

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

PROVIDER CCN:

PERIOD:

WORKSHEET O-7

HOSPICE CCN:

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Cost Center Descriptions	Wkst. C, Pt. I, col. 9, line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				Shared Service Costs by LOC				
			HCHC	HRHC	HIRC	HGIP	HCHC ( col. 1 x col. 2 )	HRHC ( col. 1 x col. 3 )	HIRC ( col. 1 x col. 4 )	HGIP ( col. 1 x col. 5 )	
	0	1	2	3	4	5	6	7	8	9	
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 through 10)											11