COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO.: _____ | PERIOD: FROM _____ TO _____ | WORKSHEE PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 24)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio
				Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)			
		1	2	3	4	5	6	7	8	9	10	11
	INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults and Pediatrics (General Routine Care)											
31	Intensive Care Unit											
32	Coronary Care Unit											
33	Burn Intensive Care Unit											
34	Surgical Intensive Care Unit											
36	Other Special Care (specify)											
40	Subprovider IPF											
41	Subprovider IRF											
42	Subprovider (Specify)											
43	Nursery											
44	Skilled Nursing Facility											
45	Nursing Facility											
46	Other Long Term Care											
	ANCILLARY SERVICE COST CENTERS											
50	Operating Room											
51	Recovery Room											
52	Labor Room and Delivery Room											
53	Anesthesiology											
54	Radiology-Diagnostic											
55	Radiology-Therapeutic											
56	Radioisotope											
57	Computed Tomography (CT) Scan											
58	Magnetic Resonance Imaging (MRI)											
59	Cardiac Catheterization											
60	Laboratory											
61	PBP Clinical Laboratory Services-Prgm. Only											
62	Whole Blood & Packed Red Blood Cells											
63	Blood Storing, Processing, & Trans.											
64	Intravenous Therapy											
65	Respiratory Therapy											
66	Physical Therapy											
67	Occupational Therapy											
68	Speech Pathology											

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO.: _____ | PERIOD: FROM _____ TO _____ | WORKSHEE PART I (CON

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 24)	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio
							Inpatient	Outpatient	Total (col. 6 + col. 7)			
		1	2	3	4	5	6	7	8	9	10	11
	OUTPATIENT SERVICE COST CENTERS											
69	Electrocardiology											
70	Electroencephalography											
71	Medical Supplies Charged to Patients											
72	Implantable Devices Charged to Patients											
73	Drugs Charged to Patients											
74	Renal Dialysis											
75	ASC (Non-Distinct Part)											
76	Other Ancillary (specify)											
88	Rural Health Clinic (RHC)											
89	Federally Qualified Health Center (FQHC)											
90	Clinic											
91	Emergency											
92	Observation Beds (see instructions)											
93	Other Outpatient Service (specify)											
	OTHER REIMBURSABLE COST CENTERS											
94	Home Program Dialysis											
95	Ambulance Services											
96	Durable Medical Equipment-Rented											
97	Durable Medical Equipment-Sold											
98	Other Reimbursable (specify)											
99	Outpatient Rehabilitation Provider (specify)											
100	Intern-Resident Service (not appvd. tchng. prgm.)											
101	Home Health Agency											
	SPECIAL PURPOSE COST CENTERS											
105	Kidney Acquisition											
106	Heart Acquisition											
107	Liver Acquisition											
108	Lung Acquisition											
109	Pancreas Acquisition											
110	Intestinal Acquisition											
111	Islet Acquisition											
112	Other Organ Acquisition (specify)											
115	Ambulatory Surgical Center (Distinct Part)											
116	Hospice											
117	Other Special Purpose (specify)											
200	Subtotal (sum of lines 30 thru 199)											
201	Less Observation Beds											
202	Total (line 200 minus line 201)											

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY | PROVIDER NO.: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET C, PART II

	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 24)	Capital Cost (Wkst. B, Parts II col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	
		1	2	3	4	5	6	7	8	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Labor Room and Delivery Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catherization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Prgm. Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Patients									71
72	Implantable Devices Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY					PROVIDER NO.: _____		PERIOD FROM: _____ TO: _____		WORKSHEET C, PART II (CONT.)	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 24)	Capital Cost (Wkst. B, Parts II col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	
		1	2	3	4	5	6	7	8	
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
91	Emergency									91
92	Observation Beds (see instructions)									92
93	Other Outpatient Service (specify)									93
	OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis									94
95	Ambulance Services									95
96	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchng. prgm.)									100
101	Home Health Agency									101
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
200	Subtotal (sum of lines 30 thru 199)									200
201	Less Observation Beds									201
202	Total (line 200 minus line 201)									202