

APPORTIONMENT OF HOSPICE SHARED SERVICES

PROVIDER CCN: _____

PERIOD: FROM _____

WORKSHEET K-5,
PART III

HOSPICE CCN: _____

TO _____

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