

COMPUTATION OF PROGRAM INPATIENT ROUTINE SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET L-1, PART II
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Check applicable box: Title V
 Title XVIII, Part A
 Title XIX

(A) Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 26)	Swing Bed Adjustment	Reduced Capital Cost for Extraordinary Circumstances (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 Adults & Pediatrics (General Routine Care)							30
31 Intensive Care Unit							31
32 Coronary Care Unit							32
33 Burn Intensive Care Unit							33
34 Surgical Intensive Care Unit							34
35 Other Special Care Unit (specify)							35
40 Subprovider IPF							40
41 Subprovider IRF							41
42 Subprovider (Other)							42
43 Nursery							43
200 Total (sum of lines 30-199)							200

(A) Worksheet A line numbers