

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET I-1
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Check applicable box: Renal Dialysis Department Home Program Dialysis

	TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours
1	Registered Nurses	Hours of Service		1
2	Licensed Practical Nurses	Hours of Service		2
3	Nurses Aides	Hours of Service		3
4	Technicians	Hours of Service		4
5	Social Workers	Hours of Service		5
6	Dieticians	Hours of Service		6
7	Physicians	Accumulated Cost		7
8	Non-patient Care Salary	Accumulated Cost		8
9	Subtotal (sum of lines 1-8)			9
10	Employee Benefits	Salary		10
11	Capital Related Costs-Bldgs. & Fixtures	Square Feet		11
12	Capital Related Costs-Mov. Equip.	Percentage of Time		12
13	Machine Costs & Repairs	Percentage of Time		13
14	Supplies	Requisitions		14
14.01	Pediatric Medical Supplies	Requisitions		14.01
15	Drugs	Requisitions		15
16	Other	Accumulated Cost		16
17	Subtotal (sum of lines 9-16)*			17
18	Capital Related Costs-Bldgs. & Fixtures	Square Feet		18
19	Capital Related Costs-Mov. Equip.	Percentage of Time		19
20	Employee Benefits Department	Salary		20
21	Administrative and General	Accumulated Cost		21
22	Maint./Repairs-Operation-Housekeeping	Square Feet		22
23	Medical Education Program Costs			23
24	Central Services & Supplies	Requisitions		24
25	Pharmacy	Requisitions		25
26	Other Allocated Costs	Accumulated Cost		26
27	Subtotal (sum of lines 17-26)*			27
28	Laboratory (see instructions)	Charges		28
29	Respiratory Therapy (see instructions)	Charges		29
30	Other (see instructions)	Charges		30
31	Total costs (sum of lines 27-30)			31

* Line 17, column 1, should agree with Worksheet A, column 7 for line 74 or line 94, as appropriate, and line 27, column 1, should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94, as appropriate.