

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET D PARTS II & III
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TITLE XVIII ONLY

PART II - APPORTIONMENT OF VACCINE COST

1	Drugs charged to patients - ratio of cost to charges (from Wkst. C, col. 3, line 49)	1
2	Program vaccine charges ( From your records or the PS&R report)	2
3	Program costs (line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Wkst. E, Pt. I, line 18)	3

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

Cost Center Description	Total Cost ( from Wkst. B, Pt. I, col. 18 )	Nursing & Allied Health ( from Wkst. B, Pt. I, col. 14 )	Ratio of Nursing & Allied Health Costs to Total Costs - Part A ( col. 2 / col. 1 )	Program Part A Cost ( from Wkst. D., Pt. I, col. 4 )	Part A Nursing & Allied Health Costs for Pass Through ( col. 3 x col. 4 )	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
40 Radiology						40
41 Laboratory						41
42 Intravenous Therapy						42
43 Oxygen (Inhalation) Therapy						43
44 Physical Therapy						44
45 Occupational Therapy						45
46 Speech Pathology						46
47 Electrocardiology						47
48 Medical Supplies Charged to Patients						48
49 Drugs Charged to Patients						49
50 Dental Care - Title XIX only						50
51 Support Surfaces						51
52 Other Ancillary Service Cost						52
100 Total (sum of lines 40 - 52)						100