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

PROVIDER CCN: _____ HOSPICE CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET O-7

	Cost Center Descriptions	Wkst. C, Pt. I, col. 9, line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	HGIP	Shared Service Costs by LOC 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