CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS				PROVIDER NO.:		PERIOD: FROM		WORKSHEET C, PART II		
							TO			
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 4	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.)	
ANCILLARY SERVICE COST CENTERS	•	_	,				,	Ü		
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

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09-01	FORM CMS-2552-96	3690 (Cont.)
U7-U1	TOKW CW3-2332-90	3030 (Cont.)

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CALC	CULATION OF OUTPATIENT SERVICE COST TO				PROVIDER NO.:		PERIOD		WORKSHEET C,		
CHARGE RATIOS NET OF REDUCTIONS							FROM:		PART II (CONT.)		
							_	TO:			
			Capital Cost	Operating Cost			Cost Net of	Total			
		Total Cost	(Wkst. B, sum	Net of		Operating Cost	Capital and	Charges	Outpatient Cost	I/P Part B Cost	
	Cost Center Descriptions	(Wkst. B,	of Parts II &	Capital Cost	Capital	Reduction	Operating Cost	(Wkst. C,	to Charge Ratio	to Charge Ratio	
		Part I, col. 27)	III, col. 27)	(col. 1 - col. 2)	Reduction	Amount	Reduction	Part I, col. 8)	(col. 6 ÷ col. 7)	(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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