07-09	FORM CMS-2552-96							3690 (Cont.)			
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					PROVIDER NO.: PERIOD: FROM COMPONENT NO.: TO			WORKSHEET D, PARTS V & VI),	
								_			
Check	[] Title V - O/F)		[] Hospital		[] NF		[] ICF/MR			
Applicable	[] Title XVIII,	Part B		[] Subprovider							
Boxes	[] Title XIX - 0			[] SNF							
PART V - APPORTIONMENT OF MEDICAL AND O	OTHER HEALTH SI	ERVICES COST	S								
					PROGRAM CHARGES						
Cost Center Description	Cost to Cha				Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)		
	1	1.01	1.02	2	3	4	5	5.01	5.02	—	
(A) ANCILLARY SERVICE COST CENTERS										L	
37 Operating Room										37	
38 Recovery Room							1			38	
39 Delivery & Labor Room										39	
40 Anesthesiology										40	
41 Radiology-Diagnostic										41	
42 Radiology-Therapeutic										42	
43 Radioisotope									<u> </u>	43	
44 Laboratory									<u> </u>	44	
45 PBP Clinic Laboratory Services-Prgm. Only										45	
46 Whole Blood & Packed Red Blood Cells										46	
47 Blood Storing, Processing, & Transfusing									<u> </u>	47	
48 Intravenous Therapy									<u> </u>	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	
5.30 Implantable Devices Charged to Patients										55.30	
56 Drugs Charged To Patients										56	
57 Renal Dialysis										57	
58 ASC (Non-Distinct Part)										58	
50 Other A - :11 (:6-)										50	

FORM CMS 2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3621.5 & 3621.6)

7-09 FORM CMS-2552-96							3690 (Cont.)				
APPORTIONMENT OF MEDICAL, OTHER		PROVIDER NO.: PERIOD			WORKSHEET D,						
HEALTH SERVICES AND VACCINE COST					COMPONENT NO.:		FROM TO		PARTS V (Cont.) & VI	
								_			
Check	[] Title V - O/P			[] Hospital		[] NF [] Swing Bed		[] ICF/MR			
Applicable	[] Title XVIII, Part B			[] Subprovider							
Boxes	[] Title XIX - C			[] SNF [] Swing Bed NF							
PART V - APPORTIONMENT OF MEDICAL AND OT	HER HEALTH SI	ERVICES COST	S	PROGRAM CHARGES							
				Outpatient	1	PROGRA	IM CHARGES	1	I		
				Ambulatory		Other					
Cost Center Description	Cost to Cha	Cost to Charge Ratio From Worksheet C,			Outpatient	Outpatient	All Other (1)	PPS services	All Other		
r	Part II, col. 8	Part I, col. 9	Part II, col. 9	Surgical Center	Radiology	Diagnostic	(see instru.)	(see instru.)	(see instru.)		
	1	1.01	1.02	2	3	4	5	5.01	5.02		
OUTPATIENT SERVICE COST CENTERS											
60 Clinic										60	
61 Emergency										61	
62 Observation Bed										62	
63 Other Outpatient Service (specify)										63	
OTHER REIMBURSABLE COST CENTERS											
64 Home Program Dialysis										64	
65 Ambulance										65	
66 Durable Medical Equipment-Rented 67 Durable Medical Equipment-Sold										66 67	
68 Other Reimbursable Cost Center										68	
101 Subtotal (see instructions)										101	
102 CRNA Charges (see instructions)										102	
103 Less PBP Clinic Lab. Services-Program										103	
Only Charges											
104 Net Charges (line 101 ± lines 102 and 103)										104	
, , , , , , , , , , , , , , , , , , ,					-	-		-	-		
(A) Worksheet A line numbers											
(1) Report non hospital and non subprovider compone	nts cost for the perio	od here (see instru	ictions)								
PART VI - VACCINE COST APPORTIONMENT											
									1		
1 Drugs charged to patients - ratio of cost to charges (fro		rt I, column 9, line	e 56)							1	
2 Program vaccine charges (from your records or the PSo										2	
3 Program costs (line 1 x line 2) (see instructions for transfer)										3	

07-09		FORM CM	3690 (Cont.)						
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST						PERIOD: FROM TO		WORKSHEET D, PART V (Cont.)	
Check	[] Title V - O/P		[] Hospital	[] NF		[] ICF/MR			
Applicable	[] Title XVIII,	Part B	[] Subprovider	[] Swing Bed S	SNF				
Boxes	[] Title XIX - C)/P	[]SNF	[] Swing Bed I	NF				
PART V - APPORTIONMENT OF MEDICAL AND OTHE	ER HEALTH SERVI	CES COSTS	-						
			PROGE	RAM COSTS				Hospital	
	Outpatient		Other				Hospital	I/P Part B	
	Ambulatory	Outpatient	Outpatient		PPS services	All Other	I/P Part B	Cost	
	Surgical Center	Radiology	Diagnostic	All Other	(columns	(columns	Charges	(columns	
	(cols. 1 x 2)	(cols. 1 x 3)	(cols. 1 x 4)	(cols. 1 x 5)	1.01 x 5.01)	1.01 x 5.02)	(see instru.)	1.02 x 10)	
	6	7	8	9	9.01	9.02	10	11	
(A) ANCILLARY SERVICE COST CENTERS									
37 Operating Room									37
38 Recovery Room									38
39 Delivery & Labor Room									39
40 Anesthesiology									40
41 Radiology-Diagnostic									41
42 Radiology-Therapeutic									42
43 Radioisotope									43
44 Laboratory									44
45 PBP Clinic 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

FORM CMS 2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3621.5 & 3621.6)

08-	02 FORM CMS-2552-96								3690 (Cont.)		
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST							PERIOD: FROM		WORKSHEET D	,	
						COMPONENT NO.:		TO			
Chec	ck	[] Title V - O/P		[] Hospital	[] NF		[] ICF/MR		.4		
App	licable	[] Title XVIII, I	[] Title XVIII, Part B [] Subprovid			SNF					
Boxe	es	[] Title XIX - C)/P	[] SNF	[] Swing Bed I	NF					
PAR	RT V - APPORTIONMENT OF MEDICAL AND OTH	ER HEALTH SERVI	CES COSTS	-							
				PROGI	RAM COSTS				Hospital		
		Outpatient		Other				Hospital	I/P Part B		
		Ambulatory	Outpatient	Outpatient		PPS services	All Other	I/P Part B	Cost		
		Surgical Center	Radiology	Diagnostic	All Other	(columns	(columns	Charges	(columns		
		(cols. 1 x 2)	(cols. 1 x 3)	(cols. 1 x 4)	(cols. 1 x 5)	1.01 x 5.01)	1.01 x 5.02)	(see instru.)	1.02 x 10)		
		6	7	8	9	9.01	9.02	10	11		
	OUTPATIENT SERVICE COST CENTERS										
60	Clinic									60	
61	Emergency									61	
62	Observation Bed									62	
63	Other Outpatient Service (specify)									63	
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis									64	
65	Ambulance									65	
66	Durable Medical Equipment-Rented									66	
67	Durable Medical Equipment-Sold									67	
68	Other Reimbursable Cost Center									68	
101	Subtotal (see instructions)									101	
102	CRNA Charges (see instructions)									102	
103	Less PBP Clinic Lab. Services-Program									103	
	Only Charges										
104	Net Charges (line 101 ± lines 102 and 103)		•							104	

(A) Worksheet A line numbers

FORM CMS 2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3621.5 & 3621.6)