ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS HOSPICE ROUTINE HOME CARE						PROVIDER CCN:	PERIOD: FROM	WORKSHEET O-2	
						HOSPICE CCN:	то		
			1	SUBTOTAL					T
				(col. 1 plus	RECLASSI-		ADJUST-	TOTAL	
		SALARIES	OTHER	col. 2)	FICATIONS	SUBTOTAL	MENTS	$(\text{col. } 5 \pm \text{col. } 6)$	
		1	2	3	4	5	6	7	1
DIRECT PA	ATIENT CARE SERVICE COST CENTERS								
25 Inp	patient Care - Contracted								25
	ysician Services								26
	urse Practitioner								27
28 Re	egistered Nurse								28
29 LP	PN/LVN								29
30 Ph	ysical Therapy								30
31 Oc	ccupational Therapy								31
32 Sp	eech/ Language Pathology								32
33 Me	edical Social Services								33
	iritual Counseling								34
35 Die	etary Counseling								35
36 Co	ounseling - Other								36
37 Ho	ospice Aide and Homemaker Services								37
38 Du	arable Medical Equipment/Oxygen								38
39 Pat	tient Transportation								39
40 Im	aging Services								40
	bs and Diagnostics								41
42 Me	edical Supplies-Non-routine								42
	rugs Charged to Patients								42.50
	atpatient Services								43
	lliative Radiation Therapy								44
45 Pal	lliative Chemotherapy								45
	her Patient Care Svc								46
100 Tot	tal *								100

^{*} Transfer the amount in column 7 to Wkst. O-5, column 1, line 51