COST	ALLOCATION - GENERAL SERVICE COSTS						PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART I	
		NET EXPENSES FOR COST		APITAL D COSTS		APITAL ED COSTS			1 D) MYG	N/ A DV		
	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A, col. 7)	BLDGS. & FIXTURES	EQUIPMENT		EQUIPMENT		(cols. 0-5)	GENERAL	MAIN- TENANCE & REPAIRS	OF PLANT	<u></u>
	GENERAL SERVICE COST CENTERS	0	1	2	3	4	5	5A	6	7	8	
	Old Capital Related Costs-Buildings and Fixtures											1 1
	Old Capital Related Costs-Movable Equipment						1					2 2
	New Capital Related Costs-Buildings and Fixture	3										3 3
	New Capital Related Costs-Movable Equipment						1					4 4
	Employee Benefits											5 5
	Administrative and General									1		6 6
	Maintenance and Repairs											7 7
	Operation of Plant											8 8
	Laundry and Linen Service											9 9
	Housekeeping											10 10
	Dietary											11 11
12	Cafeteria											12 12
13	Maintenance of Personnel											13 13
	Nursing Administration											14 14
	Central Services and Supply											15 15
	Pharmacy											16 16
	Medical Records & Medical Records Library											17 17
	Social Service											18 18
19	Other General Service (specify)											19 19
	Nonphysician Anesthetists											20 20
21	Nursing School											21 21
22	Intern & Res. Service-Salary & Fringes (Approve	ed)										22 22
23	Intern & Res. Other Program Costs (Approved)											23 23
24	Paramedical Ed. Program (specify)											24 24
	INPATIENT ROUTINE SERVICE COST CENT	ERS										
25	Adults and Pediatrics (General Routine Care)											25 25
26	Intensive Care Unit											26 26
27	Coronary Care Unit											27 27
28	Burn Intensive Care Unit											28 28
29	Surgical Intensive Care Unit											29 29
30	Other Special Care Unit (specify)											30 30
31	Subprovider (specify)											31 31
33	Nursery											33 33
34	Skilled Nursing Facility											34 34
	Nursing Facility											35 35
36	Other Long Term Care											36 36

FORM CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

FORM

COST	ALLOCATION - GENERAL SERVICE COSTS				<u> </u>		PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART I		
		NET EXPENSES FOR COST ALLOCATION		APITAL D COSTS		CAPITAL ED COSTS			ADMINIS-	MAIN-			
	COST CENTER DESCRIPTIONS	(from Wkst. A, col. 7)	BLDGS. & FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		(cols. 0-5)	TRATIVE & GENERAL	TENANCE & REPAIRS	OF PLANT		_
$\overline{}$	ANCILLARY SERVICE COST CENTERS	0	1	2	3	4	5	5A	6	7	8	\vdash	
	Operating Room											37	37
	Recovery Room											38	38
	Delivery Room and Labor Room											39	39
40	Anesthesiology											40	40
	Radiology-Diagnostic											41	41
	Radiology-Therapeutic											42	42
	Radioisotope											43	43
	Laboratory											44	44
	PBP Clinical Laboratory Services-Program Only											45	45
	Whole Blood & Packed Red Blood Cells											46	46
	Blood Storing, Processing, & Trans.											47	47
	Intravenous Therapy											48	48
	Respiratory Therapy											49	49
	Physical Therapy											50	50
	Occupational Therapy											51	51
	Speech Pathology											52	52
	Electrocardiology											53	53
	Electroencephalography											54	54
	Medical Supplies Charged to Patients											55	55
	Implantable Devices Charged to Patients												55.30
	Drugs Charged to Patients											56 57	56 57
	Renal Dialysis ASC (Non-Distinct Part)												58
	Other Ancillary (specify)			1	1	1	 	1	1	 	 	58 59	59
	OUTPATIENT SERVICE COST CENTERS											39	39
	Clinic											60	60
	Emergency											61	61
	Observation Beds											62	62
	Other Outpatient Service (specify)											63	63
	OTHER REIMBURSABLE COST CENTERS											-55	33
	Home Program Dialysis											64	64
	Ambulance Services						i			i		65	65
66	Durable Medical Equipment-Rented						İ			İ	<u> </u>	66	66
	Durable Medical Equipment-Sold											67	67
	Other Reimbursable (specify)											68	68
	Outpatient Rehabilitation Provider (specify)											69	69
70	Intern-Resident Service (not appvd. tchng. prgm.))					1			1		70	70

FORM CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

FORM

07				I OIMI CI	VID 2332 7	U					3070 (C0	111.	00 /
COST	ALLOCATION - GENERAL SERVICE COST	TS .					PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART I	В,	COST
	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	RELATE BLDGS. &	APITAL ED COSTS MOVABLE EQUIPMENT 2	RELATE BLDGS. &	APITAL ED COSTS MOVABLE EQUIPMENT 4		SUBTOTAL (cols. 0-5) 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8		
71	Home Health Agency											71	71
	SPECIAL PURPOSE COST CENTERS												
82	Lung Acquisition											82	82
83	Kidney Acquisition											83	83
84	Liver Acquisition											84	84
85	Heart Acquisition											85	85
86	Other Organ Acquisition (specify)											86	86
92	Ambulatory Surgical Center (Distinct Part)											92	92
93	Hospice											93	93
94	Other Special Purpose (specify)											94	94
95	SUBTOTALS (sum of lines 1-94)											95	95
	NONREIMBURSABLE COST CENTERS												
96	Gift, Flower, Coffee Shop, & Canteen											96	96
	Research											97	97
	Physicians' Private Offices											98	98
	Nonpaid Workers											99	99
	Other Nonreimbursable (specify)											100	
	Cross Foot Adjustments												101
	Negative Cost Centers											102	
103	TOTAL (sum of lines 95-102)								<u> </u>			103	103

FORM CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

FORM

T ALLOCATION - GENERAL SERVICE COSTS			1 014.7 01	115 2552 7		PROVIDER N	O.:	PERIOD:		WORKSHEET	,
								FROM		PART I	
	1		1	1	1		1	TO	1		
	LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		
COST CENTER DESCRIPTIONS	& LINEN	HOUSE-			TENANCE OF		SERVICES &		RECORDS &	SOCIAL	
	SERVICE	KEEPING	DIETARY	CAFETERIA			SUPPLY	PHARMACY		SERVICE	
	9	10	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS											
Old Capital Related Costs-Buildings and Fixtures											1 1
Old Capital Related Costs-Movable Equipment											2 2
New Capital Related Costs-Buildings and Fixtures											3 3
New Capital Related Costs-Movable Equipment											4 4
Employee Benefits											5 5
Administrative and General											6 6
Maintenance and Repairs											7 7
Operation of Plant											8 8
Laundry and Linen Service											9 9
Housekeeping											10 10
Dietary				1							11 11
Cafeteria											12 12
Maintenance of Personnel						1					13 13
Nursing Administration							1				14 14
Central Services and Supply								1			15 15
Pharmacy									1		16 16
Medical Records & Medical Records Library											17 17
Social Service				1		1				1	18 18
				1		1				1	19 19
Other General Service (specify)											20 20
Nonphysician Anesthetists Nursing School										<u> </u>	20 20
Intern & Res. Service-Salary & Fringes (Approved)										<u> </u>	22 22
Intern & Res. Service-Salary & Fringes (Approved) Intern & Res. Other Program Costs (Approved)											23 23
Paramedical Ed. Program (specify)											24 24
INPATIENT ROUTINE SERVICE COST CENTERS											25 25
Adults and Pediatrics (General Routine Care)											25 25
Intensive Care Unit											26 26
Coronary Care Unit											27 27
Burn Intensive Care Unit											28 28
Surgical Intensive Care Unit											29 29
Other Special Care Unit (specify)											30 30
Subprovider (specify)											31 31
Nursery											33 33
Skilled Nursing Facility											34 34
Nursing Facility				<u> </u>		<u> </u>				<u> </u>	35 35
Other Long Term Care											36 36

4 CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

FORM

「ALLOCATION - GENERAL SERVICE COSTS				1		PROVIDER N	IO.:	PERIOD: FROM TO		WORKSHEET PART I		COS
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL 13		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		-
ANCILLARY SERVICE COST CENTERS	9	10	11	12	13	14	13	10	17	16	<u> </u>	
Operating Room											37	37
Recovery Room											38	38
Delivery Room and Labor Room											39	39
Anesthesiology											40	40
Radiology-Diagnostic											41	41
Radiology-Therapeutic											42	42
Radioisotope											43	43
Laboratory											44	44
PBP Clinical Laboratory Services-Program Only											45	45
Whole Blood & Packed Red Blood Cells											46	46
Blood Storing, Processing, & Trans.											47	47
Intravenous Therapy											48	48
Respiratory Therapy											49	49
Physical Therapy											50	50
Occupational Therapy											51	51
Speech Pathology											52	52
Electrocardiology											53	53
Electroencephalography											54	54
Medical Supplies Charged to Patients											55	55
Implantable Devices Charged to Patients											55.30	55.30
Drugs Charged to Patients											56	56
Renal Dialysis											57	57
ASC (Non-Distinct Part)											58	58
Other Ancillary (specify)											59	59
OUTPATIENT SERVICE COST CENTERS												
Clinic											60	60
Emergency											61	61
Observation Beds											62	62
Other Outpatient Service (specify)											63	63
OTHER REIMBURSABLE COST CENTERS												
Home Program Dialysis											64	64
Ambulance Services											65	65
Durable Medical Equipment-Rented											66	66
Durable Medical Equipment-Sold											67	67
Other Reimbursable (specify)											68	68
Outpatient Rehabilitation Provider (specify)											69	69
Intern-Resident Service (not appvd. tchng. prgm.)	THE WORKSH										70	70 EOD

4 CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361

FORM

97			FORM C	MS-2552-9	-					3690 (Co		_
Γ ALLOCATION - GENERAL SERVICE COST:						PROVIDER N	0.:	PERIOD: FROM TO		WORKSHEET PART I	B, CC	ST
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL 13	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18		
Home Health Agency											71 7	/1
SPECIAL PURPOSE COST CENTERS												
Lung Acquisition												32
Kidney Acquisition											83 8	33
Liver Acquisition											84 8	34
Heart Acquisition											85 8	35
Other Organ Acquisition (specify)											86 8	36
Ambulatory Surgical Center (Distinct Part)											92 9	92
Hospice											93 9	93
Other Special Purpose (specify)											94 9	94
SUBTOTALS (sum of lines 1-94)											95 9	95
NONREIMBURSABLE COST CENTERS												
Gift, Flower, Coffee Shop, & Canteen											96 9	96
Research											97 9	97
Physicians' Private Offices											98 9	98
Nonpaid Workers											99 9	99
Other Nonreimbursable (specify)											100 10)0
Cross Foot Adjustments											101 10)1
Negative Cost Centers											102 10)2
TOTAL (sum of lines 95-102)											103 10)3

4 CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

FORM

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F ALLOCATION - GENERAL SERVICE COSTS			1 011111 01	VID 2332)	PROVIDER N	IO:	PERIOD:		WORKSHEET	
							FROM		PART I	,
							ТО			
								INTERN &		
		NON-		INTERNS &	INTERNS &	PARA-		RESIDENT		
	OTHER	PHYSICIAN			RESIDENTS			COST & POST		
COST CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY &		EDUCATION		STEPDOWN		
	SERVICE	THETISTS	SCHOOL	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	
	19	20	21	22	23	24	25	26	27	
GENERAL SERVICE COST CENTERS										
Old Capital Related Costs-Buildings and Fixtures										1
Old Capital Related Costs-Movable Equipment	1									2
New Capital Related Costs-Buildings and Fixtures	1									3
New Capital Related Costs-Movable Equipment	1									4
Employee Benefits	1									5
Administrative and General	1									6
Maintenance and Repairs	1									7
Operation of Plant	1									8
Laundry and Linen Service	1									9
Housekeeping	1									10
Dietary	1									11
Cafeteria	1									12
Maintenance of Personnel	1									13
Nursing Administration	1									14
Central Services and Supply	1									15
Pharmacy	1									16
Medical Records & Medical Records Library	1									17
Social Service	1									18
Other General Service (specify)										19
Nonphysician Anesthetists										20
Nursing School										21
Intern & Res. Service-Salary & Fringes (Approved)										22
Intern & Res. Other Program Costs (Approved)						1				23
Paramedical Ed. Program (specify)							1			24
INPATIENT ROUTINE SERVICE COST CENTERS										
Adults and Pediatrics (General Routine Care)										25
Intensive Care Unit										26
Coronary Care Unit										27
Burn Intensive Care Unit	1						 			28
Surgical Intensive Care Unit	1						 			29
Other Special Care Unit (specify)	1	1		1		1	 		1	30
Subprovider (specify)	†	 		1			 		 	31
Nursery	†	 		1		1	 			33
Skilled Nursing Facility	1	1		1					1	34
Nursing Facility		-								35
Other Long Term Care		-								36
Other Long Term Care	1	1		1		<u> </u>		1	1	50

4 CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

「ALLOCATION - GENERAL SERVICE COSTS					PROVIDER N	O.:	PERIOD: FROM _		WORKSHEET PART I	В,
							TO TO		FARTI	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (specify)		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
ANCILLARY SERVICE COST CENTERS	17	20	21	22	23	24	23	20	27	
Operating Room										37
Recovery Room										38
Delivery Room and Labor Room										39
Anesthesiology										40
Radiology-Diagnostic										41
Radiology-Therapeutic										42
Radioisotope										43
Laboratory										44
PBP Clinical Laboratory Services-Program Only										45
Whole Blood & Packed Red Blood Cells										46
Blood Storing, Processing, & Trans.										47
Intravenous Therapy										48
Respiratory Therapy										49
Physical Therapy										50
Occupational Therapy										51
Speech Pathology										52
Electrocardiology										53
Electroencephalography										54
Medical Supplies Charged to Patients										55
Implantable Devices Charged to Patients										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify) OUTPATIENT SERVICE COST CENTERS										59
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										- 03
Home Program Dialysis										64
Ambulance Services		1		 	1	1		 	1	65
Durable Medical Equipment-Rented		i		 	i	i		 	1	66
Durable Medical Equipment-Sold				i				i		67
Other Reimbursable (specify)				1						68
Outpatient Rehabilitation Provider (specify)										69
Intern-Resident Service (not appvd. tchng. prgm.)		ĺ		İ						70

4 CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361

「ALLOCATION - GENERAL SERVICE COSTS				PROVIDER N	IO.:	PERIOD: FROM TO		WORKSHEET PART I	`B,
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS 20	NURSING SCHOOL 21	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (specify)		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
Home Health Agency									71
SPECIAL PURPOSE COST CENTERS									
Lung Acquisition									82
Kidney Acquisition									83
Liver Acquisition									84
Heart Acquisition									85
Other Organ Acquisition (specify)									86
Ambulatory Surgical Center (Distinct Part)									92
Hospice									93
Other Special Purpose (specify)									94
SUBTOTALS (sum of lines 1-94)									95
NONREIMBURSABLE COST CENTERS									
Gift, Flower, Coffee Shop, & Canteen									96
Research									97
Physicians' Private Offices									98
Nonpaid Workers									99
Other Nonreimbursable (specify)									100
Cross Foot Adjustments									101
Negative Cost Centers									102
TOTAL (sum of lines 95-102)									103

 $4\,CMS-2552-96\,(9/97)\,\,(INSTRUCTIONS\,FOR\,THIS\,WORKSHEET\,ARE\,PUBLISHED\,IN\,CMS\,PUB.\,15-II,\,SECTION\,361') \\$

ALLO	CATION OF OLD CAPITAL RELATED COSTS				<u> </u>	<u> </u>	PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART II		LLOC
		DIRECTLY ASSIGNED		APITAL D COSTS		APITAL D COSTS	gymmom.y		1 D) MYG	MARY			
	COST CENTER DESCRIPTIONS	OLD CAPITAI RELATED COSTS		MOVABLE EQUIPMENT	FIXTURES	MOVABLE EQUIPMENT		EMPLOYEE BENEFITS	GENERAL	REPAIRS	OPERATION OF PLANT		
	GENERAL SERVICE COST CENTERS	0	1	2	3	4	4A	5	6	7	8	 	
	Old Capital Related Costs-Buildings and Fixtures											1	1
	Old Capital Related Costs-Buildings and Fixtures Old Capital Related Costs-Movable Equipment											2	2
	New Capital Related Costs-Buildings and Fixtures											3	3
	New Capital Related Costs-Movable Equipment											4	4
	Employee Benefits								1			5	5
- 3	Administrative and General	-							<u> </u>	1		6	6
	Maintenance and Repairs										-	7	7
	Operation of Plant											8	8
	Laundry and Linen Service											9	9
	·												10
	Housekeeping												11
	Dietary												
	Cafeteria												12
	Maintenance of Personnel												13
	Nursing Administration												14
	Central Services and Supply												15
	Pharmacy												16
	Medical Records & Medical Records Library												17
	Social Service												18
	Other General Service (specify)												19
	Nonphysician Anesthetists												20
	Nursing School												21
	Intern & Res. Service-Salary & Fringes (Approved											22	22
	Intern & Res. Other Program Costs (Approved)												23
	Paramedical Education Program (specify)											24	24
	INPATIENT ROUTINE SERVICE COST CENTE	RS											
	Adults and Pediatrics (General Routine Care)												25
	Intensive Care Unit												26
	Coronary Care Unit												27
	Burn Intensive Care Unit												28
	Surgical Intensive Care Unit												29
	Other Special Care Unit (specify)												30
31	Subprovider (specify)											31	31
	Nursery											33	33
	Skilled Nursing Facility												34
35	Nursing Facility											35	35
36	Other Long Term Care											36	36

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3618)

FORM

ALLO	CATION OF OLD CAPITAL RELATED COSTS			<u> </u>	<u> </u>	<u> </u>	PROVIDER N	O.:	PERIOD: FROM TO _		WORKSHEET PART II		
	COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED OLD CAPITAI RELATED	OLD CAP RELATED BLDGS. &	COSTS	NEW CAI RELATED BLDGS. &		SUBTOTAL (sum of	EMPLOYEE	ADMINIS- TRATIVE &		OPERATION		
		COSTS 0	FIXTURES 1	EQUIPMENT 2	FIXTURES 3	EQUIPMENT 4	(cols. 0-4) 4A	BENEFITS 5	GENERAL 6	REPAIRS 7	OF PLANT 8	<u> </u>	-
	ANCILLARY SERVICE COST CENTERS		1	2	3	1	77.1	,	Ü	,			
37	Operating Room											37	37
	Recovery Room											38	38
	Delivery Room and Labor Room											39	39
	Anesthesiology											40	40
	Radiology-Diagnostic											41	41
	Radiology-Therapeutic											42	42 43
	Radioisotope											43	43
44	Laboratory											44	
	PBP Clinical Laboratory Services-Program Only											45	
	Whole Blood & Packed Red Blood Cells											46	
	Blood Storing, Processing, & Trans.											47	47
	Intravenous Therapy											48	48
	Respiratory Therapy											49	49
	Physical Therapy											50	50
	Occupational Therapy											51	51
	Speech Pathology											52	52
	Electrocardiology											53	53 54
	Electroencephalography											54	
	Medical Supplies Charged to Patients											55	
	Implantable Devices Charged to Patients												55.30
	Drugs Charged to Patients											56	
	Renal Dialysis											57	57
	ASC (Non-Distinct Part)							-		-		58	58
	Other Ancillary (specify) OUTPATIENT SERVICE COST CENTERS											59	59
													<i>C</i> 0
	Clinic							-	-	-		60 61	60
	Emergency Observation Beds											62	62
	Other Outpatient Service (specify)											63	63
	OTHER REIMBURSABLE COST CENTERS											0.5	0.5
	Home Program Dialysis											64	64
	Ambulance Services						-	 		 	 	65	65
	Durable Medical Equipment-Rented											66	
	Durable Medical Equipment-Sold											67	67
	Other Reimbursable (specify)							l		l	i e	68	68
	Outpatient Rehabilitation Provider (specify)	1										69	69
70	Intern-Resident Service (not appvd. tchng. prgm.)	1										70	
70	mem resident service (not appvu, tenng, pigin.)			<u> </u>				<u> </u>	1	L	I.	70	70

FORM CMS-2552-96 (01/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3618)

FORM

0))				I CIMI CI	110 2332 7			_			3070 (C		
ALLO	CATION OF OLD CAPITAL RELATED COST	TS .					PROVIDER N	O.:	PERIOD:		WORKSHEET	В,	ALLC
									FROM		PART II		
		-		,				_	TO		ļ		
		DIRECTLY	OLD CAP		NEW CAI								
		ASSIGNED	RELATED	COSTS	RELATED	COSTS							
		OLD CAPITAI					SUBTOTAL		ADMINIS-	MAIN-			
	COST CENTER DESCRIPTIONS	RELATED	BLDGS. &	MOVABLE	BLDGS. &	MOVABLE	(sum of	EMPLOYEE			OPERATION		
		COSTS	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT	(cols. 0-4)	BENEFITS	GENERAL	REPAIRS	OF PLANT		
		0	1	2	3	4	4A	5	6	7	8		
71	Home Health Agency											71	71
	SPECIAL PURPOSE COST CENTERS												
	Lung Acquisition											82	82
83	Kidney Acquisition											83	83
84	Liver Acquisition											84	84
85	Heart Acquisition											85	85
86	Other Organ Acquisition (specify)											86	8
92	Ambulatory Surgical Center (Distinct Part)											92	92
93	Hospice											93	93
94	Other Special Purpose (specify)											94	94
95	SUBTOTALS (sum of lines 1-94)											95	95
	NONREIMBURSABLE COST CENTERS												
96	Gift, Flower, Coffee Shop, & Canteen											96	96
97	Research											97	97
98	Physicians' Private Offices											98	98
99	Nonpaid Workers											99	99
100	Other Nonreimbursable (specify)											100	100
101	Cross Foot Adjustments											101	101
102	Negative Cost Centers											102	102
103	TOTAL (sum lines 95-102)											103	103

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3618)

FORM

5 FORM CMS-2552-96 3690 (Cont.) 01-1

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CATION OF OLD CAPITAL RELATED COST:						PROVIDER N	O.:	PERIOD:		WORKSHEET	B, ALLC
								FROM		PART II	
			1	T	1			TO			
											1
											1
	LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		1
COST CENTER DESCRIPTIONS	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &		1
	SERVICE	KEEPING	DIETARY		PERSONNEL	TRATION	SUPPLY	PHARMACY		SERVICE	<u> </u>
	9	10	11	12	13	14	15	16	17	18	<u></u>
GENERAL SERVICE COST CENTERS											
Old Capital Related Costs-Buildings and Fixture	s										1 1
Old Capital Related Costs-Movable Equipment											2 2
New Capital Related Costs-Buildings and Fixture	es										3 3
New Capital Related Costs-Movable Equipment											4 4
Employee Benefits											5 5
Administrative and General											6 6
Maintenance and Repairs											7 7
Operation of Plant											8 8
Laundry and Linen Service											9 9
Housekeeping			1								10 10
Dietary				1							11 11
Cafeteria					1						12 12
Maintenance of Personnel						1					13 13
Nursing Administration											14 14
Central Services and Supply								1			15 15
Pharmacy											16 16
Medical Records & Medical Records Library							 	 		1	17 17
Social Service											18 18
Other General Service (specify)											19 19
Nonphysician Anesthetists											20 20
Nursing School											21 21
Intern & Res. Service-Salary & Fringes (Approve	ad)										22 22
Intern & Res. Other Program Costs (Approved)	cu)						1	1			23 23
Paramedical Education Program (specify)							1	1			24 24
INPATIENT ROUTINE SERVICE COST CEN	repe										24 24
	LEND										25 25
Adults and Pediatrics (General Routine Care)											25 25
Intensive Care Unit											26 26
Coronary Care Unit											27 27
Burn Intensive Care Unit							-	ļ			28 28
Surgical Intensive Care Unit											29 29
Other Special Care Unit (specify)											30 30
Subprovider (specify)											31 31
Nursery											33 33
Skilled Nursing Facility											34 34
Nursing Facility											35 35
Other Long Term Care											36 36

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)

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FORM

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3	FORM CMS-2552-96	2600 (0 .) 01 1
1	HORM (MS 2552) 46	3690 (Cont.) 01-1

CATION OF OLD CAPITAL RELATED COST:						PROVIDER N	IO.:	PERIOD: FROM TO		WORKSHEET PART II		
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY	PHARMACY 16	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 18		-
ANCILLARY SERVICE COST CENTERS		10	11	12	13	17	15	10	17	10		
Operating Room											37	37
Recovery Room											38	38
Delivery Room and Labor Room											39	39
Anesthesiology											40	40
Radiology-Diagnostic											41	41
Radiology-Therapeutic											42	42
Radioisotope											43	43
Laboratory											44	44
PBP Clinical Laboratory Services-Program Only											45	45
Whole Blood & Packed Red Blood Cells											46	46
Blood Storing, Processing, & Trans.											47	47
Intravenous Therapy											48	48
Respiratory Therapy											49	49
Physical Therapy											50	50
Occupational Therapy											51	51
Speech Pathology											52	52
Electrocardiology											53	53
Electroencephalography											54	54
Medical Supplies Charged to Patients											55	55
Implantable Devices Charged to Patients											55.30	55.30
Drugs Charged to Patients											56	56
Renal Dialysis											57	57
ASC (Non-Distinct Part)											58	58
Other Ancillary (specify)											59	59
OUTPATIENT SERVICE COST CENTERS												
Clinic											60	60
Emergency											61	61
Observation Beds											62	62
Other Outpatient Service (specify)											63	63
OTHER REIMBURSABLE COST CENTERS												
Home Program Dialysis				 	 			1		1	64	64
Ambulance Services											65	65
Durable Medical Equipment-Rented											66	66
Durable Medical Equipment-Sold				 	 			1		1	67	67
Other Reimbursable (specify)											68	68
Outpatient Rehabilitation Provider (specify)	,			 	 						69	69 70
Intern-Resident Service (not appvd. tchng. prgm)										70	70

CMS-2552-96 (01/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361

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FORM CMS-2552-96	3690 (Cont.) 09-9
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CATION OF OLD CAPITAL RELATED COST	T:					PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART II	`В,	ALLO
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY	PHARMACY 16	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 18		
Home Health Agency											71	71
SPECIAL PURPOSE COST CENTERS												
Lung Acquisition											82	82
Kidney Acquisition											83	83
Liver Acquisition											84	84
Heart Acquisition											85	85
Other Organ Acquisition (specify)											86	86
Ambulatory Surgical Center (Distinct Part)											92	92
Hospice											93	93
Other Special Purpose (specify)											94	94
SUBTOTALS (sum of lines 1-94)											95	95
NONREIMBURSABLE COST CENTERS												
Gift, Flower, Coffee Shop, & Canteen											96	96
Research											97	97
Physicians' Private Offices											98	98
Nonpaid Workers											99	99
Other Nonreimbursable (specify)											100	100
Cross Foot Adjustments											101	101
Negative Cost Centers											102	102
TOTAL (sum lines 95-102)											103	103

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361:

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CATION OF OLD CAPITAL RELATED COST					PROVIDER N	Ю.:	PERIOD: FROM TO _		WORKSHEET PART II	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS 20	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY & FRINGES		PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL 25	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS										
Old Capital Related Costs-Buildings and Fixtures										1
Old Capital Related Costs-Movable Equipment										2
New Capital Related Costs-Buildings and Fixtures										3
New Capital Related Costs-Movable Equipment										4
Employee Benefits										5
Administrative and General										6
Maintenance and Repairs										7
Operation of Plant										8
Laundry and Linen Service										9
Housekeeping										10
Dietary										11
Cafeteria										12
Maintenance of Personnel										13
Nursing Administration										14
Central Services and Supply										15
Pharmacy										16
Medical Records & Medical Records Library										17
Social Service										18
Other General Service (specify)		1								19
Nonphysician Anesthetists										20
Nursing School				1						21
Intern & Res. Service-Salary & Fringes (Approved)				1					22
Intern & Res. Other Program Costs (Approved)										23
Paramedical Education Program (specify)										24
INPATIENT ROUTINE SERVICE COST CENTE	RS									
Adults and Pediatrics (General Routine Care)										25
Intensive Care Unit									İ	26
Coronary Care Unit										27
Burn Intensive Care Unit	İ									28
Surgical Intensive Care Unit									İ	29
Other Special Care Unit (specify)										30
Subprovider (specify)	İ									31
Nursery									İ	33
Skilled Nursing Facility	İ									34
Nursing Facility	İ								İ	35
Other Long Term Care										36

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361:

21 36-539

CATION OF OLD CAPITAL RELATED COST					PROVIDER N	O.:	PERIOD: FROM _		WORKSHEET PART II	`В,
							TO TO		174111	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY & FRINGES	RESIDENTS	PARA- MEDICAL EDUCATION (SPECIFY)		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
ANCILLARY SERVICE COST CENTERS	19	20	21	22	23	24	25	20	21	
Operating Room										37
Recovery Room										38
Delivery Room and Labor Room										39
Anesthesiology										40
Radiology-Diagnostic										41
Radiology-Therapeutic										42
Radioisotope										43
Laboratory										44
PBP Clinical Laboratory Services-Program Only										45
Whole Blood & Packed Red Blood Cells										46
Blood Storing, Processing, & Trans.										47
Intravenous Therapy										48
Respiratory Therapy										49
Physical Therapy										50
Occupational Therapy										51
Speech Pathology										52
Electrocardiology										53
Electroencephalography										54
Medical Supplies Charged to Patients										55
Implantable Devices Charged to Patients										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										100
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS Home Program Dialysis										64
										65
Ambulance Services Durable Medical Equipment-Rented							-			66
Durable Medical Equipment-Rented Durable Medical Equipment-Sold	1								 	67
Other Reimbursable (specify)	1						-			68
Outpatient Rehabilitation Provider (specify)	1								1	69
Intern-Resident Service (not appvd. tchng. prgm.)										70
michi-resident service (not appvd. tening. prgm.)										70

CMS-2552-96 (01/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361

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CATION OF OLD CAPITAL RELATED COST				PROVIDER N		PERIOD: FROM TO _		WORKSHEET B, PART II		
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 19	NON- PHYSICIAN ANES- THETISTS 20	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY & FRINGES 22	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
Home Health Agency										71
SPECIAL PURPOSE COST CENTERS										
Lung Acquisition										82
Kidney Acquisition										83
Liver Acquisition										84
Heart Acquisition										85
Other Organ Acquisition (specify)										86
Ambulatory Surgical Center (Distinct Part)										92
Hospice										93
Other Special Purpose (specify)										94
SUBTOTALS (sum of lines 1-94)										95
NONREIMBURSABLE COST CENTERS										
Gift, Flower, Coffee Shop, & Canteen										96
Research										97
Physicians' Private Offices										98
Nonpaid Workers										99
Other Nonreimbursable (specify)										100
Cross Foot Adjustments										101
Negative Cost Centers										102
TOTAL (sum lines 95-102)										103

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361:

1 36-541

ALLO	CATION OF NEW CAPITAL RELATED COSTS						PROVIDER N	TO.:	PERIOD: FROM TO		WORKSHEET PART III		LLOC
	COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED	RELATE	APITAL ED COSTS	RELATE	EAPITAL ED COSTS	SUBTOTAL	EMBI OVEE	ADMINIS-	MAIN-	ODED ATION		
	COST CENTER DESCRIPTIONS	COSTS 0		MOVABLE EQUIPMENT 2		MOVABLE EQUIPMENT 4		EMPLOYEE BENEFITS 5	TRATIVE & GENERAL 6	REPAIRS	OPERATION OF PLANT 8	<u> </u>	
	GENERAL SERVICE COST CENTERS			_									\neg
	Old Capital Related Costs-Buildings and Fixtures											1	1
	Old Capital Related Costs-Movable Equipment											2	2
	New Capital Related Costs-Buildings and Fixtures						1					3	3
	New Capital Related Costs-Movable Equipment											4	4
	Employee Benefits											5	5
	Administrative and General									1		6	6
7	Maintenance and Repairs										1	7	7
	Operation of Plant											8	8
	Laundry and Linen Service											9	9
10	Housekeeping											10	10
	Dietary											11	11
12	Cafeteria											12	12
13	Maintenance of Personnel											13	13
14	Nursing Administration											14	14
15	Central Services and Supply											15	15
	Pharmacy											16	16
	Medical Records & Medical Records Library											17	17
18	Social Service											18	18
19	Other General Service (specify)											19	19
20	Nonphysician Anesthetists											20	20
21	Nursing School											21	21
22	Intern & Res. Service-Salary & Fringes (Approved)											22	22
23	Intern & Res. Other Program Costs (Approved)											23	23
24	Paramedical Education Program (specify)											24	24
	INPATIENT ROUTINE SERVICE COST CENTERS												
	Adults and Pediatrics (General Routine Care)											25	25
	Intensive Care Unit											26	26
	Coronary Care Unit											27	27
	Burn Intensive Care Unit											28	28
	Surgical Intensive Care Unit											29	29
	Other Special Care Unit (specify)											30	30
	Subprovider (specify)											31	31
	Nursery											33	33
	Skilled Nursing Facility											34	34
	Nursing Facility											35	35
36	Other Long Term Care									<u> </u>		36	36

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3618)

FORM (

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ALLOCATION OF NEW CAPITAL RELATED COSTS						PROVIDER N	IO.:	PERIOD: FROM TO		WORKSHEET PART III		ALLOC
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	RELATE BLDGS. &	APITAL ED COSTS MOVABLE EQUIPMENT	RELATE BLDGS. &	EAPITAL ED COSTS MOVABLE FOUIPMENT		EMPLOYEE	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT		
	0	1	2	3	4	4A	5	6	7	8		
ANCILLARY SERVICE COST CENTERS	S											
37 Operating Room											37	37
38 Recovery Room											38	38
39 Delivery Room and Labor Room											39	39
40 Anesthesiology											40	40
41 Radiology-Diagnostic											41	41
42 Radiology-Therapeutic											42	42
43 Radioisotope											43	43
44 Laboratory											44	44
45 PBP Clinical Laboratory Services-Program Only											45	45
46 Whole Blood & Packed Red Blood Cells											46	46
47 Blood Storing, Processing, & Trans.											47	47
48 Intravenous Therapy											48	48
49 Respiratory Therapy											49	49
50 Physical Therapy											50	50
51 Occupational Therapy											51	51
52 Speech Pathology											52	52
53 Electrocardiology											53	53
54 Electroencephalography											54	54
55 Medical Supplies Charged to Patients											55	55
55.30 Implantable Devices Charged to Patients											55.30	55.30
56 Drugs Charged to Patients											56	56
57 Renal Dialysis											57	57
58 ASC (Non-Distinct Part)											58	58
59 Other Ancillary (specify)											59	59
OUTPATIENT SERVICE COST CENTERS												
60 Clinic											60	60
61 Emergency											61	61
62 Observation Beds											62	62
63 Other Outpatient Service (specify)											63	63
OTHER REIMBURSABLE COST CENTERS												
64 Home Program Dialysis											64	64
65 Ambulance Services											65	65
66 Durable Medical Equipment-Rented					1		Ì			1	66	66
67 Durable Medical Equipment-Sold											67	67
68 Other Reimbursable (specify)											68	68
69 Outpatient Rehabilitation Provider (specify)											69	69
70 Intern-Resident Service (not appvd. tchng. prgm.)					1		1			1	70	70

ALLO	CATION OF NEW CAPITAL RELATED COSTS						PROVIDER N	O.:	PERIOD: FROM		WORKSHEET PART III	В,	ALLOC
									TO				
		DIRECTLY		APITAL		APITAL							
		ASSIGNED	RELATE	ED COSTS	RELATE	ED COSTS	arypmom.y		1 D) M) M	344734			
	COOK CENTED DESCRIPTIONS	NEW CAPITAL	DI DOG 0	MOVADIE	DI DOG 0	MOMARIE	SUBTOTAL	EMBLOWEE	ADMINIS-	MAIN-	ODED ATION		
	COST CENTER DESCRIPTIONS	RELATED	BLDGS. &	MOVABLE	BLDGS. &		(sum of	EMPLOYEE	TRATIVE &	TENANCE &	OPERATION		
		COSTS	FIXTURES	EQUIPMENT		EQUIPMENT		BENEFITS	GENERAL	REPAIRS	OF PLANT	—	
71	W W 14 A	0	1	2	3	4	4A	5	6	-/	8	71	- 71
/1	Home Health Agency											71	71
00	SPECIAL PURPOSE COST CENTERS											- 00	- 00
	Lung Acquisition											82	82 83
	Kidney Acquisition											83	
	Liver Acquisition											84	84
	Heart Acquisition											85	85 86
	Other Organ Acquisition (specify)											86	
	Ambulatory Surgical Center (Distinct Part)											92	92
	Hospice											93	93
	Other Special Purpose (specify)											94	94
95	SUBTOTALS (sum of lines 1-94)											95	95
0.6	NONREIMBURSABLE COST CENTERS											0.6	- 0.0
	Gift, Flower, Coffee Shop, & Canteen											96	96
	Research											97	97
	Physicians' Private Offices											98	98
	Nonpaid Workers											99	99
	Other Nonreimbursable (specify)											100	100
	Cross Foot Adjustments											101	101
	Negative Cost Centers											102	102
103	TOTAL (sum lines 95-102)											103	103

 $FORM\ CMS-2552-96\ (9/96)\ \ (INSTRUCTIONS\ FOR\ THIS\ WORKSHEET\ ARE\ PUBLISHED\ IN\ CMS\ PUB.\ 15-II,\ SECTION\ 3618)$

FORM (

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			FORM C	WIS-2332-9	U						ont.) 10-
ATION OF NEW CAPITAL RELATED COSTS						PROVIDER N	IO.:	PERIOD:		WORKSHEET	ΓB, ALL
								FROM		PART III	
								TO			
	LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		
COST CENTER DESCRIPTIONS	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL	
	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
	9	10	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS											
Old Capital Related Costs-Buildings and Fixtures											1 1
Old Capital Related Costs-Movable Equipment	1										2 2
New Capital Related Costs-Buildings and Fixtures											3 3
New Capital Related Costs-Movable Equipment											4 4
Employee Benefits	1										5 5
Administrative and General	1										6 6
Maintenance and Repairs											7 7
Operation of Plant	-										8 8
Laundry and Linen Service											9 9
·			1								10 10
Housekeeping Dietary				-							11 11
Cafeteria					1						12 12
Maintenance of Personnel							4				13 13
Nursing Administration											14 14
Central Services and Supply											15 15
Pharmacy										4	16 16
Medical Records & Medical Records Library											17 17
Social Service											18 18
Other General Service (specify)											19 19
Nonphysician Anesthetists											20 20
Nursing School											21 21
Intern & Res. Service-Salary & Fringes (Approved)											22 22
Intern & Res. Other Program Costs (Approved)											23 23
Paramedical Education Program (specify)											24 24
INPATIENT ROUTINE SERVICE COST CENTERS											
Adults and Pediatrics (General Routine Care)											25 25
Intensive Care Unit											26 26
Coronary Care Unit											27 27
Burn Intensive Care Unit											28 28
Surgical Intensive Care Unit											29 29
Other Special Care Unit (specify)											30 30
Subprovider (specify)											31 31
Nursery				Ì	1		Ì		1	Ì	33 33
Skilled Nursing Facility									1	Ì	34 34
Nursing Facility	1										35 35
Other Long Term Care									 		36 36

CMS-2552-96 (09/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361:

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ATION OF NEW CAPITAL RELATED COST:						PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART III	ГВ, ALLO
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY	PHARMACY 16	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 18	_
ANCILLARY SERVICE COST CENTERS											
Operating Room											37 37
Recovery Room											38 38
Delivery Room and Labor Room											39 39
Anesthesiology											40 40
Radiology-Diagnostic											41 41
Radiology-Therapeutic											42 42
Radioisotope											43 43
Laboratory											44 44
PBP Clinical Laboratory Services-Program Only											45 45
Whole Blood & Packed Red Blood Cells											46 46
Blood Storing, Processing, & Trans.											47 47
Intravenous Therapy											48 48
Respiratory Therapy											49 49
Physical Therapy											50 50
Occupational Therapy											51 51
Speech Pathology											52 52
Electrocardiology											53 53
Electroencephalography											54 54
Medical Supplies Charged to Patients											55 55
Implantable Devices Charged to Patients											55.30 55.30
Drugs Charged to Patients											56 56
Renal Dialysis											57 57
ASC (Non-Distinct Part)											58 58
Other Ancillary (specify)											59 59
OUTPATIENT SERVICE COST CENTERS											
Clinic											60 60
Emergency											61 61
Observation Beds											62 62
Other Outpatient Service (specify)											63 63
OTHER REIMBURSABLE COST CENTERS											
Home Program Dialysis											64 64
Ambulance Services											65 65
Durable Medical Equipment-Rented											66 66
Durable Medical Equipment-Sold											67 67
Other Reimbursable (specify)											68 68
Outpatient Rehabilitation Provider (specify)											69 69
Intern-Resident Service (not appvd. tchng. prgm.)											70 70

i	FORM CMS-2552-96		3690 (Cont.) 07-0
ATION OF NEW CAPITAL RELATED COSTS	PROVIDER NO.:	PERIOD:	WORKSHEET B,	ALLO

ATION OF NEW CAPITAL RELATED COSTS						PROVIDER N	O.:	PERIOD: FROM TO		WORKSHEET PART III	ГВ,	ALLO
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY	PHARMACY 16	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 18		
Home Health Agency											71	71
SPECIAL PURPOSE COST CENTERS												
Lung Acquisition											82	82
Kidney Acquisition											83	83
Liver Acquisition											84	84
Heart Acquisition											85	85
Other Organ Acquisition (specify)											86	86
Ambulatory Surgical Center (Distinct Part)											92	92
Hospice											93	93
Other Special Purpose (specify)											94	94
SUBTOTALS (sum of lines 1-94)											95	95
NONREIMBURSABLE COST CENTERS												
Gift, Flower, Coffee Shop, & Canteen											96	96
Research											97	97
Physicians' Private Offices											98	98
Nonpaid Workers											99	99
Other Nonreimbursable (specify)											100	100
Cross Foot Adjustments											101	101
Negative Cost Centers											102	102
TOTAL (sum lines 95-102)											103	103

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)

FORM

36-547 Rev.

CATION OF NEW CAPITAL RELATED COSTS			1 014.7 0.	VID 2332 70	PROVIDER NO.:		PERIOD: FROMTO		WORKSHEET PART III	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY AND FRINGES 22	INTERNS & RESIDENTS PROGRAM COSTS 23	PARAMEDICAL EDUCATION (SPECIFY) 24		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS	1)	20	21		25	2-1	23	20	2,	
Old Capital Related Costs-Buildings and Fixtures										1
Old Capital Related Costs-Movable Equipment	1									2
New Capital Related Costs-Buildings and Fixtures	1									3
New Capital Related Costs-Movable Equipment	1									4
Employee Benefits	1									5
Administrative and General	1									5
Maintenance and Repairs	4									7
Operation of Plant	4									8
Laundry and Linen Service	4									9
Housekeeping	+									10
Dietary	+									11
Cafeteria	+									12
Maintenance of Personnel	4									13
Nursing Administration	4									14
	4									15
Central Services and Supply	4									16
Pharmacy Madical Passada & Madical Passada Vibrary	4									17
Medical Records & Medical Records Library	4									18
Social Service										19
Other General Service (specify)										
Nonphysician Anesthetists				ł						20
Nursing School					-					21
Intern & Res. Service-Salary & Fringes (Approved)						4				22
Intern & Res. Other Program Costs (Approved)							1			23
Paramedical Education Program (specify)										24
INPATIENT ROUTINE SERVICE COST CENTERS										-
Adults and Pediatrics (General Routine Care)	_							.		25
Intensive Care Unit	_							.		26
Coronary Care Unit										27
Burn Intensive Care Unit										28
Surgical Intensive Care Unit										29
Other Special Care Unit (specify)										30
Subprovider (specify)										31
Nursery										33
Skilled Nursing Facility										34
Nursing Facility	ļ									35
Other Long Term Care										36

1 CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361:

CATION OF NEW CAPITAL RELATED COSTS				VIS 2332)(PROVIDER NO.:		PERIOD: FROMTO		WORKSHEET PART III	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS 20	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY AND FRINGES 22	INTERNS & RESIDENTS PROGRAM COSTS 23	PARAMEDICAL EDUCATION (SPECIFY)		INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
ANCILLARY SERVICE COST CENTERS		=-				= :				
Operating Room										37
Recovery Room										38
Delivery Room and Labor Room										39
Anesthesiology										40
Radiology-Diagnostic										41
Radiology-Therapeutic										42
Radioisotope										43
Laboratory										44
PBP Clinical Laboratory Services-Program Only										45
Whole Blood & Packed Red Blood Cells										46
Blood Storing, Processing, & Trans.										47
Intravenous Therapy										48
Respiratory Therapy										49
Physical Therapy										50
Occupational Therapy										51
Speech Pathology										52
Electrocardiology										53
Electroencephalography										54 55
Medical Supplies Charged to Patients										
Implantable Devices Charged to Patients										55.30
Drugs Charged to Patients Renal Dialysis										56 57
ASC (Non-Distinct Part)										
Other Ancillary (specify)								<u> </u>		58 59
OUTPATIENT SERVICE COST CENTERS										39
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										- 03
Home Program Dialysis										64
Ambulance Services										65
Durable Medical Equipment-Rented								 	 	66
Durable Medical Equipment-Sold										67
Other Reimbursable (specify)										68
Outpatient Rehabilitation Provider (specify)								 		69
Intern-Resident Service (not appvd. tchng. prgm.)									†	70

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ľ	9 FORM CMS-2552-96	3690 (Cont.)

CATION OF NEW CAPITAL RELATED COSTS					PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET PART III	В,
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY AND FRINGES 22	INTERNS & RESIDENTS PROGRAM COSTS 23	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 25	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27	
Home Health Agency		=,				= :				71
SPECIAL PURPOSE COST CENTERS										
Lung Acquisition										82
Kidney Acquisition										83
Liver Acquisition										84
Heart Acquisition										85
Other Organ Acquisition (specify)										86
Ambulatory Surgical Center (Distinct Part)										92
Hospice										93
Other Special Purpose (specify)										94
SUBTOTALS (sum of lines 1-94)										95
NONREIMBURSABLE COST CENTERS										
Gift, Flower, Coffee Shop, & Canteen										96
Research										97
Physicians' Private Offices										98
Nonpaid Workers										99
Other Nonreimbursable (specify)										100
Cross Foot Adjustments										101
Negative Cost Centers										102
TOTAL (sum lines 95-102)										103

1 CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361)

~~~				T OIGHT CIVI	5 2552 76			Inna		•	00111.) 00 7
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER NO:	:	PERIOD:		WORKSHEET B	3-1 COST
								FROM			
								то			
			RELATED COST					ADMINIS-	MAIN-	!	
		BLDGS. &	MOVABLE	BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT	
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1 1
2	Old Capital Related Costs-Movable Equipment					1				!	2 2
	New Capital Related Costs-Buildings and Fixtures					1				!	3 3
	New Capital Related Costs-Movable Equipment					1				!	4 4
	Employee Benefits									!	5 5
6	Administrative and General								1		6 6
	Maintenance and Repairs		1		1	1				1	7 7
	Operation of Plant		1		1	1					8 8
	Laundry and Linen Service										9 9
	Housekeeping									<del> </del>	10 10
	Dietary									<del> </del>	11 11
	Cafeteria									<del> </del>	12 12
	Maintenance of Personnel										13 13
	Nursing Administration										14 14
	Central Services and Supply										15 15
	Pharmacy										16 16
	Medical Records & Medical Records Library									<u> </u>	17 17
	Social Service									<u> </u>	18 18
										<u> </u>	19 19
	Other General Service (specify)									<u> </u>	
	Nonphysician Anesthetists										
	Nursing School										
	Intern & Res. Service-Salary & Fringes (Approved)									<b></b> '	22 22
	Intern & Res. Other Program Costs (Approved)									<b></b> '	23 23
	Paramedical Education Program (specify)										24 24
	INPATIENT ROUTINE SERVICE COST CENTERS										
	Adults and Pediatrics (General Routine Care)									ļ	25 25
	Intensive Care Unit										26 26
	Coronary Care Unit									ļ	27 27
	Burn Intensive Care Unit									ļ	28 28
	Surgical Intensive Care Unit									ļ	29 29
	Other Special Care Unit (specify)										30 30
31	Subprovider (specify)										31 31
	Nursery										33 33
	Skilled Nursing Facility										34 34
35	Nursing Facility										35 35
36	Other Long Term Care										36 36

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

FORM

07 07				T OIGHT CIVI	5 2552 70					3070 (0		
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER NO:	:	PERIOD:		WORKSHEET E	8-1	COST
								FROM				
								TO				
		OLD CAPITAL	RELATED COST	NEW CAPITAL	RELATED COST			ADMINIS-	MAIN-			
		BLDGS. &	MOVABLE	BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION		
		FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT		
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE		
	COST CENTER DESCRIPTIONS											
		FEET)	VALUE)	FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)		_
		1	2	3	4	5	6A	6	7	8		
	ANCILLARY SERVICE COST CENTERS											
	Operating Room										37	
	Recovery Room										38	
	Delivery Room and Labor Room										39	
	Anesthesiology										40	
41	Radiology-Diagnostic										41	41
	Radiology-Therapeutic										42	
	Radioisotope										43	
	Laboratory										44	
	PBP Clinical Laboratory Services-Program Only										45	
	Whole Blood & Packed Red Blood Cells										46	
	Blood Storing, Processing, & Trans.										47	
		+			-	-		+	-		48	
	Intravenous Therapy											
	Respiratory Therapy										49	
50	Physical Therapy										50	
	Occupational Therapy										51	
	Speech Pathology										52	52
53	Electrocardiology										53	
54	Electroencephalography										54	54
	Medical Supplies Charged to Patients										55	55
55.30	Implantable Devices Charged to Patients										55.30	55.30
	Drugs Charged to Patients										56	56
	Renal Dialysis										57	
	ASC (Non-Distinct Part)										58	
	Other Ancillary (specify)										59	
	OUTPATIENT SERVICE COST CENTERS										39	39
											60	
	Clinic	+			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	+	<del>                                     </del>	1	60	
	Emergency										61	61
	Observation Beds										62	
	Other Outpatient Service (specify)										63	63
	OTHER REIMBURSABLE COST CENTERS											
	Home Program Dialysis										64	
65	Ambulance Services										65	65
66	Durable Medical Equipment-Rented										66	
	Durable Medical Equipment-Sold										67	67
	Other Reimbursable (specify)	1			1	1	<u> </u>		<u> </u>		68	
	Outpatient Rehabilitation Provider (specify)										69	69
70	Intern-Resident Service (not appvd. tchng. prgm.)				<del> </del>	<del> </del>			<del> </del>		70	
70	intern-kesident Service (not appvd. tcnng. prgm.)										70	/0

08-97				FORM CM	S-2552-96					3690 (Co	ont.)	07-09
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER NO:		PERIOD: FROM TO		WORKSHEET B-	1 (	COST 1
	COST CENTER DESCRIPTIONS	OLD CAPITAL BLDGS. & FIXTURES (SQUARE FEET)	RELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	NEW CAPITAL BLDGS. & FIXTURES (SQUARE FEET)	RELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL- IATION 6A	ADMINIS- TRATIVE & GENERAL (ACCUM. COST)	MAIN- TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET) 8		
	Home Health Agency										71	71
	SPECIAL PURPOSE COST CENTERS											
	Lung Acquisition										82	82
	Kidney Acquisition										83	83
	Liver Acquisition										84	84
	Heart Acquisition										85	85
	Other Organ Acquisition (specify)										86	86
	Ambulatory Surgical Center (Distinct Part)										92	92
	Hospice										93	93
	Other Special Purpose (specify)										94	94
95	SUBTOTALS (sum of lines 1-94)										95	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, & Canteen										96	96
97	Research										97	97
98	Physicians' Private Offices										98	98
99	Nonpaid Workers										99	99
100	Other Nonreimbursable (specify)										100	100
101	Cross foot adjustments										101	101
102	Negative cost centers										102	102
	Cost to be allocated (per Wkst. B, Part I)										103	103
	Unit cost multiplier (Wkst. B, Part I)										104	104
	Cost to be allocated (per Wkst. B, Part II)										105	105
	Unit cost multiplier (Wkst. B, Part II)										106	106
	Cost to be allocated (per Wkst. B, Part III)										107	107
	Unit cost multiplier (Wkst. B, Part III)										108	108

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3617)

FORM

36-553 Rev.

ALLOCATION - STATISTICAL BASIS			T OILL C	110 2332 )		PROVIDER N	0.	PERIOD:		WORKSHEET	B 1 CC	OST A
ALLOCATION - STATISTICAL BASIC						FROVIDER N	0.	FROM		WORKSHEET	B-1 CC	<i>J</i> 31 <i>F</i>
								TO TO				
	LAUNDRY				MAIN-	NURSING	CENTRAL	10	MEDICAL	<del>                                     </del>	T	
	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL		
	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE		
COST CENTER DESCRIPTIONS	(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME		
COST CENTER DESCRIPTIONS			,	SERVED)	`	`		,		,		
	LAUNDRY)	SERVICE)	SERVED)		HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	SPENT)	<del></del>	
GENERAL SERVICE COST CENTERS	9	10	11	12	13	14	15	16	17	18	<del></del>	—
											<del></del>	
Old Capital Related Costs-Buildings and Fixtures											2	1
Old Capital Related Costs-Movable Equipment												2
New Capital Related Costs-Buildings and Fixtures											3	
New Capital Related Costs-Movable Equipment											4	4
Employee Benefits											5	5
Administrative and General											6	6
Maintenance and Repairs											7	7
Operation of Plant											8	8
Laundry and Linen Service											9	9
Housekeeping											10	10
Dietary											11	11
Cafeteria											12	12
Maintenance of Personnel											13	13
Nursing Administration											14	14
Central Services and Supply											15	15
Pharmacy											16	16
Medical Records & Medical Records Library											17	17
Social Service											18	18
Other General Service (specify)											19	19
Nonphysician Anesthetists											20	20
Nursing School											21	21
Intern & Res. Service-Salary & Fringes (Approved)											22	22
Intern & Res. Other Program Costs (Approved)											23	23
Paramedical Education Program (specify)											24	24
INPATIENT ROUTINE SERVICE COST CENTERS												
Adults and Pediatrics (General Routine Care)											25	25
Intensive Care Unit										1	26	26
Coronary Care Unit										1		27
Burn Intensive Care Unit											28	28
Surgical Intensive Care Unit											29	29
Other Special Care Unit (specify)											30	30
Subprovider (specify)				1						<del>                                     </del>		31
Nursery				1						<del>                                     </del>		33
Skilled Nursing Facility				1						<del>                                     </del>	34	34
Nursing Facility										<del>                                     </del>	35	35
Other Long Term Care						 	 	<del>l</del>		-	36	36
Other Long Term Care				1		l				<u> </u>	30	30

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

FORM

ALLOCATION - STATISTICAL BASIS			T OTHER C	2002 )	<u> </u>	PROVIDER N	(O.	PERIOD:		WORKSHEET		
ALLOCATION - STATISTICAL BASIS						PROVIDER N	O:	FROM		WORKSHEET	D-1	COSTA
				Ī				TO				
	LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL			
	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL		
	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE		
COST CENTER DESCRIPTIONS	(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME		
	LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	SPENT)		
	9	10	11	12	13	14	15	16	17	18		
ANCILLARY SERVICE COST CENTERS												
Operating Room											37	37
Recovery Room											38	38
Delivery Room and Labor Room											39	39
Anesthesiology											40	40
Radiology-Diagnostic											41	41
Radiology-Therapeutic											42	42
Radioisotope											43	43
Laboratory											44	44
PBP Clinical Laboratory Services-Program Only											45	45
Whole Blood & Packed Red Blood Cells											46	46
Blood Storing, Processing, & Trans.											47	47
Intravenous Therapy						<del> </del>					48	48
Respiratory Therapy											49	49
Physical Therapy											50	50
Occupational Therapy											51	51
Speech Pathology											52	52
Electrocardiology						-					53	53
											54	54
Electroencephalography											55	55
Medical Supplies Charged to Patients												
Implantable Devices Charged to Patients											55.30	55.30
Drugs Charged to Patients											56	56
Renal Dialysis											57	57
ASC (Non-Distinct Part)											58	58
Other Ancillary (specify)											59	59
OUTPATIENT SERVICE COST CENTERS												
Clinic											60	60
Emergency											61	61
Observation Beds											62	62
Other Outpatient Service (specify)											63	63
OTHER REIMBURSABLE COST CENTERS												
Home Program Dialysis											64	64
Ambulance Services							i				65	65
Durable Medical Equipment-Rented				Ì	1	1	1				66	66
Durable Medical Equipment-Sold											67	67
Other Reimbursable (specify)	+										68	68
Outpatient Rehabilitation Provider (specify)					<del> </del>	<del>                                     </del>	<del>                                     </del>	1			69	69
Intern-Resident Service (not appvd. tchng. prgm.)											70	70
micrii-resident service (not appvd. ichiig. prgm.)				<u> </u>	<u> </u>	l	<u> </u>				/0	/U

ALLOCATION - STATISTICAL BASIS							PERIOD: FROM TO		WORKSHEET B-1		COST &	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
Home Health Agency											71	71
SPECIAL PURPOSE COST CENTERS												
Lung Acquisition											82	82
Kidney Acquisition											83	83
Liver Acquisition											84	84
Heart Acquisition											85	85
Other Organ Acquisition (specify)											86	86
Ambulatory Surgical Center (Distinct Part)											92	92
Hospice											93	93
Other Special Purpose (specify)											94	94
SUBTOTALS (sum of lines 1-94)											95	95
NONREIMBURSABLE COST CENTERS												
Gift, Flower, Coffee Shop, & Canteen											96	96
Research											97	97
Physicians' Private Offices											98	98
Nonpaid Workers											99	99
Other Nonreimbursable (specify)											100	100
Cross foot adjustments											101	101
Negative cost centers											102	102
Cost to be allocated (per Wkst. B, Part I)											103	103
Unit cost multiplier (Wkst. B, Part I)											104	104
Cost to be allocated (per Wkst. B, Part II)											105	105
Unit cost multiplier (Wkst. B, Part II)											106	106
Cost to be allocated (per Wkst. B, Part III)		_									107	107
Unit cost multiplier (Wkst. B, Part III)											108	108

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

FORM

36-556 Rev.

,		FORM CM	S-2552-96			3690 (C	Cont.)
ALLOCATION - STATISTICAL BASIS				PROVIDER NO:	PERIOD:	WORKSHEET B	-1
					FROM		
					TO		

							FROM			
							ТО			
		NON-		INTERNS &	RESIDENTS	PARA-		INTERN &		
	OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
	GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST		
COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	TOTAL	
	19	20	21	22	23	24	25	26	27	
GENERAL SERVICE COST CENTERS										
Old Capital Related Costs-Buildings and Fixtures										1
Old Capital Related Costs-Movable Equipment										2
New Capital Related Costs-Buildings and Fixtures										3
New Capital Related Costs-Movable Equipment										4
Employee Benefits										5
Administrative and General										6
Maintenance and Repairs										7
Operation of Plant										8
Laundry and Linen Service										9
Housekeeping										10
Dietary										11
Cafeteria										12
Maintenance of Personnel										13
Nursing Administration										14
Central Services and Supply										15
Pharmacy										16
Medical Records & Medical Records Library										17
Social Service										18
Other General Service (specify)										19
Nonphysician Anesthetists										20
Nursing School										21
Intern & Res. Service-Salary & Fringes (Approved)										22
Intern & Res. Other Program Costs (Approved)						Ī				23
Paramedical Education Program (specify)							1			24
INPATIENT ROUTINE SERVICE COST CENTER										
Adults and Pediatrics (General Routine Care)										25
Intensive Care Unit										26
Coronary Care Unit										27
Burn Intensive Care Unit										28
Surgical Intensive Care Unit										29
Other Special Care Unit (specify)										30
Subprovider (specify)										31
Nursery										33
Skilled Nursing Facility										34
Nursing Facility										35
Other Long Term Care										36

CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

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ALLOCATION CTATICTICAL DACK			TORNI CIVI		DD OVIDED NO		DEDIOD		JUJU (	
ALLOCATION - STATISTICAL BASIS		PROVIDER NO: PERIOD: FROM					WORKSHEET B-1			
	1						TO	T		
		NON-		INTERNS &		PARA-		INTERN &		
	OTHER	PHYSICIAN	NURSING	SALARY AND		MEDICAL		RESIDENT		
	GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST		
COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENT		┷
	19	20	21	22	23	24	25	26	27	┵
ANCILLARY SERVICE COST CENTERS										-
Operating Room										37
Recovery Room										38
Delivery Room and Labor Room										39
Anesthesiology										40
Radiology-Diagnostic										41
Radiology-Therapeutic										42
Radioisotope										43
Laboratory										44
PBP Clinical Laboratory Services-Program Only										45
Whole Blood & Packed Red Blood Cells										46
Blood Storing, Processing, & Trans.										47
Intravenous Therapy										48
Respiratory Therapy										49
Physical Therapy										50
Occupational Therapy										51
Speech Pathology										52
Electrocardiology										53
Electroencephalography										54
Medical Supplies Charged to Patients										55
Implantable Devices Charged to Patients										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										1
Clinic										60
Emergency	1			1	i	i				61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										33
Home Program Dialysis										64
Ambulance Services										65
Durable Medical Equipment-Rented										66
Durable Medical Equipment-Sold										67
Other Reimbursable (specify)	1									68
Other Reimbursable (specify)  Outpatient Rehabilitation Provider (specify)	1									69
										70
Intern-Resident Service (not appvd. tchng. prgm.)				]						/0

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}	FORM CMS-2552-96		3690 (Cont.)

ALLOCATION - STATISTICAL BASIS					PROVIDER NO		PERIOD:		WORKSHEET B-1	
							FROM			
	•	•					TO			
		NON-		INTERNS &		PARA-		INTERN &		
	OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
	GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST		
COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS		
	19	20	21	22	23	24	25	26	27	
Home Health Agency										71
SPECIAL PURPOSE COST CENTERS										
Lung Acquisition										82
Kidney Acquisition										83
Liver Acquisition										84
Heart Acquisition										85
Other Organ Acquisition (specify)										86
Ambulatory Surgical Center (Distinct Part)										92
Hospice										93
Other Special Purpose (specify)										94
SUBTOTALS (sum of lines 1-94)										95
NONREIMBURSABLE COST CENTERS										
Gift, Flower, Coffee Shop, & Canteen										96
Research										97
Physicians' Private Offices										98
Nonpaid Workers										99
Other Nonreimbursable (specify)										100
Cross foot adjustments										101
Negative cost centers										102
Cost to be allocated (per Wkst. B, Part I)										103
Unit cost multiplier (Wkst. B, Part I)										104
Cost to be allocated (per Wkst. B, Part II)										105
Unit cost multiplier (Wkst. B, Part II)										106
Cost to be allocated (per Wkst. B, Part III)										107
Unit cost multiplier (Wkst. B, Part III)										108

CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 361'

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