10-93		FORM CMS 2		3590 (Cont.)				
COST ALLOCATION - GENERAL SERVICE COSTS		PROVIDEI	PERIOD: FROM TO		WORKSHEET B PART I			
	COST CENTER (Omit Cents)	NET EXPENSES FOR COST ALLOCATION Fr. Wkst A, Col 7	BUILDINGS & FIXTURES	CAP. REL. MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (Sum of Colunms 0-3)		
	CENEDAL CEDVICE COST CENTEDS	0	1	2	3	3 A	4	
	GENERAL SERVICE COST CENTERS Capital-Related Costs - Building & Fixture							1
-1	Capital-Related Costs - Movable Equipment							1
2	Employee Benefits							2
								3
4	Administrative and General							4
5	Plant Operation, Maintenance and Repairs							5
6	Laundry and Linen Service							6
/	Housekeeping							/
8	Dietary							8
	Nursing Administration							9
	Central Services and Supply							10
11	Pharmacy							11
12	Medical Records and Library							12
13	Social Service							13
14	Intern & Residents (Approved Teaching Program)							14
15	Other General Service Cost			<u> </u>		ļ		15
	INPATIENT ROUTINE SERVICE COST CENTERS							ننينن
	Skilled Nursing Facility							16
17								17
18	Nursing Facility							18
	Intermediate Care Facility/ Mentally Retarded							18.1
19	Other Long Term Care							19
20	Other Inpatient Routine Services							20
	ANCILLARY SERVICE COST CENTERS							
21	Radiology							21
22	Laboratory							22
23	Intravenous Therapy							23
	Oxygen (Inhalation) Therapy							24
25	Physical Therapy							25
26	Occupational Therapy							26
27	Speech Pathology							27
28	Electrocardiology							28
29	Medical Supplies Charged to Patients							29
30	Drugs Charged to Patients							30
31	Dental Care - Title XIX only							31
	Support Surfaces							32
	Other Ancillary Service Cost							33
	1 ✓				I			

Rev. 6 35-329

3590 (Cont.)	FORM CMS 2		10-99				
COST ALLOCATION - GENERAL SERVICE COSTS	PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET B PART I		
COST CENTER (Omit Cents)	NET EXPENSES FOR COST ALLOCATION Fr. Wkst A, Col 7	BUILDINGS & FIXTURES	CAP. REL. MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (Sum of Colunms 0 - 3)	ADMINIS- TRATIVE & GENERAL	
	0	1	2	3	3 A	4	
OUTPATIENT SERVICE COST CENTERS							
34 Clinic							34
35 RHC							35
36 Other Outpatient Service Cost OTHER REIMBURSABLE COST CENTERS							36
						<u></u>	27
37 Administrative and General - HHA							37
38 Skilled Nursing Care - HHA							38
39 Physical Therapy - HHA							39
40 Occupational Therapy - HHA							40
41 Speech Pathology - HHA							41
42 Medical Social Services - HHA							42
43 Home Health Aide - HHA							43
44 Durable Medical Equipment - Rented - HHA							44
45 Durable Medical Equipment - Sold - HHA							45
46 Home Delivered Meals - HHA							46
47 Other Home Health Services - HHA							47
48 Ambulance							48
49 Interns and Residents (Not in Approved Teaching Program)							49
50 Outpatient Rehabilitation Provider							50
51 Other Reimbursable Cost							51
SPECIAL PURPOSE COST CENTERS							
55 Hospice							55
56 Other Special Purpose Cost							56
57 Subtotals							57
NON REIMBURSABLE COST CENTERS							
58 Gift, Flower, Coffee Shops and Canteen							58
59 Barber and Beauty Shop							59
60 Physicians' Private Offices							60
61 Nonpaid Workers							61
62 Patients Laundry							62
63 Other Non Reimbursable Cost							63
64 Cross Foot Adjustments							64
65 Negative Cost Center							65
75 TOTAL							75

35-330 Rev. 6

10-99		FORM CMS		3590 (Cont.)						
	COST ALLOCATION - GENERAL SERVICE COSTS		EVICE COSTS FROM TO					WORKSHEET B PART I		
		PLANT OPER.	LAUNDRY	HOUSE	DIETARY	NURSING	CENTRAL	PHARMACY		
	222 CT CT TTT	MAINTENANCE	& LINEN	KEEPING		ADMINIS-	SERVICES			
	COST CENTER	& REPAIRS	SERVICE			TRATION	& SUPPLY			
	(Omit Cents)									
		5	6	7	8	9	10	11		
	GENERAL SERVICE COST CENTERS									
1	Capital-Related Costs - Building & Fixture								1	
- 2	Capital-Related Costs - Movable Equipment								2	
	Employee Benefits								3	
4	Administrative and General								4	
5	Plant Operation, Maintenance and Repairs								5	
6	Laundry and Linen Service								6	
7	Housekeeping								/	
8	Dietary								8	
	Nursing Administration								9	
	Central Services and Supply								10	
	Pharmacy								11	
	Medical Records and Library								12	
	Social Service								13	
14	Intern & Residents (Approved Teaching Program	1)							14	
15	Other General Service Cost								15	
-12	INPATIENT ROUTINE SERVICE COST CENT	IEKS					: : : : : : : : : : : : : : : : : : :			
16	Skilled Nursing Facility								16	
17	Newsing Resilies								17	
18	Nursing Facility								18	
	Intermediate Care Facility/ Mentally Retarded								18.1	
	Other Long Term Care								19	
	Other Inpatient Routine Services								20	
-01	ANCILLARY SERVICE COST CENTERS									
21	Radiology								21	
22	Laboratory								22	
23	Intravenous Therapy								23	
24	Oxygen (Inhalation) Therapy								24	
25	Physical Therapy								25	
	Occupational Therapy								26	
27	Speech Pathology								27	
	Electrocardiology								28	
29	Medical Supplies Charged to Patients								29	
	Drugs Charged to Patients								30	
	Dental Care - Title XIX only								31	
	Support Surfaces								32	
33	Other Ancillary Service Cost								33	

Rev. 6 35-331

3590 (Cont.)		FORM CMS 2540-96					10-99			
COST ALLOCATION - GENERAL SERVICE COSTS		PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET B PART I				
COST CENTER (Omit Cents)	PLANT OPER. MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY			
	5	6	7	8	9	10	11			
OUTPATIENT SERVICE COST CENTERS										
34 Clinic								34		
35 R H C								35		
36 Other Outpatient Service Cost								36		
OTHER REIMBURSABLE COST CENTERS										
37 Administrative and General - HHA								37		
38 Skilled Nursing Care - HHA								38		
39 Physical Therapy - HHA								39		
40 Occupational Therapy - HHA								40		
41 Speech Pathology - HHA								41		
42 Medical Social Services - HHA								42		
43 Home Health Aide - HHA								43		
44 Durable Medical Equipment - Rented - HHA								44		
45 Durable Medical Equipment - Sold - HHA								45		
46 Home Delivered Meals - HHA								46		
47 Other Home Health Services - HHA								47		
48 Ambulance								48		
49 Interns and Residents (Not in Approved Teaching Program)								49		
50 Outpatient Rehabilitation Provider								50		
51 Other Reimbursable Cost								51		
SPECIAL PURPOSE COST CENTERS										
55 Hospice				1			1	55		
56 Other Special Purpose Cost								56		
57 Subtotals								57		
NON REIMBURSABLE COST CENTERS										
58 Gift, Flower, Coffee Shops and Canteen								58		
59 Barber and Beauty Shop								59		
60 Physicians' Private Offices								60		
61 Nonpaid Workers				 			 	61		
62 Patients Laundry				<u> </u>			<u> </u>	62		
63 Other Non Reimbursable Cost								63		
64 Cross Foot Adjustments								64		
65 Negative Cost Center								65		
75 TOTAL								75		
13 10111L				1	<u> </u>			13		

35-332 Rev. 6

10-99			FORM CMS 2540-96					3590 (Cont.)			
	COST ALLOCATION - GENERAL SERVICE COSTS			PROVIDER NO.: PERIOD: FROM TO			WORKSHEET B PART I				
	COST CENTER (Omit Cents)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJUSTMENTS	TOTAL			
		12	13	14	15	16	17	18			
	GENERAL SERVICE COST CENTERS										
1	Capital-Related Costs - Building & Fixture								1		
2	Capital-Related Costs - Movable Equipment								2		
	Employee Benefits								3		
	Administrative and General								4		
	Plant Operation, Maintenance and Repairs								5		
	Laundry and Linen Service								6		
7	Housekeeping								-/		
	Dietary								8		
	Nursing Administration								9		
10	Central Services and Supply								10		
11	Pharmacy								11		
	Medical Records and Library								12		
	Social Service								13		
14	Intern & Residents (Approved Teaching Program))							14		
15	Other General Service Cost								15		
	INPATIENT ROUTINE SERVICE COST CENT	ERS									
	Skilled Nursing Facility								16		
17									17		
	Nursing Facility								18		
	Intermediate Care Facility/ Mentally Retarded								18.1		
19	Other Long Term Care								19		
	Other Inpatient Routine Services								20		
	ANCILLARY SERVICE COST CENTERS										
21	Radiology								21		
	Laboratory								22		
	Intravenous Therapy								23		
	Oxygen (Inhalation) Therapy								24		
25	Physical Therapy								25		
26	Occupational Therapy								26		
	Speech Pathology								27		
	Electrocardiology								28		
29	Medical Supplies Charged to Patients								29		
30	Drugs Charged to Patients								30		
31	Dental Care - Title XIX only								31		
32	Support Surfaces								32		
33	Other Ancillary Service Cost								33		
	*		•	•							

Rev. 6 35-333

3590 (Cont.)		FURM CMS		10-99				
COST ALLOCATION - GENERAL SERVICE CO	OSTS	PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET B PART I		
COST CENTER (Omit Cents)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJUSTMENTS	TOTAL	
	12	13	14	15	16	17	18	
OUTPATIENT SERVICE COST CENTERS								
34 Clinic								34
35 R H C								35
36 Other Outpatient Service Cost				<u> </u>		<u> </u>		36
OTHER REIMBURSABLE COST CENTERS								
37 Administrative and General - HHA								37
38 Skilled Nursing Care - HHA								38
39 Physical Therapy - HHA								39
40 Occupational Therapy - HHA								40
41 Speech Pathology - HHA								41
42 Medical Social Services - HHA								42
43 Home Health Aide - HHA								43
44 Durable Medical Equipment - Rented - HHA								44
45 Durable Medical Equipment - Sold - HHA								45
46 Home Delivered Meals - HHA								46
47 Other Home Health Services - HHA								47
48 Ambulance								48
49 Interns and Residents (Not in Approved Teaching Program)								49
50 Outpatient Rehabilitation Provider								50
51 Other Reimbursable Cost								51
SPECIAL PURPOSE COST CENTERS								
55 Hospice		<u> </u>		1		1		55
56 Other Special Purpose Cost								56
57 Subtotals								57
NON REIMBURSABLE COST CENTERS								
58 Gift, Flower, Coffee Shops and Canteen		 		<u> </u>				58
59 Barber and Beauty Shop				<u> </u>				59
60 Physicians' Private Offices						+		60
61 Nonpaid Workers						+		61
62 Patients Laundry								62
63 Other Non Reimbursable Cost				 		 		63
64 Cross Foot Adjustments			8			 		64
65 Negative Cost Center			*					65
75 TOTAL				-		+		75
13 TOTAL				l				13

35-334 Rev. 6