

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION		PROVIDER CCN: HOSPICE CCN:	PERIOD: FROM _____ TO _____	WORKSHEET 0-5
Descriptions		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B, PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1	2	3
GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt			1
2	Cap Rel Costs-Mvble Equip			2
3	Employee Benefits			3
4	Administrative & General			4
5	Plant Operation and Maintenance			5
6	Laundry & Linen Service			6
7	Housekeeping			7
8	Dietary			8
9	Nursing Administration			9
10	Routine Medical Supplies			10
11	Medical Records			11
12	Staff Transportation			12
13	Volunteer Service Coordination			13
14	Pharmacy			14
15	Physician Administrative Services			15
16	Other General Service			16
17	Patient/Residential Care Services			17
LEVEL OF CARE				
50	Hospice Continuous Home Care			50
51	Hospice Routine Home Care			51
52	Hospice Inpatient Respite Care			52
53	Hospice General Inpatient Care			53
NONREIMBURSABLE COST CENTERS				
60	Bereavement Program			60
61	Volunteer Program			61
62	Fundraising			62
63	Hospice/Palliative Medicine Fellows			63
64	Palliative Care Program			64
65	Other Physician Services			65
66	Residential Care			66
67	Advertising			67
68	Telehealth/Telemonitoring			68
69	Thrift Store			69
70	Nursing Facility Room & Board			70
71	Other Nonreimbursable			71
99	Negative Cost Center			99
100	Total			100