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|---|---------------|------------------------|------------------------|
| COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS | PROVIDER CCN: | PERIOD: | WORKSHEET D-4, PART II |
| | OPO CCN: | FROM _____ TO _____ | |

| | | | | |
|-----------------------|---------------------------------|--------------------------------|------------------------------------|--------------------------------|
| Check applicable box: | <input type="checkbox"/> HEART | <input type="checkbox"/> LIVER | <input type="checkbox"/> PANCREAS | <input type="checkbox"/> ISLET |
| | <input type="checkbox"/> KIDNEY | <input type="checkbox"/> LUNG | <input type="checkbox"/> INTESTINE | |

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

| Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Days | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|--|---|---|------------------------|---|----|
| | | D | 1 | | | |
| 42 | Adults & Pediatrics (General routine care) | 2 | | | | 42 |
| 43 | Intensive Care Unit | 3 | | | | 43 |
| 44 | Coronary Care Unit | 4 | | | | 44 |
| 45 | Burn Intensive Care Unit | 5 | | | | 45 |
| 46 | Surgical Intensive Care Unit | 6 | | | | 46 |
| 47 | Other Special Care (specify) | 7 | | | | 47 |
| 48 | TOTAL (sum of lines 42 through 47) | | | | | 48 |

| Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program | | Organ Charges (see instructions) | | Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4) | | Organ Acquisition Costs (col. 1 x col. 2) | |
|--|--|----------------------------------|----|--|---|---|----|
| | | 1 | D | 2 | 3 | | |
| 49 | Rural Health Clinic (RHC) | | 21 | | | | 49 |
| 50 | Federally Qualified Health Center (FQHC) | | 22 | | | | 50 |
| 51 | Clinic | | 23 | | | | 51 |
| 52 | Emergency | | 24 | | | | 52 |
| 53 | Observation Beds | | 25 | | | | 53 |
| 54 | Other Outpatient Service (specify) | | 26 | | | | 54 |
| 55 | TOTAL (sum of lines 49 through 54) | | | | | | 55 |

D = Worksheet D-2, Part I, line numbers