HOSPICE COMPENSATION ANALYSIS			10	JKWI CIVIS-2332	-10		PROVIDER CCN:	PERIOD:	WORKSHEET K-3	(Cont.
CONTRACTED SERVICES/PURCHASED SERVICES							I KOVIDEK CCN.	FROM	WORKSHEET K-5	
CONTRACTED SERVICES/I ORCHASED SERVICES							COMPONENT CCN:		-	
							COMPONENT CCN.	10	-	
			MEDICAL							
COST CENTER DESCRIPTIONS	ADMINIS-		SOCIAL	SUPER-		TOTAL				
(omit cents)	TRATOR	DIRECTOR	WORKERS	VISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	1	2	3	4	5	6	7	8	9	
GENERAL SERVICE COST CENTERS										
<ol> <li>Capital Related Costs-Bldg and Fixt.</li> </ol>										
2 Capital Related Costs-Movable Equip.										1
3 Plant Operation and Maintenance										
4 Transportation - Staff										4
5 Volunteer Service Coordination										* .
6 Administrative and General										(
INPATIENT CARE SERVICE										
7 Inpatient - General Care										
8 Inpatient - Respite Care										8
VISITING SERVICES										
9 Physician Services										9
10 Nursing Care										10
11 Nursing Care-Continuous Home Care										1
12 Physical Therapy										12
13 Occupational Therapy										13
14 Speech/ Language Pathology										14
15 Medical Social Services										1:
16 Spiritual Counseling										10
17 Dietary Counseling										1'
18 Counseling - Other										13
19 Home Health Aide and Homemaker										19
20 HH Aide & Homemaker - Cont. Home Care										20
21 Other										2
OTHER HOSPICE SERVICE COSTS										
22 Drugs, Biological and Infusion Therapy										22
23 Analgesics										23
24 Sedatives / Hypnotics										24
25 Other - Specify										2:
26 Durable Medical Equipment/Oxygen										20
27 Patient Transportation										2'
28 Imaging Services										28
29 Labs and Diagnostics										29
30 Medical Supplies										30
31 Outpatient Services (including E/R Dept.)										3
32 Radiation Therapy										32
33 Chemotherapy										33
34 Other										34
HOSPICE NONREIMBURSABLE SERVICE										
35 Bereavement Program Costs										35
36 Volunteer Program Costs										30
37 Fundraising										3′
38 Other Program Costs										38
39 Total (sum of lines 1 thru 38)										39

<sup>(1)</sup> Transfer the amount in column 9 to Wkst. K, column 4