ALLOCA	ATION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART II	
		DIRECTLY ASSIGNED		ITAL D COSTS						
COS	T CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS	0	1		ZA.	4	3	0	/	_
1	Capital Related Costs-Buildings and Fixtures									1
2	Capital Related Costs-Movable Equipment									2
	Employee Benefits Department									4
	Administrative and General							1		5
6	Maintenance and Repairs									6
	Operation of Plant									7
- 8	Laundry and Linen Service									8
	Housekeeping									9
10	Dietary									10
										11
12	Maintenance of Personnel									12
13	Nursing Administration									13
14	Central Services and Supply									14
15	Pharmacy									15
16	Medical Records & Medical Records Library									16
17	Social Service									17
18	Other General Service (specify)									18
19	Nonphysician Anesthetists									19
	Nursing Program									20
21	Intern & Res. Service-Salary & Fringes (Approved)									21
	Intern & Res. Other Program Costs (Approved)									22
23	Paramedical Education Program (specify)									23
	INPATIENT ROUTINE SERVICE COST CENTERS									
	Adults and Pediatrics (General Routine Care)									30
	Intensive Care Unit									31
	Coronary Care Unit									32
	Burn Intensive Care Unit									33
	Surgical Intensive Care Unit									34
	Other Special Care Unit (specify)									36
	Subprovider IPF									40
	Subprovider IRF									41
	Subprovider (specify)									42
	Nursery									43
	Skilled Nursing Facility									44
	Nursing Facility									45
46	Other Long Term Care									46

ALLOCA	TION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART II	(====)
		DIRECTLY ASSIGNED NEW CAPITAL	CAPITAL RELATED COSTS		SUBTOTAL	EV ØY OVEE	ADMINIS-	MAIN-		
COST	CENTER DESCRIPTIONS	RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	(sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	TRATIVE & GENERAL	TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS	0	1	2	2A	4	5	6	7	
	Operating Room									50
	Recovery Room									51
	Labor Room and Delivery Room									52
	Anesthesiology									53
	Radiology-Diagnostic					†		+		54
	Radiology-Therapeutic					†		+		55
	Radioisotope						1			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					1				62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
	Medical Supplies Charged to Patients									71
	Implantable Devices Charged to Patients									72
	Drugs Charged to Patients									73
	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
	Other Ancillary (specify)									76
77 .	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy									78
	DUTPATIENT SERVICE COST CENTERS									
	Rural Health Clinic (RHC)									88
	Federally Qualified Health Center (FQHC)									89
	Clinic									90
	Emergency									91
	Observation Beds									92
	Other Outpatient Service (specify)									93
93.99	Partial Hospitalization Program						1			93.99

ALLOCATION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART II	
	DIRECTLY ASSIGNED	ASSIGNED RELATED COSTS							
COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES		SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	0	1	2	2A	4	5	6	7	
OTHER REIMBURSABLE COST CENTERS									
94 Home Program Dialysis									94
95 Ambulance Services									95
96 Durable Medical Equipment-Rented									96
97 Durable Medical Equipment-Sold									97
98 Other Reimbursable (specify)									98
99 Outpatient Rehabilitation Provider (specify)									99
100 Intern-Resident Service (not appvd. tchng. prgm.)									100
101 Home Health Agency									101
102 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
111 Islet Acquisition									111
112 Other Organ Acquisition (specify)									112
115 Ambulatory Surgical Center (Distinct Part)									115
116 Hospice									113
117 Other Special Purpose (specify)									117
118 SUBTOTALS (sum of lines 1 through 117)									118
NONREIMBURSABLE COST CENTERS									
190 Gift, Flower, Coffee Shop, & Canteen									190
191 Research									191
192 Physicians' Private Offices									192
193 Nonpaid Workers									193
194 Other Nonreimbursable (specify)									194
200 Cross Foot Adjustments									200
201 Negative Cost Centers									201
202 TOTAL (sum lines 118 through 201)									202

ALLOCATION OF CAPITAL-RELATED COSTS					_			PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART II	
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 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS	Ü	,	10	- 11	12	13	11	13	10	17	+
Capital Related Costs-Buildings and Fixtures											_
Capital Related Costs-Movable Equipment	1										
4 Employee Benefits Department	1										
5 Administrative and General											
6 Maintenance and Repairs											
7 Operation of Plant	1										
8 Laundry and Linen Service		1									
9 Housekeeping			1								
10 Dietary				1							
11 Cafeteria											
12 Maintenance of Personnel											
13 Nursing Administration							1				
14 Central Services and Supply											
15 Pharmacy									1		
16 Medical Records & Medical Records Library										1	
17 Social Service											
18 Other General Service (specify)											
19 Nonphysician Anesthetists											
20 Nursing Program											
21 Intern & Res. Service-Salary & Fringes (Approved)											
22 Intern & Res. Other Program Costs (Approved)											
23 Paramedical Education Program (specify)											
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Adults and Pediatrics (General Routine Care)											
31 Intensive Care Unit											
32 Coronary Care Unit											
33 Burn Intensive Care Unit											
34 Surgical Intensive Care Unit											
35 Other Special Care Unit (specify)											
40 Subprovider IPF											
41 Subprovider IRF											
42 Subprovider (specify)											
43 Nursery											
44 Skilled Nursing Facility											
45 Nursing Facility											
46 Other Long Term Care		I			I						

ALLOCA	ATION OF CAPITAL-RELATED COSTS								PROVIDER CCN:	PERIOD: FROM	WORKSHEET B, PART II	
								I		ТО	_	1
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	ANCILLARY SERVICE COST CENTERS	8	9	10	11	12	13	14	15	16	17	_
	Operating Room											50
	Recovery Room											51
	Labor Room and Delivery Room											52
	Anesthesiology											53
	Radiology-Diagnostic											54
	Radiology-Therapeutic											55
	Radioisotope								İ			56
	Computed Tomography (CT) Scan											57
	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization											59
60	Laboratory											60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy											65
66	Physical Therapy											66
67	Occupational Therapy											67
68	Speech Pathology											68
	Electrocardiology											69
	Electroencephalography											70
71	Medical Supplies Charged to Patients											71
	Implantable Devices Charged to Patients											72
	Drugs Charged to Patients											73
	Renal Dialysis											74
	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
	Allogeneic HSCT Acquisition											77
	CAR T-Cell Immunotherapy											78
	OUTPATIENT SERVICE COST CENTERS											
	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)											89
	Clinic											90
91	Emergency											91
												92
	Other Outpatient Service (specify)											93
93.99	Partial Hospitalization Program											93.99

ALLOCATION OF CAPITAL-RELATED COSTS								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
OTHER REIMBURSABLE COST CENTERS	8	9	10	11	12	13	14	15	16	17	_
94 Home Program Dialysis											94
95 Ambulance Services											95
96 Durable Medical Equipment-Rented											96
97 Durable Medical Equipment-Rented 97 Durable Medical Equipment-Sold	-										96
98 Other Reimbursable (specify)	-										98
99 Outpatient Rehabilitation Provider (specify)									+	+	98
100 Intern-Resident Service (not appvd. tchng. prgm.)											100
101 Home Health Agency											101
102 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
111 Islet Acquisition											111
112 Other Organ Acquisition (specify)											112
115 Ambulatory Surgical Center (Distinct Part)											115
116 Hospice											113
117 Other Special Purpose (specify)											117
118 SUBTOTALS (sum of lines 1 through 117)											118
NONREIMBURSABLE COST CENTERS											
190 Gift, Flower, Coffee Shop, & Canteen											190
191 Research											191
192 Physicians' Private Offices											192
193 Nonpaid Workers											193
194 Other Nonreimbursable (specify)											194
200 Cross Foot Adjustments											200
201 Negative Cost Centers											201
202 TOTAL (sum lines 118 through 201)			Ì								202

ALLOCA	ATION OF CAPITAL-RELATED COSTS							PROVIDER CCN:	PERIOD: FROM	WORKSHEET B, PART II	
									TO	PARTII	
				ī	ī	Ī	Ī				_
			NON-		INTERNS &	INTERNS &			INTERN & RESIDENT		
		OTHER	PHYSICIAN		RESIDENTS	RESIDENTS	PARAMEDICAL		COST & POST		
COST	CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND	PROGRAM	EDUCATION		STEPDOWN		
COSI	CENTER DESCRIPTIONS	SERVICE	THETISTS	PROGRAM	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	1
	GENERAL SERVICE COST CENTERS			_,				_ :		=-	
1	Capital Related Costs-Buildings and Fixtures										1
2	Capital Related Costs-Movable Equipment										2
4	Employee Benefits Department										4
5	Administrative and General										5
	Maintenance and Repairs										6
7	Operation of Plant										7
8	Laundry and Linen Service										8
	Housekeeping										9
	Dietary										10
	Cafeteria										11
	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										32
	Burn Intensive Care Unit										33
	Surgical Intensive Care Unit										34
	Other Special Care Unit (specify)										36
	Subprovider IPF										40
	Subprovider IRF										41
	Subprovider (specify)										42
	Nursery										43
	Skilled Nursing Facility										44
	Nursing Facility										45
46	Other Long Term Care										46

ALLOCA	ATION OF CAPITAL-RELATED COSTS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	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
54	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
56	Radioisotope										56
	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
59	Cardiac Catheterization										59
	Laboratory										60
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
65	Respiratory Therapy										65
66	Physical Therapy										66
67	Occupational Therapy										67
68	Speech Pathology										68
69	Electrocardiology										69
70	Electroencephalography										70
71	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										72
73	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										
	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)										89
	Clinic										90
	Emergency										91
	Observation Beds										92
	Other Outpatient Service (specify)										93
93.99	Partial Hospitalization Program										93.99

ALLOCA	FION OF CAPITAL-RELATED COSTS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
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	
		18	19	20	21	22	23	24	25	26	_
	OTHER REIMBURSABLE COST CENTERS										0.4
	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										
	SPECIAL PURPOSE COST CENTERS										
	Kidney Acquisition										105
106	Heart Acquisition										106
	Liver Acquisition										107
	Lung Acquisition										108
	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
	Hospice										113
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1 through 117)										118
N	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
191	Research										191
192	Physicians' Private Offices										192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)										194
	Cross Foot Adjustments										200
201	Negative Cost Centers										201
	TOTAL (sum lines 118 through 201)										202