

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, COST
PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT					
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						5	5A	6	7	8
		1	2	3	4										
GENERAL SERVICE COST CENTERS															
1 Old Capital Related Costs-Buildings and Fixtures												1	1		
2 Old Capital Related Costs-Movable Equipment												2	2		
3 New Capital Related Costs-Buildings and Fixtures												3	3		
4 New Capital Related Costs-Movable Equipment												4	4		
5 Employee Benefits												5	5		
6 Administrative and General												6	6		
7 Maintenance and Repairs												7	7		
8 Operation of Plant												8	8		
9 Laundry and Linen Service												9	9		
10 Housekeeping												10	10		
11 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		
16 Pharmacy												16	16		
17 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 Ed. Program (specify)												24	24		
INPATIENT ROUTINE SERVICE COST CENTERS															
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		
35 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

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, COST
PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT		
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT							
		0	1	2	3							4
ANCILLARY SERVICE COST CENTERS												
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											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. tchnlg. prgm.)											70 70

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

FORM

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, COST
PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT								
		1	2	3	4								5
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
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 of lines 95-102)												103	103

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

FORM

ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, COST PART I			
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL 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											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 Ed. 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
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

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, COST
PART I

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	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											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
<i>Implantable Devices Charged to Patients</i>											<i>55.36 55.36</i>
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. tchg. prgm.)											70 70

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

FORM

ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, COST PART I			
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	9	10	11	12	13	14	15	16	17	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 of lines 95-102)											103 103

ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN 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)									23
Paramedical Ed. 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									35
Other Long Term Care									36

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

ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART I		
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (specify)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	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
<i>Implantable Devices Charged to Patients</i>										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										
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. tchnlg. prgm.)										70

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

ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (specify)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	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
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)

ALLOCATION OF OLD CAPITAL RELATED COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET B, ALLOC PART II				
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED OLD CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4) 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8		
	0	BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4							
GENERAL SERVICE COST CENTERS												
1	Old Capital Related Costs-Buildings and Fixtures										1	1
2	Old Capital Related Costs-Movable Equipment										2	2
3	New Capital Related Costs-Buildings and Fixtures										3	3
4	New Capital Related Costs-Movable Equipment										4	4
5	Employee Benefits										5	5
6	Administrative and General										6	6
7	Maintenance and Repairs										7	7
8	Operation of Plant										8	8
9	Laundry and Linen Service										9	9
10	Housekeeping										10	10
11	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
16	Pharmacy										16	16
17	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												
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
35	Nursing Facility										35	35
36	Other Long Term Care										36	36

ALLOCATION OF OLD CAPITAL RELATED COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, ALLOC PART II	
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED OLD CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4) 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
	0	BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4					
ANCILLARY SERVICE COST CENTERS										
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										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. tchn. prgm.)										70 70

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

FORM

ALLOCATION OF OLD CAPITAL RELATED COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, ALLOC PART II				
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED OLD CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of (cols. 0-4) 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8			
	0	BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4								
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
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

LOCATION OF OLD CAPITAL RELATED COST:					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, ALLO PART II				
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL 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											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											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
Other Long Term Care											36	36

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

FORM

FORM CMS-2552-96

3690 (Cont.) 01-1

LOCATION OF OLD CAPITAL RELATED COST:					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, ALLO PART II			
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	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											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
<i>Implantable Devices Charged to Patients</i>											<i>55.30 55.30</i>
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. tchnng. prgm)											70 70

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

FORM

FORM CMS-2552-96

3690 (Cont.) 09-9

LOCATION OF OLD CAPITAL RELATED COST:					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, ALLO PART II				
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	9	10	11	12	13	14	15	16	17	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

CATION OF OLD CAPITAL RELATED COST:							PROVIDER NO.:		PERIOD: FROM _____ TO _____		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN 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)												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												35
Other Long Term Care												36

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

CATION OF OLD CAPITAL RELATED COST:							PROVIDER NO.:		PERIOD: FROM _____ TO _____		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL			
	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
<i>Implantable Devices Charged to Patients</i>												55.30
Drugs Charged to Patients												56
Renal Dialysis												57
ASC (Non-Distinct Part)												58
Other Ancillary (specify)												59
OUTPATIENT SERVICE COST CENTERS												
Clinic												60
Emergency												61
Observation Beds												62
Other Outpatient Service (specify)												63
OTHER REIMBURSABLE COST CENTERS												
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. tchnng. prgm.)												70

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

CATION OF OLD CAPITAL RELATED COST:					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	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
TOTAL (sum lines 95-102)									103

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

ALLOCATION OF NEW CAPITAL RELATED COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET B, ALLOC PART III				
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT		
	0	BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4						4A	5
GENERAL SERVICE COST CENTERS												
1	Old Capital Related Costs-Buildings and Fixtures										1	1
2	Old Capital Related Costs-Movable Equipment										2	2
3	New Capital Related Costs-Buildings and Fixtures										3	3
4	New Capital Related Costs-Movable Equipment										4	4
5	Employee Benefits										5	5
6	Administrative and General										6	6
7	Maintenance and Repairs										7	7
8	Operation of Plant										8	8
9	Laundry and Linen Service										9	9
10	Housekeeping										10	10
11	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
16	Pharmacy										16	16
17	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												
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
35	Nursing Facility										35	35
36	Other Long Term Care										36	36

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, ALLOC
PART III

COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT								
		1	2	3	4								
	0	1	2	3	4	4A	5	6	7	8			
ANCILLARY SERVICE COST CENTERS													
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	<i>Implantable Devices Charged to Patients</i>											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											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. tchn. prgm.)											70	70

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, ALLOC
PART III

COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4) 4A	EMPLOYEE BENEFITS 5	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8			
	0	BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4								
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
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

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3690 (Cont.) 10-9

ATION OF NEW CAPITAL RELATED COST:

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, ALLO
PART III

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL 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											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											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
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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FORM CMS-2552-96

3690 (Cont.) 07-0

ATION OF NEW CAPITAL RELATED COST:

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, ALLO
PART III

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	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											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
<i>Implantable Devices Charged to Patients</i>											<i>55.30 55.30</i>
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. tchnng. prgm.)											70 70

FORM CMS-2552-96

3690 (Cont.) 07-0

ATION OF NEW CAPITAL RELATED COST:

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B, ALLO
PART III

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	9	10	11	12	13	14	15	16	17	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

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FORM

CATION OF NEW CAPITAL RELATED COST'							PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET B, PART III	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN 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)										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										35
Other Long Term Care										36

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

CATION OF NEW CAPITAL RELATED COST'					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART III		
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	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
<i>Implantable Devices Charged to Patients</i>										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										
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. tchnng. prgm.)										70

CATION OF NEW CAPITAL RELATED COST:					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART III		
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	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
TOTAL (sum lines 95-102)										103

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

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST /

COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4						
GENERAL SERVICE COST CENTERS										
1 Old Capital Related Costs-Buildings and Fixtures										1 1
2 Old Capital Related Costs-Movable Equipment										2 2
3 New Capital Related Costs-Buildings and Fixtures										3 3
4 New Capital Related Costs-Movable Equipment										4 4
5 Employee Benefits										5 5
6 Administrative and General										6 6
7 Maintenance and Repairs										7 7
8 Operation of Plant										8 8
9 Laundry and Linen Service										9 9
10 Housekeeping										10 10
11 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
16 Pharmacy										16 16
17 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										
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
35 Nursing Facility										35 35
36 Other Long Term Care										36 36

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1 COST /

COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4						
ANCILLARY SERVICE COST CENTERS										
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										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. tchnng. prgm.)										70 70

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO:	PERIOD: FROM _____ TO _____		WORKSHEET B-1		COST
COST CENTER DESCRIPTIONS	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)						
	1	2	3	4	5	6A	6	7	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
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 Cost to be allocated (per Wkst. B, Part I)										103 103
104 Unit cost multiplier (Wkst. B, Part I)										104 104
105 Cost to be allocated (per Wkst. B, Part II)										105 105
106 Unit cost multiplier (Wkst. B, Part II)										106 106
107 Cost to be allocated (per Wkst. B, Part III)										107 107
108 Unit cost multiplier (Wkst. B, Part III)										108 108

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

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 ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	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											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											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
Other Long Term Care											36	36

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3690 (Cont.) 07-09

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

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 ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME 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											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
<i>Implantable Devices Charged to Patients</i>											<i>55.30</i>	<i>55.30</i>
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

FORM CMS-2552-96

3690 (Cont.) 05-08

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

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 ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
	9	10	11	12	13	14	15	16	17	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
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

FORM CMS-2552-96

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-1

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY) 19	NON- PHYSICIAN ANES- THETISTS (ASGND TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME) 24	SUBTOTAL 25	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27
				SALARY AND FRINGES (ASSIGNED TIME) 22	PROGRAM COSTS (ASSIGNED TIME) 23				
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)									23
Paramedical Education Program (specify)									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)

FORM CMS-2552-92

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS							PROVIDER NO:	PERIOD: FROM _____ TO _____	WORKSHEET B-1	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	23				
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
<i>Implantable Devices Charged to Patients</i>										55.30
Drugs Charged to Patients										56
Renal Dialysis										57
ASC (Non-Distinct Part)										58
Other Ancillary (specify)										59
OUTPATIENT SERVICE COST CENTERS										
Clinic										60
Emergency										61
Observation Beds										62
Other Outpatient Service (specify)										63
OTHER REIMBURSABLE COST CENTERS										
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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FORM CMS-2552-96

3690 (Cont.)

ALLOCATION - STATISTICAL BASIS				PROVIDER NO:		PERIOD: FROM _____ TO _____		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	19	20	21	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	24		26	
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)