09-13 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS		F	ORM CMS-2552	4090 (Cont.)					
			PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET K-5, PART II	<u> </u>			
PART	II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CEN	ITERS - STATISTICAL BASIS							
HOSPICE COST CENTER			FIXTURES EQUIPMENT (SQUARE (DOLLAR		RECONCIL- IATION 5A	ADMINIS- TRATIVE & GENERAL (ACCUM. COST) 5	MAIN- TENANCE & REPAIRS (SQUARE FEET) 6	OPERATION OF PLANT (SQUARE FEET) 7	
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									9
10	Medical Social Services								10
11	Spiritual Counseling								11
12	Dietary Counseling								12
	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									18
19	Sedatives / Hypnotics								19
20									20
21	Durable Medical Equipment/Oxygen								21
	Patient Transportation		1	l			1		22
	Imaging Services		1	l			1		23
	Labs and Diagnostics		1	l			1		24
	Medical Supplies		1	1	i i		1		25
	Outpatient Services (including E/R Dept.)								26
	Radiation Therapy								27
28									28
	Other								29
	Bereavement Program Costs				İ		l		30
	Volunteer Program Costs						1		31
	Fundraising						1		32
	Other Program Costs						1		33
	Totals (sum of lines 1-33) (2)		1	1		1	1	1	34
35			1	1	1	1	1	1	35
36			1	1		1	1		36
36	Unit Cost Multiplier (see instructions)				I			1	

4090 (Cont.)		FORM CMS-2552-10									09-13
	ATION OF GENERAL SERVICE COSTS TO CE COST CENTERS STATISTICAL BASIS		PROVIDER CCN: PERIOD: WORKSHEE FROM PART II COMPONENT CCN: TO						WORKSHEET K-5, PART II		
								COMPONENT CCN:	10	-	
PART II	I - ALLOCATION OF GENERAL SERVICE COSTS TO HO	SPICE COST CENTERS -	STATISTICAL BA	SIS				1			
HOSPICE COST CENTER		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINIS- TRATION (DIRECT NURS. HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14	PHARMACY (COSTED REQUIS.) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
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
	Spiritual Counseling										11
	Dietary Counseling										12
13	Counseling - Other										13
	Home Health Aide and Homemaker										14
15	HH Aide & Homemaker - Cont. Home Care										15
16	Other										16
17	Drugs, Biological and Infusion Therapy										17
	Analgesics										18
19	Sedatives / Hypnotics										19
20	Other - Specify										20
21	Durable Medical Equipment/Oxygen										21
	Patient Transportation										22
	A										23
	Labs and Diagnostics										24
	Medical Supplies										25
	Outpatient Services (including E/R Dept.)										26
27	Radiation Therapy										27
28	Chemotherapy										28
											29
30	Bereavement Program Costs										30
31	Volunteer Program Costs										31
32	Fundraising										32
	Other Program Costs										33
	Totals (sum of lines 1-33) (2)										34
				İ	İ	İ	1		l .		35
	Unit Cost Multiplier (see instructions)			1	1	1	i i		1		36

10-12		FORM CMS-2552-10					4090 (			
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS						PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET K-5, PART II	<u> </u>	
PART II	- ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS									
HOSPICE COST CENTER		SOCIAL SERVICE (TIME SPENT) 17	OTHER GENERAL SERVICE (SPECIFY) 18	NON- PHYSICIAN ANES- THETISTS (ASSIGNED TIME) 19	NURSING SCHOOL (ASSIGNED TIME) 20	INTERNS & SALARY & FRINGES (ASSIGNED TIME) 21	RESIDENTS PROGRAM COSTS (ASSIGNED TIME) 22	PARA- MEDICAL EDUCATION (SPECIFY) (ASSIGNED TIME) 23		
	Administrative and General								1	
	Inpatient - General Care								2	
	Inpatient - Respite Care								3	
	Physician Services								4	
	Nursing Care								5	
	Nursing Care-Continuous Home Care								6	
	Physical Therapy								7	
	Occupational Therapy								8	
	Speech/ Language Pathology								9	
10	Medical Social Services								10	
	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	
	Patient Transportation								22	
23	Imaging Services								23	
24	Labs and Diagnostics								24	
	Medical Supplies								25	
	Outpatient Services (including E/R Dept.)								26	
27	Radiation Therapy								27	
28	Chemotherapy								28	
	Other								29	
30	Bereavement Program Costs								30	
	Volunteer Program Costs								31	
	Fundraising								32	
33	Other Program Costs								33	
	Totals (sum of lines 1-33) (2)					1		1	34	
	Total cost to be allocated								35	
	Unit Cost Multiplier (see instructions)								36	