

APPORTIONMENT OF HOSPICE SHARED SERVICES

PROVIDER CCN:

PERIOD:

WORKSHEET K-5,

COMPONENT CCN:

FROM _____

TO _____

PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

| COST CENTER | | Wkst. C, Part I, col. 9, line | Cost to Charge Ratio | Total Hospice Charges (Provider Records) | Hospice Shared Ancillary Costs (cols. 1 x 2) | |
|--------------------------------|---|--|----------------------------|--|--|----|
| | | 0 | 1 | 2 | 3 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 1 | Physical Therapy | 66 | | | | 1 |
| 2 | Occupational Therapy | 67 | | | | 2 |
| 3 | Speech/ Language Pathology | 68 | | | | 3 |
| 4 | Drugs, Biological and Infusion Therapy | 73 | | | | 4 |
| 5 | Durable Medical Equipment/Oxygen | 96 | | | | 5 |
| 6 | Labs and Diagnostics | 60 | | | | 6 |
| 7 | Medical Supplies | 71 | | | | 7 |
| 8 | Outpatient Services (including E/R Dept.) | 93 | | | | 8 |
| 9 | Radiation Therapy | 55 | | | | 9 |
| 10 | Other | 76 | | | | 10 |
| 11 | Totals (sum of lines 1-10) | | | | | 11 |