

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET I-3
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Check applicable box:		<input type="checkbox"/> Renal Dialysis Department		<input type="checkbox"/> Home Program Dialysis								
COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (SALARY)	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHERS (HOURS)								
	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	CCDP											7
HOME												
8	Hemodialysis											8
9	Intermittent Peritoneal											9
10	CAPD											10
11	CCDP											11
OTHER BILLABLE SERVICES												
12	Inpatient Dialysis Treatments _____											12
13	Method II Home Patient											13
14	ESAs											14
15	ARANESP (see instructions)											15
16	Other											16
17	Total Statistical Basis											17
18	Unit Cost Multiplier (line 1 ÷ line 17)											18