07-09		FORM CMS-2552-96							3690 (Cont.)		
APPORTIONMENT OF INPATIENT ANCILLARY					PROVIDER NO.:		PERIOD:		WORKSHEET D,		
SERVICE CAPITAL COSTS						FROM			PART II		
					COMPONENT NO .:		ТО				
Check	Check		[] Title V		[] Hospital		[] PPS				
applicable		[] Title XVIII, Part A [] Title XIX		[] Subprovider			[] TEFRA				
boxes	boxes		-		-	-					
		Old Capital	New Capital			Old Capital		New Capital			
		Related Cost	Related Cost			Ratio of Cost	Capital	Ratio of Cost	Capital		
		(from Wkst. B, Part II,	(from Wkst.	Total Charges	Inpatient	to Charges	Costs	to Charges	Costs		
	Cost Center Description		B, Part III,	(from Wkst. C,	Program	(col. 1 ⁻	(col. 4 x	(col. 2 ⁻	(col. 4 x		
		col. 27)	col. 27)	Part I, col. 8)	Charges	col. 3)	col. 5)	col. 3)	col. 7)		
		1	2	3	4	5	6	7	8		
(A)	ANCILLARY SERVICE COST CENTERS										
	Operating Room									37	
	Recovery Room									38	
	Delivery Room and Labor Room									39	
	Anesthesiology									40	
	Radiology-Diagnostic									41	
	Radiology-Therapeutic									42	
	Radioisotope									43	
	Laboratory									44	
	PBP Clinical Laboratory Services-Prgm. Only									45	
	Whole Blood & Packed Red Blood Cells									46	
	Blood Storing, Processing, & Transfusing									47	
	Intravenous Therapy									48	
	Respiratory Therapy									49	
	Physical Therapy									50	
	Occupational Therapy									51	
	Speech Pathology									52	
	Electrocardiology									53	
	Electroencephalography									54	
	Medical Supplies Charged to Patients									55	
	Implantable Devices Charged to Patients									55.30	
	Drugs Charged to Patients									56	
	Renal Dialysis									57	
	ASC (Non-Distinct Part)									58	
59	Other Ancillary (specify)									59	

(A) Worksheet A line numbers

FORM CMS 2552-96 (07-09) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3621.2)

07-09	-09 FORM CM					IS 2552-96			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				PROVIDER NO.:		_ PERIOD: FROM TO		WORKSHEET D, PART II (CONT.)	
Check applicable boxes	[] Title V [] Title XVIII, Part A [] Title XIX		[] Hospital [] Subprovider			[] PPS [] TEFRA		L	
Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27) 1	New Capital Related Cost (from Wkst. B, Part III, col. 27) 2	Total Charges (from Wkst. C, Part I, col. 8) 3	Inpatient Program Charges 4	Old Categorian Control	Capital Capital Costs (col. 4 x col. 5) 6	New Ratio of Cost to Charges (col. 2 ⁻ col. 3) 7	Capital Capital Costs (col. 4 x col. 7) 8	
60 Clinic									60
61 Emergency									61
62 Observation Beds									62
63 Other Outpatient Service (specify) OTHER REIMBURSABLE COST CENTERS									63
64 Home Program Dialysis									64
65 Ambulance Services									65
66 Durable Medical Equipment-Rented									66
67 Durable Medical Equipment-Sold								<u> </u>	67
68 Other Reimbursable (specify)								<u> </u>	68
101 Total (sum of lines 37 through 68)									101

(A) Worksheet A line numbers

FORM CMS 2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3621.2)