovider IRF	1	1							†	41
	ubprovider (specify)	+					 			+	42
42 S							†			+	43
	killed Nursing Facility						†			+	44
	ursing Facility	-	i e							+	45
		+	-				+			+	45
46 U	ther Long Term Care							<u>l</u>			46

4090 (rui	CWI CIVIS-233	Z-1U			T	T	T	12-22
COST A	LLOCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	ANCILLARY SERVICE COST CENTERS	18	19	20	21	22	23	24	23	20	
	Operating Room										50
	Recovery Room										51
	Labor Room and Delivery Room										52
	Anesthesiology										53
	Radiology-Diagnostic										54
	Radiology-Diagnostic Radiology-Therapeutic										55
	Radioisotope										56
	Computed Tomography (CT) Scan										57
	Magnetic Resonance Imaging (MRI)										58
	Cardiac Catheterization										59
	Laboratory										60
	PBP Clinical Laboratory Services-Program Only										61
	Whole Blood & Packed Red Blood Cells										62
	Blood Storing, Processing, & Trans.										63
	Intravenous Therapy										64
	Respiratory Therapy										65
	Physical Therapy										66
	Occupational Therapy										67
	Speech Pathology										68
	Electrocardiology										69
	Electroencephalography										70
	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										82
	Drugs Charged to Patients										73
	Renal Dialysis										74
	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
	Allogeneic HSCT Acquisition										77
78	CAR T-Cell Immunotherapy										78
	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
	Clinic										90
91	Emergency										91
	Observation Beds										92
93	Other Outpatient Service (specify)										93
93.99	Partial Hospitalization Program										93.99

12-22 FORM CMS-2552-10 4090 (Cont.)

COST A	LLOCATION - GENERAL SERVICE COSTS							PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART I	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	OTHER REIMBURSABLE COST CENTERS	18	19	20	21	22	23	24	25	26	_
	Home Program Dialysis										04
	Ambulance Services										94
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										96
	Other Reimbursable (specify)										98
	Other Reimbursable (specify) Outpatient Rehabilitation Provider (specify)										98
100	Outpatient Renabilitation Provider (specify)										100
	Intern-Resident Service (not appvd. tchng. prgm.)										
	Home Health Agency										101 102
102	Opioid Treatment Program										102
105	SPECIAL PURPOSE COST CENTERS										105
	Kidney Acquisition										105
	Heart Acquisition										106
	Liver Acquisition										107
	Lung Acquisition										108
	Pancreas Acquisition										109
	Intestinal Acquisition										110
	Islet Acquisition										111
	Other Organ Acquisition (specify)										112
	Ambulatory Surgical Center (Distinct Part)										115
	Hospice										116
	Other Special Purpose (specify)										117
	SUBTOTALS (sum of lines 1 through 117)										118
	NONREIMBURSABLE COST CENTERS										
	Gift, Flower, Coffee Shop, & Canteen										190
	Research										191
	Physicians' Private Offices										192
	Nonpaid Workers										193
	Other Nonreimbursable (specify)										194
	Cross Foot Adjustments										200
	Negative Cost Centers										201
202	TOTAL (sum lines 118 through 201)										202