11-1	2 FORM CMS-2540-10						4190 (Cont.)		
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS		PROVIDER CCN:		PERIOD :		WORKSHEET K-5, PART II			
101	USITEL COST CENTERS STATISTICAL BASIS	HOSPICE CCN:		FROM TO	_	TAKTI			
		CAPITAL RELATED BLDGS. & FIXTURES (Square Feet)	CAPITAL RELATED MOVABLE EQUIPMENT (Dollar Value)	EMPLOYEE BENEFITS (Gross Salaries)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (Accumulated Cost)			
	HOSPICE COST CENTER (1)	1	2	3	4a	4	-		
1	Administrative and General						1		
2	Inpatient - General Care						2		
3	Inpatient - Respite Care						3		
4	Physician Services						4		
	Nursing Care						5		
6	Nursing Care- Continuous Home Care						6		
7	Physical Therapy						7		
8	Occupational Therapy						8		
9	Speech/ Language Pathology						9		
	Medical Social Services - Direct						10		
11	Spiritual Counseling						11		
12	Dietary Counseling						12		
13	Counseling - Other						13		
	Home Health Aide and Homemakers						14		
	HH Aide & Homemaker - Cont. Home Care						15		
	Other						16		
	Drugs, Biologicals and Infusion						17		
	Analgesics						18		
	Sedative/Hypnotics						19		
	Other - Specify						20		
	Durable Medical Equipment/Oxygen						21		
	Patient Transportation						22		
	Imaging Services						23		
	Labs and Diagnostics						24		
	Medical Supplies						25		
	Outpatient Services (incl. E/R Dept.)						26		
	Radiation Therapy						27		
	Chemotherapy						28		
	Other						29		
	Bereavement Program Costs						30		
	Volunteer Program Costs						31		
	Fundraising						32		
	Other Program Costs						33		
	Totals (sum of lines 1 through 33)						34		
	Total cost to be allocated						35		
36	Unit Cost Multiplier						36		

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4190) (Cont.)		FORM	CMS-2540-10					11-12
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS		PROVIDER CCN: HOSPICE CCN:		PERIOD : FROM TO		WORKSHEET K-5 PART II			
		PLANT OPERATION MAINTENANCE & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Pounds of Laundry)	HOUSE KEEPING (Hours of Service)	DIETARY (Meals Served)	NURSING ADMINIS- TRATION (Direct Nursing Hours)	CENTRAL SERVICES & SUPPLY (Costed Requisitions)	PHARMACY (Costed Requisitions)	
	HOSPICE COST CENTER (1)	5	6	7	8	9	10	11	
1	Administrative and General						_		1
2					_				2
3	Inpatient - Respite Care Physician Services						_		3
-	5								4
	Nursing Care						+		5
	Nursing Care- Continuous Home Care Physical Therapy								6
	Physical Therapy								,
	Occupational Therapy								8
	Speech/ Language Pathology								9
	Medical Social Services - Direct								10
	Spiritual Counseling								11
	Dietary Counseling								12
	Counseling - Other Home Health Aide and Homemakers								13 14
	HH Aide & Homemaker - Cont. Home Care								14
									15
10	Other Drugs, Biologicals and Infusion								10
	Analgesics								17
	Sedative/Hypnotics								18
	Other - Specify								20
	Durable Medical Equipment/Oxygen								20
	Patient Transportation								21
	Imaging Services								22
	Labs and Diagnostics								23
	Medical Supplies								24
25	Outpatient Services (incl. E/R Dept.)								25
	Radiation Therapy								20
	Chemotherapy								28
	Other								28
	Bereavement Program Costs								30
	Volunteer Program Costs				1		1		31
	Fundraising								32
	Other Program Costs								33
	Totals (sum of lines 1 through 33)								34
	Total cost to be allocated								35
	Unit Cost Multiplier				1				36

11-1	11-12 FORM CMS-2540-10							4190 (4190 (Cont.)	
ALLOCATION OF GENERAL SERVICE COSTS			PROVIDER CCN:		PERIOD :		WORKSHEET K-5			
TO HOSPICE COST CENTERS - STATISTICAL BASIS					FROM		PART II			
				HOSPICE CCN:		то	_			
		-								
				NURSING &						
		MEDICAL		ALLIED	OTHER					
		RECORDS &	SOCIAL	HEALTH	GENERAL			TOTAL		
		LIBRARY	SERVICE	EDUCATION	SERVICE	at ID TOT 1	ALLOCATED	HOSPICE		
	HOGDICE COST CENTED (1)	(Time Spent)	(Time Spent)	(Assigned Time)	(Specify)	SUBTOTAL	HOSPICE A&G	COSTS	-	
- 1	HOSPICE COST CENTER (1) Administrative and General	12	13	14	15	16	17	18	1	
2	Inpatient - General Care								2	
	Inpatient - Respite Care								3	
	Physician Services								4	
	Nursing Care								5	
	Nursing Care-Continuous Home Care								6	
	Physical Therapy								7	
	Occupational Therapy								8	
	Speech/ Language Pathology								9	
	Medical Social Services - Direct								10	
	Spiritual Counseling								10	
	Dietary Counseling								11	
	Counseling - Other								12	
	Home Health Aide and Homemakers								13	
	HH Aide & Homemaker - Cont. Home Care								15	
	Other								16	
	Drugs, Biologicals and Infusion								17	
	Analgesics								18	
	Sedative/Hypnotics								19	
	Other - Specify								20	
21	Durable Medical Equipment/Oxygen								20	
	Patient Transportation								22	
	Imaging Services								23	
	Labs and Diagnostics								24	
	Medical Supplies								25	
26	Outpatient Services (incl. E/R Dept.)								26	
	Radiation Therapy								27	
	Chemotherapy								28	
	Other								29	
	Bereavement Program Costs								30	
31	Volunteer Program Costs								31	
	Fundraising								32	
	Other Program Costs								33	
	Totals (sum of lines 1 through 33)								34	
	Total cost to be allocated								35	
36	Unit Cost Multiplier								36	

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