

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET D, PART II		
Check applicable boxes		<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX		<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider		<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA			
Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
	1	2	3	4	Ratio of Cost to Charges (col. 1 - col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 - col. 3)	Capital Costs (col. 4 x col. 7)	
(A) 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, & Transfusing									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
55.30 Implantable Devices Charged to Patients									55.30
56 Drugs Charged to Patients									56
57 Renal Dialysis									57
58 ASC (Non-Distinct Part)									58
59 Other Ancillary (specify)									59

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				PROVIDER NO.: _____		PERIOD: FROM _____ TO _____		WORKSHEET D, PART II (CONT.)	
				COMPONENT NO.: _____					
Check applicable boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX		<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider		<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA				
Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
	1	2	3	4	Ratio of Cost to Charges (col. 1 - col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 - col. 3)	Capital Costs (col. 4 x col. 7)	
60 Clinic								60	
61 Emergency								61	
62 Observation Beds								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 Total (sum of lines 37 through 68)								101	

(A) Worksheet A line numbers