

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-2
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department		<input type="checkbox"/> Home Program Dialysis								
OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	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							
1	Total Renal Department Costs											1
	MAINTENANCE											
2	Hemodialysis											2
3	Intermittent Peritoneal											3
	TRAINING											
4	Hemodialysis											4
5	Intermittent Peritoneal											5
6	CAPD											6
7	CCPD											7
	HOME											
8	Hemodialysis											8
9	Intermittent Peritoneal											9
10	CAPD											10
11	CCPD											11
	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 + line 18)											19