COST A	ALLOCATION - HOSPICE STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM	WORKSHEET K-4, PART II	
						COMPONENT CCN:	то	-	
		CAPITAL RELATED COST		PLANT		VOLUNTEER	RECONCIL- IATION	ADMINIS-	1
COST CENTER DESCRIPTIONS		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	OPERATION & MAINT. (SQ. FT.)	TRANS- PORTATION (MILEAGE)	SERVICES COORDINATOR (HOURS)		TRATIVE & GENERAL (ACC. COST)	
		1	2	3	4	5	6A	6	1
	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
	Transportation - Staff								5
	Volunteer Service Coordination								5
6	Administrative and General								6
	INPATIENT CARE SERVICE								
	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
	Physician Services								9
	Nursing Care								10
11	ë								11
12									12
	Occupational Therapy								13
	Speech/ Language Pathology								14
15									15
16									16
	Dietary Counseling								17
	Counseling - Other								18
19									19
	HH Aide & Homemaker - Cont. Home Care								20
21	Other								21
	OTHER HOSPICE SERVICE COSTS								
	Drugs, Biological and Infusion Therapy								22
	Analgesics								23
	Sedatives / Hypnotics								24
25	Other - Specify								25
	Durable Medical Equipment/Oxygen								26
	Patient Transportation		.			_	ļ		27
28									28
	Labs and Diagnostics		.			_	ļ		29
	Medical Supplies		1	1		+	ļ	-	30
	Outpatient Services (including E/R Dept.)								31
	Radiation Therapy					1			32
33			1	1		+	ļ	-	33
34	Other HOGBIGE NOVER HADING A DIE GEDNIGE								34
2.5	HOSPICE NONREIMBURSABLE SERVICE								3.5
	Bereavement Program Costs								35
	Volunteer Program Costs								36 37
	Fundraising								
	Other Program Costs		1	1		+	ļ	-	38
	Cost To be Allocated (per Wkst. K-4, Part I)								
40	Unit Cost Multiplier			1			1		40