DIRECT ALLOCATION OF HOME OFFICE CAPITAL COSTS TO CHAIN COMPONENTS			Home Office:		Period From:		SCHEDULE			
					То:			E Page 1		
	Old Ca		pital		apital		Other Capital			_
Chain Components	Medicare No.	Building and Fixtures 1	Movable Equipment 2	Building and Fixtures 3	Movable Equipment 4	Insurance 5	Taxes 6	Other Capital 7	Total (cols. 1 thru 7)	
Health Care Facilities:										Г
2.										
i.										
										F
5.										F
7.										
3.										Г
).										
0.										1
11.										1
.2.										1
3.										1
4.										1
.5.										1
6.										1
.7										1
.8 Total (sum of lines 1-17)										1

29

30

31

32

33

Total (sum of lines 29-32)

Grand Total (sum of lines 18, 28 and 33)

29

30

31

32

33

34

3990 (Cont.) FORM CMS 287-05 08-05 DIRECT ALLOCATION OF HOME OFFICE CAPITAL Home Office: Period COSTS TO CHAIN COMPONENTS From: SCHEDULE To:_ E Page 2 Old Capital New Capital Other Capital Chain Components Building Building and Movable Other Medicare and Movable Total Fixtures Equipment Fixtures Equipment Insurance Taxes Capital (cols. 1 thru 7) No. 1 2 3 4 5 6 7 8 Other Components: 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 Other Managed Facilities 27 28 Total (sum of lines 19-27) 28 Regional Offices:

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DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS				Home Office:		Period From: To:	SCHEDULE E-1						
Cha	in Components		Specify:				10:					E-1	Γ
		Medicare No.			3	4	5	6	7	8	9	Total (cols. 1 thru 9))
			1	2								10	
	Health Care Facilities:												
1.													1
2.													2
3.													3
4.													4
5.													5
6.													6
7.													7
8.													8
9.													9
10.													10
11.													11
12.													12
13.													13
14.													14
15.													15
16.													16
17.													17
18	Total (sum of lines 1-17)												18

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08-05 DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED Home Office: Period EXPENSES TO CHAIN COMPONENTS SCHEDULE From: To:_ E-1 (Cont'd) Specify: Chain Components Medicare Total No. (cols. 1 thru 9) Other Components: Other Managed Facilities Total (sum of lines 19-27) Regional Offices: Total (sum of lines 29-32) Grand Total (sum of lines 18, 28 and 33)

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