

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET 1-2
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Check applicable box: Renal Dialysis Department Home Program Dialysis

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	MEDICAL SUPPLIES	PEDIATRIC MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		BUILDING	EQUIPMENT	RNs	OTHER									
		1	2	3	4	5	6	7	7.01	8	9	10	11	
1	Total Renal Department Costs													1
	MAINTENANCE													
2	Hemodialysis													2
2.01	AKI-Hemodialysis													2.01
2.02	Hemodialysis-Pediatric													2.02
3	Intermittent Peritoneal													3
3.01	AKI-Intermittent Peritoneal													3.01
3.02	IPD-Pediatric													3.02
	TRAINING													
4	Hemodialysis													4
4.01	Hemodialysis-Pediatric													4.01
5	Intermittent Peritoneal													5
5.01	IPD-Pediatric													5.01
6	CAPD													6
6.01	CAPD-Pediatric													6.01
7	CCPD													7
7.01	CCPD-Pediatric													7.01
	HOME													
8	Hemodialysis													8
8.01	Hemodialysis-Pediatric													8.01
9	Intermittent Peritoneal													9
9.01	IPD-Pediatric													9.01
10	CAPD													10
10.01	CAPD-Pediatric													10.01
11	CCPD													11
11.01	CCPD-Pediatric													11.01
	OTHER BILLABLE SERVICES													
12	Inpatient Dialysis													12
13	Method II Home Patient													13
14	ESAs (included in Renal Department)													14
15	ARANESP (see instructions)													15
16	Other													16
17	Total (sum of lines 2 through 16)													17
18	Medical Educational Program Costs													18
19	Total Renal Costs (line 17 plus line 18)													19