ALLOCATION OF CAPITAL - RELATED COST	10-99			FORM CMS 2540-96					3590 (Cont.)		
ASSIGNED   BILLIDINGS   MOVABLE   EQUIPMENT   BENEFITS   TRATTIFE   ASSIGNED   CAPITAL   E HATURES   EQUIPMENT   BUILDINGS   GENERAL   REPAIRS								PART II			
COST CENTER			DIRECTLY	CAP. REL.	CAP. REL.		EMPLOYEE	ADMINIS-	PLANT OPER.		
Conti Cents   SERVICE COST CENTERS   0   1   2   2 A   3   4   5					MOVABLE	SUBTOTAL	BENEFITS	TRATIVE	MAINTENANCE		
GENERAL SERVICE COST CENTERS			CAPITAL	& FIXTURES	EQUIPMENT			& GENERAL	& REPAIRS		
GENERAL SERVICE COST CENTERS		(Omit Cents)	RELATED COSTS	•					000000000		
Capital-Related Costs - Building & Fixture   2   Capital-Related Costs - Movable Equipment   2   2   Capital-Related Costs - Movable Equipment   3   4   4   4   5   2   4   4   4   5   4   4   4   5   4   4			0	1	2	2 A	3	4	5		
2   Capital-Related Costs - Movable Equipment   2   2   5   Employee Benefits   3   3   4   Administrative and General   4   4   5   5   5   5   5   5   5   5		GENERAL SERVICE COST CENTERS									
3	1	Capital-Related Costs - Building & Fixture							1		
4 Administrative and General   5	2	Capital-Related Costs - Movable Equipment									
S   Plant Operation, Maintenance and Repairs   S   C   C   C   C   C   C   C   C   C		Employee Benefits									
6   Laundry and Linen Service     6   7   Housekeeping     7   7   8   Dietary     8   Dietary     8   8   9   Nursing Administration     9   9   9   9   10   10   10   10	4								4		
7   Housekeeping   7   8   Dietary   9   Nursing Administration   9   9   10   Central Services and Supply   10   10   11   11   11   11   11   1											
7   Housekeeping   7   8   Dietary   9   Nursing Administration   9   9   10   Central Services and Supply   10   10   11   11   11   11   11   1	6	Laundry and Linen Service							6		
Nursing Administration   9   9   10   10   11   11   12   12   12   13   13   13	7	Housekeeping							7		
Nursing Administration   9   9   10   10   11   11   12   12   12   13   13   13	8	Dietary							8		
10									9		
11   Pharmacy											
12   Medical Records and Library   12   13   Social Service   15   14   Intern & Residents (Approved Teaching Program)   14   Intern & Residents (Approved Teaching Program)   15   15   Intern & Residents (Approved Teaching Program)   15   Intern & Residents (Approved Teaching Program)   15   Internet & Residents (Approved Teaching Program)   15   Internet & Residents (Approved Teaching Program)   16   Internet & Residents (Approved Teaching Program)   16   Internet & Residents (Approved Teaching Program)   16   Internet & Residents (Approved Teaching Program)   Internet & Interne	11	Pharmacy							_		
13   Social Service											
14   Intern & Residents (Approved Teaching Program)   14   15   Other General Service cost   15   International Service Cost   15   International Service Cost   15   International Service Cost   16   International Skilled Nursing Facility   16   International Skilled Nursing Facility   17   International Care Facility/Mentally Retarded   18   International Care Facility/Mentally Retarded   18   International Care Facility/Mentally Retarded   19   Other Long Term Care   19   Other Inpatient Routine Service Cost   20   International Care Facility Service Cost   21   Radiology   22   Intravenous Therapy   22   Intravenous Therapy   23   Intravenous Therapy   24   Oxygen (Inhalation) Therapy   25   Occupational Therapy   25   Occupational Therapy   26   27   Speech Pathology   27   Speech Pathology   28   27   Speech Pathology   29   29   Medical Supplies Charged to Patients   29   30   Drugs Charged to Patients   30   31   Dental Care - Title XIX only   31   31   31   31   31   31   31   3											
15   Other General Service cost   15   INPATIENT ROUTINE SERVICE COST CENTERS   16   Skilled Nursing Facility   16   17   18   Nursing Facility   18   17   18   Nursing Facility   18   18   18   19   Other Long Term Care   19   Other Long Term Care   19   Other Inpatient Routine Service Cost   19   20   Other Inpatient Routine Service Cost   20   20   21   Radiology   21   22   Laboratory   22   Laboratory   22   23   Intravenous Therapy   24   Oxygen (Inhalation) Therapy   25   Physical Therapy   25   Physical Therapy   25   Physical Therapy   26   27   27   Speech Pathology   27   28   29   29   29   29   29   29   29	14	Intern & Residents (Approved Teaching Program)									
INPATIENT ROUTINE SERVICE COST CENTERS	15	Other General Service cost									
16   Skilled Nursing Facility   16   17   18   Nursing Facility   18   18   Nursing Facility   18   18   18   19   18   18   19   19		INPATIENT ROUTINE SERVICE COST CENT	FRS								
17	16		LRS		: : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : :		: : : : : : : : : : : : : : : : : : :	I 16		
18   Nursing Facility   18   18   18   18   18   19   Other Long Term Care   19   19   Other Long Term Care   19   19   20   20   20   20   20   21   22   23   24   24   25   25   25   26   26   27   26   27   27   28   27   29   29   29   29   29   29   29		Drined Pursing Lacinty									
18.1   Intermediate Care Facility/Mentally Retarded   18.1     19   Other Long Term Care   19     20   Other Inpatient Routine Service Cost   19     21   Radiology   21     22   Laboratory   22     23   Intravenous Therapy   23     24   Oxygen (Inhalation) Therapy   24     25   Physical Therapy   25     26   Occupational Therapy   26     27   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		Nureing Eggility									
19   Other Long Term Care   20   20   20   20   20   20   20   2	10	Intermediate Care Facility/Mentally Retarded									
20   Other Inpatient Routine Service Cost   20	10.1	Other Long Term Care									
ANCILLARY SERVICE COST CENTER   21   Radiology   22   Laboratory   22   Laboratory   23   Intravenous Therapy   23   24   Oxygen (Inhalation) Therapy   24   25   Physical Therapy   25   26   Occupational Therapy   26   27   Speech Pathology   26   27   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	20	Other Innations Pouring Service Cost									
21       Radiology       21         22       Laboratory       22         23       Intravenous Therapy       23         24       Oxygen (Inhalation) Therapy       24         25       Physical Therapy       25         26       Occupational Therapy       26         27       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	20						 		20		
22 Laboratory       22         23 Intravenous Therapy       23         24 Oxygen (Inhalation) Therapy       24         25 Physical Therapy       25         26 Occupational Therapy       26         27 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	21				<u>i i i i i i i i i i i i i i i i i i i </u>			i i i i i i i i i i i i i i i i i i i	T 21		
23       Intravenous Therapy       23         24       Oxygen (Inhalation) Therapy       24         25       Physical Therapy       25         26       Occupational Therapy       26         27       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	21	Laboratoria									
24       Oxygen (Inhalation) Therapy       24         25       Physical Therapy       25         26       Occupational Therapy       26         27       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											
25       Physical Therapy         26       Occupational Therapy         27       Speech Pathology         Electrocardiology       28         29       Medical Supplies Charged to Patients         30       Drugs Charged to Patients         31       Dental Care - Title XIX only	23	Inuavenous Therapy							23		
26       Occupational Therapy       26         27       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	24	Oxygen (Innalation) Therapy									
27       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											
Electrocardiology 29 Medical Supplies Charged to Patients 30 Drugs Charged to Patients 31 Dental Care - Title XIX only 32 Electrocardiology 39 Medical Supplies Charged to Patients 30 Drugs Charged to Patients 31 Dental Care - Title XIX only	26	Occupational Therapy									
29Medical Supplies Charged to Patients2930Drugs Charged to Patients3031Dental Care - Title XIX only31	27	Speech Pathology									
30   Drugs Charged to Patients   30   31   Dental Care - Title XIX only   31	- 20	Electrocardiology									
31 Dental Care - Title XIX only	29	Medical Supplies Charged to Patients									
	30	Drugs Charged to Patients									
32. I Support Surfaces											
	32	Support Surfaces							32		
33 Other Ancillary Service Cost 33	33	Other Ancillary Service Cost		-					33		

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	ALLOCATION OF CAPITAL - RELATED (	COSTS	PROVIDEI	R NO.:	PERIOD:				
(			PROVIDER NO.:		FROM TO		WORKSHEET B PART II		
(		DIRECTLY	CAP. REL.	CAP. REL.		EMPLOYEE	ADMINIS-	PLANT OPER.	
(		ASSIGNED	BUILDINGS	MOVABLE	SUBTOTAL	BENEFITS	TRATIVE	MAINTENANCE	
	COST CENTER	CAPITAL	& FIXTURES	EQUIPMENT			& GENERAL	& REPAIRS	
	(Omit Cents)	RELATED COSTS							
		0	1	2	2 A	3	4	5	
	OUTPATIENT SERVICE COST CENTERS								
34						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			34
35	RHC								35
	Other Outpatient Service Cost								36
	OTHER REIMBURSABLE COST CENTERS								
37	Administrative and General - HHA								37
38	Skilled Nursing Care - HHA								38
	Physical Therapy - HHA								39
40	Occupational Therapy - HHA								40
	Speech Pathology - HHA								41
	Medical Social Services - HHA								42
	Home Health Aide - HHA								43
	Durable Medical Equipment - Rented - HHA								44
	Durable Medical Equipment - Sold - HHA								45
46	Home Delivered Meals - HHA								46
	Other Home Health Services - HHA								47
	Ambulance								48
	nterns and Residents (Not An Approved Teaching Program)								49
	Outpatient Rehabilitation Provider								50
51	Other Reimbursable Cost								51
	PECIAL PURPOSE COST CENTERS								<u> </u>
									55
	Hospice								
	Other Special Purpose Cost								56
	Subtotals								57
	NON REIMBURSABLE COST CENTERS								<u> </u>
	Gift, Flower, Coffee Shops and Canteen								58
	Barber and Beauty Shop								59
	Physicians' Private Offices								60
	Nonpaid Workers								61
	Patients Laundry								62
	Other Non Reimbursable Cost								63
	Cross Foot Adjustments								64
	Negative Cost Center								65
75	<u> Fotal</u>								75

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10-99	FORM CMS 2					3590 (0	Cont.)
ALLOCATION OF CAPITAL - RELATED COSTS	PROVIDE		PERIOD: FROM TO		PART	SНЕЕТ В Г II	
COST CENTER (Omit Cents)	LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
CENEDAL CEDALCE COCT CENTEDO	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS							1
Capital-Related Costs - Building & Fixture     Capital-Related Costs - Movable Equipment							1
3 Employee Benefits							3
4 Administrative and General							4
5 Plant Operation, Maintenance and Repairs							5
6 Laundry and Linen Service							6
7 Housekeeping							7
8 Dietary							8
9 Nursing Administration							9
10 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							15
INPATIENT ROUTINE SERVICE COST CENTERS							13
16   Skilled Nursing Facility							16
17							17
18 Nursing Facility							18
18.1 Intermediate Care Facility/Mentally Retarded							18.1
19 Other Long Term Care							19
20 Other Inpatient Routine Service Cost							20
ANCILLARY SERVICE COST CENTER							20
21 Radiology						<u>                                     </u>	21
22 Laboratory							22
23 Intravenous Therapy							23
24 Oxygen (Inhalation) Therapy							24
25 Physical Therapy							25
26 Occupational Therapy					<del> </del>		26
27 Speech Pathology					<del> </del>		27
28 Electrocardiology					<del> </del>		28
29 Medical Supplies Charged to Patients					<u> </u>		29
30 Drugs Charged to Patients					<del> </del>		30
31 Dental Care - Title XIX only					<del> </del>		31
32 Support Surfaces			1		<del> </del>		32
33 Other Ancillary Service Cost					1		33
	1	1	1	ı	L	I.	

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3590 (Cont.)	FORM CMS 2					10-95
ALLOCATION OF CAPITAL - RELATED COSTS	PROVIDE:		PERIOD: FROM TO		PAR	
	LAUNDRY	HOUSE	DIETARY	NURSING	CENTRAL	PHARMACY
COST CENTED	& LINEN	KEEPING		ADMINIS-	SERVICES	
COST CENTER (Omit Cents)	SERVICE			TRATION	& SUPPLY	00000000
(Offit Cents)		7	0	9	10	11
OUTPATIENT SERVICE COST CENTERS	6		8	9	10	11
34   Clinic		11:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1			::::::::::::::::::::::::::::::::::::::	34
35 R H C						35
36 Other Outpatient Service Cost						36
OTHER REIMBURSABLE COST CENTERS						
37   Administrative and General - HHA			: <u> </u>		<u>:::::::::::::::::::::::::::::::::::::</u>	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 An Approved Teaching Program)						49
50 Outpatient Rehabilitation Provider						50
51 Other Reimbursable Cost						51
SPECIAL PURPOSE COST CENTERS				<u>.</u> 		
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

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10-99			FORM CMS 2	3590 (Cont.)					
	ALLOCATION OF CAPITAL - RELATED C	COSTS	PROVIDER NO.:				WORKSHEET B PART II		
	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	
3	Employee Benefits							3	
4	Administrative and General							4	
5	Plant Operation, Maintenance and Repairs							5	
6	Laundry and Linen Service							6	
7	Housekeeping							7	
8	Dietary							8	
9	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	
	Other General Service cost							15	
	INPATIENT ROUTINE SERVICE COST CENT	FRS							
16	Skilled Nursing Facility	<u> </u>		::::::::::::::::::::::::::::::::::::::		<u> </u>		l 16	
17	bkined reasing racinty							17	
18	Nursing Facility							18	
	Intermediate Care Facility/Mentally Retarded							18.1	
19	Other Long Term Care							19.1	
20	Other Inpatient Routine Service Cost							20	
	ANCH LARY CERVICE COST CENTER								
-01	ANCILLARY SERVICE COST CENTER				•			L 01	
	Radiology							21 22	
22	Laboratory								
	Intravenous Therapy							23	
24								24	
25	Physical Therapy							25	
	Occupational Therapy							26	
27	Speech Pathology							27	
28	Electrocardiology							28	
29	Medical Supplies Charged to Patients							29	
30								30	
31	Dental Care - Title XIX only							31	
32	Support Surfaces							32	
33	Other Ancillary Service Cost							33	

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3590 (Cont.)		FORM CMS 2					10-
ALLOCATION OF CAPITAL - RELATED		PROVIDE:		PERIOD: FROM TO		PART	БНЕЕТ В Г II
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							3
35 R H C							3.
36 Other Outpatient Service Cost							3
OTHER REIMBURSABLE COST CENTERS							
37   Administrative and General - HHA							3
38 Skilled Nursing Care - HHA							3
39 Physical Therapy - HHA							3
40 Occupational Therapy - HHA							4
41 Speech Pathology - HHA							4
42 Medical Social Services - HHA							4
43 Home Health Aide - HHA							4
44 Durable Medical Equipment - Rented - HHA							4
45 Durable Medical Equipment - Sold - HHA							4
46 Home Delivered Meals - HHA							4
47 Other Home Health Services - HHA							4
48 Ambulance							4
49 Interns and Residents (Not An Approved Teaching Program)							4
50 Outpatient Rehabilitation Provider							5
51 Other Reimbursable Cost							5
SPECIAL PURPOSE COST CENTERS							
55 Hospice	*:*:*:*:*:*:	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	5
56 Other Special Purpose Cost							5
57 Subtotals							5
NON REIMBURSABLE COST CENTERS							
58 Gift, Flower, Coffee Shops and Canteen	1-	<u> </u>	<u> </u>	<u> </u>	<u> </u>		1 5
59 Barber and Beauty Shop							5
60 Physicians' Private Offices	+						6
61 Nonpaid Workers							6
62 Patients Laundry							6
63 Other Non Reimbursable Cost							6
64 Cross Foot Adjustments							6
65 Negative Cost Center							6
75 Total							7
13 1000			L	L		L	7.

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