

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	PROVIDER NO.: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET D, PART I
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Check applicable boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA
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	Cost Center Description	Old Capital			New Capital			Total Patient Days	Inpatient Program Days	Old Capital		New Capital	
		Capital Related Cost (from Wkst. B, Part II, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 1 - col. 2)	Capital Related Cost (from Wkst. B, Part III, col. 27)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 4 - col. 5)			Per Diem (col. 3 - col. 7)	Inpatient Program Capital Cost (col. 9 x col. 8)	Per Diem (col. 6 - col. 7)	Inpatient Program Capital Cost (col. 11 x col. 8)
		1	2	3	4	5	6			7	8	9	10
(A)	INPATIENT ROUTINE SERVICE COST CENTERS												
25	Adults & Pediatrics (General Routine Care)												25
26	Intensive Care Unit												26
27	Coronary Care Unit												27
28	Burn Intensive Care Unit												28
29	Surgical Intensive Care Unit												29
30	Other Special Care Unit (specify)												30
31	Subprovider												31
33	Nursery												33
101	Total (lines 25-33)												101

(A) Worksheet A line numbers

FORM CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3621.1)