

DIRECT ALLOCATION OF HOME OFFICE CAPITAL  
COSTS TO CHAIN COMPONENTS

Home Office:

Period  
From: \_\_\_\_\_  
To: \_\_\_\_\_

SCHEDULE  
E Page 1

Chain Components	Medicare No.	Old Capital		New Capital		Other Capital		Other Capital	Total (cols. 1 thru 7)	
		Building and Fixtures	Movable Equipment	Building and Fixtures	Movable Equipment	Insurance	Taxes			
		1	2	3	4	5	6			
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









