

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

PROVIDER CCN:
HOSPICE CCN:

PERIOD:
FROM _____
TO _____

WORKSHEET K-5,
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

| HOSPICE COST CENTER (omit cents) | From Wkst. K-4 Part I, col. 7, line | HOSPICE TRIAL BALANCE (1) | CAPITAL RELATED COSTS | | EMPLOYEE BENEFITS DEPARTMENT | SUBTOTAL (cols. 0-4) | ADMINIS- TRATIVE & GENERAL | MAIN- TENANCE & REPAIRS | OPERATION OF PLANT | |
|--|---|------------------------------------|--------------------------|----------------------|------------------------------------|-------------------------|----------------------------------|-------------------------------|-----------------------|----|
| | | | BLDGS. & FIXTURES | MOVABLE EQUIPMENT | | | | | | |
| | | | 0 | 1 | | | | | | |
| 1 Administrative and General | 6 | | | | | | | | | 1 |
| 2 Inpatient - General Care | 7 | | | | | | | | | 2 |
| 3 Inpatient - Respite Care | 8 | | | | | | | | | 3 |
| 4 Physician Services | 9 | | | | | | | | | 4 |
| 5 Nursing Care | 10 | | | | | | | | | 5 |
| 6 Nursing Care-Continuous Home Care | 11 | | | | | | | | | 6 |
| 7 Physical Therapy | 12 | | | | | | | | | 7 |
| 8 Occupational Therapy | 13 | | | | | | | | | 8 |
| 9 Speech/ Language Pathology | 14 | | | | | | | | | 9 |
| 10 Medical Social Services | 15 | | | | | | | | | 10 |
| 11 Spiritual Counseling | 16 | | | | | | | | | 11 |
| 12 Dietary Counseling | 17 | | | | | | | | | 12 |
| 13 Counseling - Other | 18 | | | | | | | | | 13 |
| 14 Home Health Aide and Homemaker | 19 | | | | | | | | | 14 |
| 15 HH Aide & Homemaker - Cont. Home Care | 20 | | | | | | | | | 15 |
| 16 Other | 21 | | | | | | | | | 16 |
| 17 Drugs, Biological and Infusion Therapy | 22 | | | | | | | | | 17 |
| 18 Analgesics | 23 | | | | | | | | | 18 |
| 19 Sedatives / Hypnotics | 24 | | | | | | | | | 19 |
| 20 Other - Specify | 25 | | | | | | | | | 20 |
| 21 Durable Medical Equipment/Oxygen | 26 | | | | | | | | | 21 |
| 22 Patient Transportation | 27 | | | | | | | | | 22 |
| 23 Imaging Services | 28 | | | | | | | | | 23 |
| 24 Labs and Diagnostics | 29 | | | | | | | | | 24 |
| 25 Medical Supplies | 30 | | | | | | | | | 25 |
| 26 Outpatient Services (including E/R Dept.) | 31 | | | | | | | | | 26 |
| 27 Radiation Therapy | 32 | | | | | | | | | 27 |
| 28 Chemotherapy | 33 | | | | | | | | | 28 |
| 29 Other | 34 | | | | | | | | | 29 |
| 30 Bereavement Program Costs | 35 | | | | | | | | | 30 |
| 31 Volunteer Program Costs | 36 | | | | | | | | | 31 |
| 32 Fundraising | 37 | | | | | | | | | 32 |
| 33 Other Program Costs | 38 | | | | | | | | | 33 |
| 34 Totals (sum of lines 1-33) (2) | | | | | | | | | | 34 |
| 35 Unit Cost Multiplier (see instructions) | | | | | | | | | | 35 |

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

| | | | |
|---|--|-----------------------------------|----------------------------------|
| ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS | PROVIDER CCN: <hr/> HOSPICE CCN: <hr/> | PERIOD: FROM _____ TO _____ | WORKSHEET K-5, PART I (Cont.) |
|---|--|-----------------------------------|----------------------------------|

| PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS | | | | | | | | | | | |
|--|-------------------------------|-------------------|---------|-----------|----------------------------------|--------------------------------|---------------------------------|----------|---------------------------------|-------------------|----|
| HOSPICE COST CENTER (omit cents) | LAUNDRY & LINEN SERVICE | HOUSE- KEEPING | DIETARY | CAFETERIA | MAIN- TENANCE OF PERSONNEL | NURSING ADMINIS- TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 1 Administrative and General | | | | | | | | | | | 1 |
| 2 Inpatient - General Care | | | | | | | | | | | 2 |
| 3 Inpatient - Respite Care | | | | | | | | | | | 3 |
| 4 Physician Services | | | | | | | | | | | 4 |
| 5 Nursing Care | | | | | | | | | | | 5 |
| 6 Nursing Care-Continuous Home Care | | | | | | | | | | | 6 |
| 7 Physical Therapy | | | | | | | | | | | 7 |
| 8 Occupational Therapy | | | | | | | | | | | 8 |
| 9 Speech/ Language Pathology | | | | | | | | | | | 9 |
| 10 Medical Social Services | | | | | | | | | | | 10 |
| 11 Spiritual Counseling | | | | | | | | | | | 11 |
| 12 Dietary Counseling | | | | | | | | | | | 12 |
| 13 Counseling - Other | | | | | | | | | | | 13 |
| 14 Home Health Aide and Homemaker | | | | | | | | | | | 14 |
| 15 HH Aide & Homemaker - Cont. Home Care | | | | | | | | | | | 15 |
| 16 Other | | | | | | | | | | | 16 |
| 17 Drugs, Biological and Infusion Therapy | | | | | | | | | | | 17 |
| 18 Analgesics | | | | | | | | | | | 18 |
| 19 Sedatives / Hypnotics | | | | | | | | | | | 19 |
| 20 Other - Specify | | | | | | | | | | | 20 |
| 21 Durable Medical Equipment/Oxygen | | | | | | | | | | | 21 |
| 22 Patient Transportation | | | | | | | | | | | 22 |
| 23 Imaging Services | | | | | | | | | | | 23 |
| 24 Labs and Diagnostics | | | | | | | | | | | 24 |
| 25 Medical Supplies | | | | | | | | | | | 25 |
| 26 Outpatient Services (including E/R Dept.) | | | | | | | | | | | 26 |
| 27 Radiation Therapy | | | | | | | | | | | 27 |
| 28 Chemotherapy | | | | | | | | | | | 28 |
| 29 Other | | | | | | | | | | | 29 |
| 30 Bereavement Program Costs | | | | | | | | | | | 30 |
| 31 Volunteer Program Costs | | | | | | | | | | | 31 |
| 32 Fundraising | | | | | | | | | | | 32 |
| 33 Other Program Costs | | | | | | | | | | | 33 |
| 34 Totals (sum of lines 1-33) (2) | | | | | | | | | | | 34 |
| 35 Unit Cost Multiplier (see instructions) | | | | | | | | | | | 35 |

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

PROVIDER CCN:
HOSPICE CCN:

PERIOD:
FROM _____
TO _____

WORKSHEET K-5,
PART I (Cont.)

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

| HOSPICE COST CENTER (omit cents) | OTHER GENERAL SERVICE | NON- PHYSICIAN ANES- THETISTS | NURSING SCHOOL | INTERNS & RESIDENTS | | PARA- MEDICAL EDUCATION (SPECIFY) | SUBTOTAL (cols. 4a-23) | INTERN & RESIDENT COST & POST STEPDOWN ADJUST. | SUBTOTAL (cols. 24 ± 25) | ALLOCATED HOSPICE A&G (see Part II) | TOTAL HOSPICE COSTS (cols. 26 ± 27) |
|--|-----------------------------|--|-------------------|---------------------|------------------|--|---------------------------|--|-----------------------------|--|--|
| | | | | SALARY & FRINGES | PROGRAM COSTS | | | | | | |
| | 8 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 1 Administrative and General | | | | | | | | | | | 1 |
| 2 Inpatient - General Care | | | | | | | | | | | 2 |
| 3 Inpatient - Respite Care | | | | | | | | | | | 3 |
| 4 Physician Services | | | | | | | | | | | 4 |
| 5 Nursing Care | | | | | | | | | | | 5 |
| 6 Nursing Care-Continuous Home Care | | | | | | | | | | | 6 |
| 7 Physical Therapy | | | | | | | | | | | 7 |
| 8 Occupational Therapy | | | | | | | | | | | 8 |
| 9 Speech/ Language Pathology | | | | | | | | | | | 9 |
| 10 Medical Social Services | | | | | | | | | | | 10 |
| 11 Spiritual Counseling | | | | | | | | | | | 11 |
| 12 Dietary Counseling | | | | | | | | | | | 12 |
| 13 Counseling - Other | | | | | | | | | | | 13 |
| 14 Home Health Aide and Homemaker | | | | | | | | | | | 14 |
| 15 HH Aide & Homemaker - Cont. Home Care | | | | | | | | | | | 15 |
| 16 Other | | | | | | | | | | | 16 |
| 17 Drugs, Biological and Infusion Therapy | | | | | | | | | | | 17 |
| 18 Analgesics | | | | | | | | | | | 18 |
| 19 Sedatives / Hypnotics | | | | | | | | | | | 19 |
| 20 Other - Specify | | | | | | | | | | | 20 |
| 21 Durable Medical Equipment/Oxygen | | | | | | | | | | | 21 |
| 22 Patient Transportation | | | | | | | | | | | 22 |
| 23 Imaging Services | | | | | | | | | | | 23 |
| 24 Labs and Diagnostics | | | | | | | | | | | 24 |
| 25 Medical Supplies | | | | | | | | | | | 25 |
| 26 Outpatient Services (including E/R Dept.) | | | | | | | | | | | 26 |
| 27 Radiation Therapy | | | | | | | | | | | 27 |
| 28 Chemotherapy | | | | | | | | | | | 28 |
| 29 Other | | | | | | | | | | | 29 |
| 30 Bereavement Program Costs | | | | | | | | | | | 30 |
| 31 Volunteer Program Costs | | | | | | | | | | | 31 |
| 32 Fundraising | | | | | | | | | | | 32 |
| 33 Other Program Costs | | | | | | | | | | | 33 |
| 34 Totals (sum of lines 1-33) (2) | | | | | | | | | | | 34 |
| 35 Unit Cost Multiplier (see instructions) | | | | | | | | | | | 35 |

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.