11-17		FORM CMS-2552-10 4090 (Co										(Cont.)
COST A	ALLOCATION - HOSPITAL-BASED HOSPI						PROVIDER CCN:		PERIOD: FROM		WORKSHEET O-6 PART I	
							HOSPICE CCN:		то			
-			CAP REL	CAP REL	EMPLOYEE		ADMINIS-	PLANT	LAUNDRY	HOUSE-	DIETARY	Т
		TOTAL	BLDG	MVBLE	BENEFITS		TRATIVE &	OP &	& LINEN	KEEPING		
		EXPENSES	& FIX	EQUIP	DEPARTMENT	SUBTOTAL	GENERAL	MAINT				
	Descriptions	0	1	2	3	3A	4	5	6	7	8	
GENER	AL 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
	Plant Operation and Maintenance											5
6	Laundry & Linen Service											6
7	Housekeeping											7
8	Dietary											8
	Nursing Administration											9
	Routine Medical Supplies											10
	Medical Records											11
	Staff Transportation											12
13	Volunteer Service Coordination											13
	Pharmacy											14
	Physician Administrative Services											15
	Other General Service											16
	Patient/Residential Care Services											17
	OF CARE											
50	Hospice Continuous Home Care											50
	Hospice Routine Home Care											51
	Hospice Inpatient Respite Care											52
	Hospice General Inpatient Care											53
NONRE	EIMBURSABLE COST CENTERS											
	Bereavement Program											60
	Volunteer Program											61
	Fundraising											62
	Hospice/Palliative Medicine Fellows											63
	Palliative Care Program											64
65	Other Physician Services											65
66	Residential Care											66
67	Advertising											67
68	Telehealth/Telemonitoring											68
69												69
70	Nursing Facility Room & Board											70
	Other Nonreimbursable											71
99	Negative Cost Center											99
100	Total											100

4090 (Cont.)			FO	RM CMS-2552	2-10						11-17
COST A	COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS						PROVIDER CCN:		PERIOD: FROM TO		WORKSHEET O PART I)-6
		NURSING ADMINIS-	ROUTINE MEDICAL	MEDICAL RECORDS	STAFF TRANS-	VOLUNTEER SVC COOR-	PHARMACY	PHYSICIAN ADMIN	OTHER GENERAL	PATIENT / RESIDENT	TOTAL	Τ
		TRATION	SUPPLIES	lineoning	PORTATION	DINATION		SERVICES	SERVICE	CARE SVCS		
	Descriptions	9	10	11	12	13	14	15	16	17	18	
	AL SERVICE COST CENTERS											
	Cap Rel Costs-Bldg & Fixt											1
	Cap Rel Costs-Mvble Equip											2
	Employee Benefits											3
	Administrative & General											4
	Plant Operation and Maintenance											5
	Laundry & Linen Service											6
	Housekeeping											7
	Dietary											8
	Nursing Administration Routine Medical Supplies											10
	Medical Records											10
	Staff Transportation											11
	Volunteer Service Coordination						1					13
	Pharmacy											14
	Physician Administrative Services											15
	Other General Service (specify)									1		16
	Patient/Residential Care Services											17
LEVEL	OF CARE											
50	Continuous Home Care											50
51	Routine Home Care											51
	Inpatient Respite Care											52
	General Inpatient Care											53
	IMBURSABLE COST CENTERS											
	Bereavement Program											60
	Volunteer Program											61
	Fundraising											62
	Hospice/Palliative Medicine Fellows											63 64
	Palliative Care Program										_	64
	Other Physician Services Residential Care											65
	Advertising											67
	Telehealth/Telemonitoring											68
	Thrift Store						1					69
	Nursing Facility Room & Board											70
	Other Nonreimbursable (specify)											70
	Negative Cost Center						1		1			99
	Total						1		1	1	1	100