

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET C, PART II		
Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
	1	2	3	4	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS										
37 Operating Room										37
38 Recovery Room										38
39 Delivery Room and Labor Room										39
40 Anesthesiology										40
41 Radiology-Diagnostic										41
42 Radiology-Therapeutic										42
43 Radioisotope										43
44 Laboratory										44
45 PBP Clinical Laboratory Services-Prgm. Only										45
46 Whole Blood & Packed Red Blood Cells										46
47 Blood Storing, Processing, & Trans.										47
48 Intravenous Therapy										48
49 Respiratory Therapy										49
50 Physical Therapy										50
51 Occupational Therapy										51
52 Speech Pathology										52
53 Electrocardiology										53
54 Electroencephalography										54
55 Medical Supplies Charged to Patients										55
56 Drugs Charged to Patients										56
57 Renal Dialysis										57
58 ASC (Non-Distinct Part)										58
59 Other Ancillary (specify)										59

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620 & 3620.2)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS					PROVIDER NO.:	PERIOD FROM: _____ TO: _____		WORKSHEET C, PART II (CONT.)	
Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)
	1	2	3	4	5	6	7	8	9
OUTPATIENT SERVICE COST CENTERS									
60 Clinic									60
61 Emergency									61
62 Observation Beds (see instructions)									62
63 Other Outpatient Service (specify)									63
OTHER REIMBURSABLE COST CENTERS									
64 Home Program Dialysis									64
65 Ambulance Services									65
66 Durable Medical Equipment - Rented									66
67 Durable Medical Equipment - Sold									67
68 Other Reimbursable (specify)									68
101 Subtotal (sum of lines 37-68)									101
102 Less Observation Beds									102
103 Total (sum of line 101 minus line 102)									103

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