

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET D, PART III
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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	Nonphysician Anesthetist Cost	Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1+2, minus col. 3)	Total Patient Days	Per Diem (col. 4 ÷ col. 5)	Inpatient Program Days	Inpatient Program Pass thru Cost (col. 6 x col. 7)
	1	2	3	4	5	6	7	8
(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
34 Skilled Nursing Facility								34
35 Nursing Facility								35
101 Total (sum of lines 25-35)								101

(A) Worksheet A line numbers