

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	2	3	4
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
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.