

ALLOCATION OF GENERAL SERVICE
COSTS TO HOSPICE COST CENTERSPROVIDER CCN:

COMPONENT 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 4	SUBTOTAL (cols. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
			BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2						
			0							
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 CENTERSPROVIDER CCN:

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_____PERIOD:
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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
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PART I (Cont.)

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

	HOSPICE COST CENTER (omit cents)	OTHER GENERAL SERVICE 8	NON- PHYSICIAN ANES- THETISTS 19	NURSING SCHOOL 20	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (SPECIFY) 23	SUBTOTAL (cols. 4a-23) 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUST. 25	SUBTOTAL (cols. 24 ± 25) 26	ALLOCATED HOSPICE A&G (see Part II) 27	TOTAL HOSPICE COSTS (cols. 26 ± 27) 28	
					SALARY & FRINGES 21	PROGRAM COSTS 22							
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
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