APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO.:_____ COMPONENT NO.:_____	PERIOD: FROM_____ TO_____	WORKSHEET D, PART IV

Check applicable boxes	[ ] Title V [ ] Title XVIII, Part A [ ] Title XIX	[ ] Hospital [ ] Subprovider [ ] SNF	[ ] NF [ ] ICF/MR	[ ] PPS [ ] TEFRA

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 x col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 x col. 8)	
		1	2	3	4	5	6	7	8	9	
(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, & Tranfusing										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 number

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO.:_____ COMPONENT NO.:_____	PERIOD: FROM_____ TO_____	WORKSHEET D, PART IV (CONT.)

Check applicable boxes	[ ] Title V [ ] Title XVIII, Part A [ ] Title XIX	[ ] Hospital [ ] NF [ ] Subprovider [ ] ICF/MR [ ] SNF	[ ] PPS [ ] TEFRA

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 x col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 x col. 8)	
		1	2	3	4	5	6	7	8	9	
	OUTPATIENT SERVICE COST CENTERS										
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