4090 (Cont.) FORM CMS-2552-10								03-23
APPOR	TIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL				PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET D-5, PART I	
Check a	pplicable box: [] Hospital Staff [] Medical Staff							
PART I	- REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS	ENDING BEFORE JUNE 30), 2014				-	· .
					Physician/		5 Percent	
Line	Specialty	Total	Professional	RCE	Professional	Unadjusted	of Unadjusted	
No.	Description/Physician Identifier	Remuneration	Component	Amount	Component Hours	RCE Limit	RCE Limit	4
1	2	3	4	5	6	7	8	1
	General Practitioner Family Practice Internal Medicine							2
-	Surgery							2
4	Pediatrics							4
	Obstetrics-Gynecology							5
	Radiology							6
	Psychiatry							7
	Anesthesiology							8
	Pathology							9
	All Other							10
11	Total							11
		•			•			
		Cost of		Cost of			Adjust Cost	T
		Membership	Professional	Physician	Professional		of Physician's	
Line	Specialty	& Continuing	Component	Malpractice	Component	Adjusted	Direct Medical &	
No.	Description/Physician Identifier	Education	Share of col. 11	Insurance	Share of col. 13	RCE Limit	Surgical Services	
9	10	11	12	13	14	15	16	
1	General Practitioner Family Practice							1
	Internal Medicine							2
	Surgery							3
4	Pediatrics							4
5	Obstetrics-Gynecology							5
6	Radiology							6
7	Psychiatry							7
	Anesthesiology						_	8
	Pathology							9
								10
11	Total (transfer the amount in column 16, line 11, to Part II, line 1, column 1 or 2, as appropriate)							11