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|---|---------------------|-----------------------------------|--------------------------|
| APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL | PROVIDER CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET D-5, PART I |
|---|---------------------|-----------------------------------|--------------------------|

Check applicable box: Hospital Staff Medical Staff

PART I - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS ENDING BEFORE JUNE 30, 2014

| Line No. | Specialty Description/Physician Identifier | Total Remuneration | Professional Component | RCE Amount | Physician/Professional Component Hours | Unadjusted RCE Limit | 5 Percent of Unadjusted RCE Limit | |
|----------|--|--------------------|------------------------|------------|--|----------------------|-----------------------------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 1 | General Practitioner Family Practice | | | | | | | 1 |
| 2 | Internal Medicine | | | | | | | 2 |
| 3 | Surgery | | | | | | | 3 |
| 4 | Pediatrics | | | | | | | 4 |
| 5 | Obstetrics-Gynecology | | | | | | | 5 |
| 6 | Radiology | | | | | | | 6 |
| 7 | Psychiatry | | | | | | | 7 |
| 8 | Anesthesiology | | | | | | | 8 |
| 9 | Pathology | | | | | | | 9 |
| 10 | All Other | | | | | | | 10 |
| 11 | Total | | | | | | | 11 |

| Line No. | Specialty Description/Physician Identifier | Cost of Membership & Continuing Education | Professional Component Share of col. 11 | Cost of Physician Malpractice Insurance | Professional Component Share of col. 13 | Adjusted RCE Limit | Adjust Cost of Physician's Direct Medical & Surgical Services | |
|----------|--|---|---|---|---|--------------------|---|----|
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 1 | General Practitioner Family Practice | | | | | | | 1 |
| 2 | Internal Medicine | | | | | | | 2 |
| 3 | Surgery | | | | | | | 3 |
| 4 | Pediatrics | | | | | | | 4 |
| 5 | Obstetrics-Gynecology | | | | | | | 5 |
| 6 | Radiology | | | | | | | 6 |
| 7 | Psychiatry | | | | | | | 7 |
| 8 | Anesthesiology | | | | | | | 8 |
| 9 | Pathology | | | | | | | 9 |
| 10 | All Other | | | | | | | 10 |
| 11 | Total (transfer the amount in column 16, line 11, to Part II, line 1, column 1 or 2, as appropriate) | | | | | | | 11 |