

COST ALLOCATION - HOSPICE STATISTICAL BASIS

COST CENTER DESCRIPTIONS					PROVIDER CCN:	PERIOD:	WORKSHEET K-4, PART II	
					HOSPICE CCN:	FROM _____ TO _____		
CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANS- PORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (ACC. COST)		
BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)							
1		2	3	4	5	6A	6	
GENERAL SERVICE COST CENTERS								
1	Capital Related Costs-Bldg and Fixt.						1	
2	Capital Related Costs-Movable Equip.						2	
3	Plant Operation and Maintenance						3	
4	Transportation - Staff						5	
5	Volunteer Service Coordination						5	
6	Administrative and General						6	
INPATIENT CARE SERVICE								
7	Inpatient - General Care						7	
8	Inpatient - Respite Care						8	
VISITING SERVICES								
9	Physician Services						9	
10	Nursing Care						10	
11	Nursing Care-Continuous Home Care						11	
12	Physical Therapy						12	
13	Occupational Therapy						13	
14	Speech/ Language Pathology						14	
15	Medical Social Services						15	
16	Spiritual Counseling						16	
17	Dietary Counseling						17	
18	Counseling - Other						18	
19	Home Health Aide and Homemaker						19	
20	HH Aide & Homemaker - Cont. Home Care						20	
21	Other						21	
OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion Therapy						22	
23	Analgesics						23	
24	Sedatives / Hypnotics						24	
25	Other - Specify						25	
26	Durable Medical Equipment/Oxygen						26	
27	Patient Transportation						27	
28	Imaging Services						28	
29	Labs and Diagnostics						29	
30	Medical Supplies						30	
31	Outpatient Services (including E/R Dept.)						31	
32	Radiation Therapy						32	
33	Chemotherapy						33	
34	Other						34	
HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs						35	
36	Volunteer Program Costs						36	
37	Fundraising						37	
38	Other Program Costs						38	
39	Cost To be Allocated (per Wkst. K-4, Part I)						39	
40	Unit Cost Multiplier						40	