

CALCULATION OF CAPITAL PAYMENT		PROVIDER NO.:	PERIOD:	WORKSHEET L
		COMPONENT NO.:	FROM _____ TO _____	
Check Applicable	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	<input type="checkbox"/> Fully Prospective Method <input type="checkbox"/> Hold Harmless Method	
Boxes	<input type="checkbox"/> Title XIX		<input type="checkbox"/> Cost Method	

**PART I - FULLY PROSPECTIVE METHOD**

1	Capital hospital specific rate payments		1
	CAPITAL FEDERAL AMOUNT		
2	Capital DRG other than outlier		2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997		3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		3.01
	Indirect Medical Education Adjustment		
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		4
4.01	Number of interns & residents (see instructions)		4.01
4.02	Indirect medical education percentage (see instructions)		4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)		4.03
	Disproportionate Share Adjustment		
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		5.01
5.02	Sum of lines 5 and 5.01		5.02
5.03	Allowable disproportionate share percentage (see instructions)		5.03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)		5.04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		6

**PART II - HOLD HARMLESS METHOD**

1	New capital (see instructions)		1
2	Old capital (see instructions)		2
3	Total capital (sum of line 1 plus line 2)		3
4	Ratio of new capital to total capital (line 1 divided by line 3)		4
5	Total capital payments under 100% federal rate (see instructions)		5
6	Reduction factor for hold harmless payment (see instructions)		6
7	Reduced old capital amount (line 2 x line 6)		7
8	Hold harmless payment for new capital (line 5 x line 4)		8
9	Subtotal (line 7 plus line 8)		9
10	Payment under hold harmless (greater of line 5 or line 9)		10

**PART III - PAYMENT UNDER REASONABLE COST**

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 x line 4)		5

**PART IV - COMPUTATION OF EXCEPTION PAYMENTS**

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

FORM CMS-2552-96 (6/2003) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3660-3660.4)

ALLOCATION OF ALLOWABLE COSTS FOR  
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALL  
PART I EXT

Cost Center Descriptions	EXTRA-ORDINARY CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4) 4A	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	8	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT							
		1	2	3	4							
GENERAL SERVICE COST CENTERS												
1 Old Capital Related Costs-Buildings and Fixtures											1	1
2 Old Capital Related Costs-Movable Equipment											2	2
3 New Capital Related Costs-Buildings and Fixtures											3	3
4 New Capital Related Costs-Movable Equipment											4	4
5 Employee Benefits											5	5
6 Administrative and General											6	6
7 Maintenance and Repairs											7	7
8 Operation of Plant											8	8
9 Laundry and Linen Service											9	9
10 Housekeeping											10	10
11 Dietary											11	11
12 Cafeteria											12	12
13 Maintenance of Personnel											13	13
14 Nursing Administration											14	14
15 Central Services and Supply											15	15
16 Pharmacy											16	16
17 Medical Records & Medical Records Library											17	17
18 Social Service											18	18
19 Other General Service (specify)											19	19
20 Nonphysician Anesthetists											20	20
21 Nursing School											21	21
22 Intern & Res. Service-Salary & Fringes (Approved)											22	22
23 Intern & Res. Other Program Costs (Approved)											23	23
24 Paramedical Ed. Program (specify)											24	24
INPATIENT ROUTINE SERVICE COST CENTERS												
25 Adults and Pediatrics (General Routine Care)											25	25
26 Intensive Care Unit											26	26
27 Coronary Care Unit											27	27
28 Burn Intensive Care Unit											28	28
29 Surgical Intensive Care Unit											29	29
30 Other Special Care Unit (specify)											30	30
31 Subprovider											31	31
33 Nursery											33	33
34 Skilled Nursing Facility											34	34
35 Nursing Facility											35	35
36 Other Long Term Care											36	36

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.1)

FOR

ALLOCATION OF ALLOWABLE COSTS FOR  
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALL  
PART I EXT

Cost Center Descriptions	EXTRA-ORDINARY CAPITAL RELATED COSTS	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT								
		1	2	3	4								
	0	1	2	3	4	4A	5	6	7	8			
<b>ANCILLARY SERVICE COST CENTERS</b>													
37	Operating Room											37	37
38	Recovery Room											38	38
39	Delivery Room and Labor Room											39	39
40	Anesthesiology											40	40
41	Radiology-Diagnostic											41	41
42	Radiology-Therapeutic											42	42
43	Radioisotope											43	43
44	Laboratory											44	44
45	PBP Clinical Laboratory Service-Program Only											45	45
46	Whole Blood & Packed Red Blood Cells											46	46
47	Blood Storing, Processing, & Trans.											47	47
48	Intravenous Therapy											48	48
49	Respiratory Therapy											49	49
50	Physical Therapy											50	50
51	Occupational Therapy											51	51
52	Speech Pathology											52	52
53	Electrocardiology											53	53
54	Electroencephalography											54	54
55	Medical Supplies Charged to Patients											55	55
55.30	Implantable Devices Charged to Patients											55.30	55.30
56	Drugs Charged to Patients											56	56
57	Renal Dialysis											57	57
58	ASC (Non-Distinct Part)											58	58
59	Other Ancillary (specify)											59	59
<b>OUTPATIENT SERVICE COST CENTERS</b>													
60	Clinic											60	60
61	Emergency											61	61
62	Observation Beds											62	62
63	Other Outpatient (specify)											63	63
<b>OTHER REIMBURSABLE COST CENTERS</b>													
64	Home Program Dialysis											64	64
65	Ambulance Services											65	65
66	Durable Medical Equipment-Rented											66	66
67	Durable Medical Equipment-Sold											67	67
68	Other Reimbursable (specify)											68	68
69	Outpatient Rehabilitation Provider (specify)											69	69
70	Intern-Resident Service (not appvd. tchn. prgm.)											70	70

ALLOCATION OF ALLOWABLE COSTS FOR  
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALL  
PART I EXT

Cost Center Descriptions	EXTRA-ORDINARY CAPITAL RELATED COSTS 0	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4) 4A	EMPLOYEE BENEFITS 5	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8		
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS. & FIXTURES 3	MOVABLE EQUIPMENT 4							
71 Home Health Agency											71	71
<b>SPECIAL PURPOSE COST CENTERS</b>												
82 Lung Acquisition											73	82
83 Kidney Acquisition											74	83
84 Liver Acquisition											75	84
85 Heart Acquisition											76	85
86 Other Organ Acquisition (specify)											77	86
92 Ambulatory Surgical Center (Distinct Part)											91	92
93 Hospice											92	93
94 Other Special Purpose (specify)											93	94
95 Subtotal (sum of lines 1-94)											94	95
<b>NONREIMBURSABLE COST CENTERS</b>												
96 Gift, Flower, Coffee Shop, & Canteen											95	96
97 Research											96	97
98 Physicians' Private Offices											97	98
99 Nonpaid Workers											98	99
100 Other Nonreimbursable (specify)											99	100
101 Cross Foot Adjustments											101	101
102 Negative Cost Centers											102	102
103 Total (sum of lines 95-102)											103	103
104 Total Statistical Basis											104	104
105 Unit Cost Multiplier											105	105

LOCATION OF ALLOWABLE COSTS FOR  
UNORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALL  
PART I EXT

Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE			
	9	10	11	12	13	14	15	16	17	18			
<b>GENERAL SERVICE COST CENTERS</b>													
Old Capital Related Costs-Buildings and Fixtures												1	1
Old Capital Related Costs-Movable Equipment												2	2
New Capital Related Costs-Buildings and Fixtures												3	3
New Capital Related Costs-Movable Equipment												4	4
Employee Benefits												5	5
Administrative and General												6	6
Maintenance and Repairs												7	7
Operation of Plant												8	8
Laundry and Linen Service												9	9
Housekeeping												10	10
Dietary												11	11
Cafeteria												12	12
Maintenance of Personnel												13	13
Nursing Administration												14	14
Central Services and Supply												15	15
Pharmacy												16	16
Medical Records & Medical Records Library												17	17
Social Service												18	18
Other General Service (specify)												19	19
Nonphysician Anesthetists												20	20
Nursing School												21	21
Intern & Res. Service-Salary & Fringes (Approved)												22	22
Intern & Res. Other Program Costs (Approved)												23	23
Paramedical Ed. Program (specify)												24	24
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>													
Adults and Pediatrics (General Routine Care)												25	25
Intensive Care Unit												26	26
Coronary Care Unit												27	27
Burn Intensive Care Unit												28	28
Surgical Intensive Care Unit												29	29
Other Special Care Unit (specify)												30	30
Subprovider												31	31
Nursery												33	33
Skilled Nursing Facility												34	34
Nursing Facility												35	35
Other Long Term Care												36	36

4 CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.

FORM

LOCATION OF ALLOWABLE COSTS FOR  
UNORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALL  
PART I EXT

Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	9	10	11	12	13	14	15	16	17	18	
<b>ANCILLARY SERVICE COST CENTERS</b>											
Operating Room											37 37
Recovery Room											38 38
Delivery Room and Labor Room											39 39
Anesthesiology											40 40
Radiology-Diagnostic											41 41
Radiology-Therapeutic											42 42
Radioisotope											43 43
Laboratory											44 44
PBP Clinical Laboratory Service-Program Only											45 45
Whole Blood & Packed Red Blood Cells											46 46
Blood Storing, Processing, & Trans.											47 47
Intravenous Therapy											48 48
Respiratory Therapy											49 49
Physical Therapy											50 50
Occupational Therapy											51 51
Speech Pathology											52 52
Electrocardiology											53 53
Electroencephalography											54 54
Medical Supplies Charged to Patients											55 55
<i>Implantable Devices Charged to Patients</i>											<i>55.36 55.36</i>
Drugs Charged to Patients											56 56
Renal Dialysis											57 57
ASC (Non-Distinct Part)											58 58
Other Ancillary (specify)											59 59
<b>OUTPATIENT SERVICE COST CENTERS</b>											
Clinic											60 60
Emergency											61 61
Observation Beds											62 62
Other Outpatient (specify)											63 63
<b>OTHER REIMBURSABLE COST CENTERS</b>											
Home Program Dialysis											64 64
Ambulance Services											65 65
Durable Medical Equipment-Rented											66 66
Durable Medical Equipment-Sold											67 67
Other Reimbursable (specify)											68 68
Outpatient Rehabilitation Provider (specify)											69 69
Intern-Resident Service (not appvd. tchng. prgm.)											70 70

1 CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.

LOCATION OF ALLOWABLE COSTS FOR  
UNORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1, ALLC  
PART I EXT

Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	9	10	11	12	13	14	15	16	17	18		
Home Health Agency											71	71
<b>SPECIAL PURPOSE COST CENTERS</b>												
Lung Acquisition											82	82
Kidney Acquisition											83	83
Liver Acquisition											84	84
Heart Acquisition											85	85
Other Organ Acquisition (specify)											86	86
Ambulatory Surgical Center (Distinct Part)											92	92
Hospice											93	93
Other Special Purpose (specify)											94	94
Subtotal (sum of lines 1-94)											95	95
<b>NONREIMBURSABLE COST CENTERS</b>												
Gift, Flower, Coffee Shop, & Canteen											96	96
Research											97	97
Physicians' Private Offices											98	98
Nonpaid Workers											99	99
Other Nonreimbursable (specify)											100	100
Cross Foot Adjustments											101	101
Negative Cost Centers											102	102
Total (sum of lines 95-102)											103	103
Total Statistical Basis											104	104
Unit Cost Multiplier											105	105

LOCATION OF ALLOWABLE COSTS FOR  
UNORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1,  
PART I

Cost Center Descriptions	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL		
	19	20	21	22	23	24	25	26	27		
<b>GENERAL SERVICE COST CENTERS</b>											
Old Capital Related Costs-Buildings and Fixtures											1
Old Capital Related Costs-Movable Equipment											2
New Capital Related Costs-Buildings and Fixtures											3
New Capital Related Costs-Movable Equipment											4
Employee Benefits											5
Administrative and General											6
Maintenance and Repairs											7
Operation of Plant											8
Laundry and Linen Service											9
Housekeeping											10
Dietary											11
Cafeteria											12
Maintenance of Personnel											13
Nursing Administration											14
Central Services and Supply											15
Pharmacy											16
Medical Records & Medical Records Library											17
Social Service											18
Other General Service (specify)											19
Nonphysician Anesthetists											20
Nursing School											21
Intern & Res. Service-Salary & Fringes (Approved)											22
Intern & Res. Other Program Costs (Approved)											23
Paramedical Ed. Program (specify)											24
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>											
Adults and Pediatrics (General Routine Care)											25
Intensive Care Unit											26
Coronary Care Unit											27
Burn Intensive Care Unit											28
Surgical Intensive Care Unit											29
Other Special Care Unit (specify)											30
Subprovider											31
Nursery											33
Skilled Nursing Facility											34
Nursing Facility											35
Other Long Term Care											36

4 CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.

LOCATION OF ALLOWABLE COSTS FOR  
UNORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET L-1,  
PART I

Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	19	20	21	22	23	24	25	26	27
<b>ANCILLARY SERVICE COST CENTERS</b>									
Operating Room									37
Recovery Room									38
Delivery Room and Labor Room									39
Anesthesiology									40
Radiology-Diagnostic									41
Radiology-Therapeutic									42
Radioisotope									43
Laboratory									44
PBP Clinical Laboratory Service-Program Only									45
Whole Blood & Packed Red Blood Cells									46
Blood Storing, Processing, & Trans.									47
Intravenous Therapy									48
Respiratory Therapy									49
Physical Therapy									50
Occupational Therapy									51
Speech Pathology									52
Electrocardiology									53
Electroencephalography									54
Medical Supplies Charged to Patients									55
<i>Implantable Devices Charged to Patients</i>									55.30
Drugs Charged to Patients									56
Renal Dialysis									57
ASC (Non-Distinct Part)									58
Other Ancillary (specify)									59
<b>OUTPATIENT SERVICE COST CENTERS</b>									
Clinic									60
Emergency									61
Observation Beds									62
Other Outpatient (specify)									63
<b>OTHER REIMBURSABLE COST CENTERS</b>									
Home Program Dialysis									64
Ambulance Services									65
Durable Medical Equipment-Rented									66
Durable Medical Equipment-Sold									67
Other Reimbursable (specify)									68
Outpatient Rehabilitation Provider (specify)									69
Intern-Resident Service (not appvd. tchnng. prgm.)									70

1 CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.

LOCATION OF ALLOWABLE COSTS FOR UNUSUAL AND EXTRAORDINARY CIRCUMSTANCES					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET L-1, PART I	
Cost Center Descriptions	OTHER GENERAL SERVICE 19	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	INTERNS & RESIDENTS SALARY AND FRINGES 22	INTERNS & RESIDENTS PROGRAM COSTS 23	PARAMEDICAL EDUCATION (SPECIFY) 24	SUBTOTAL 25	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 26	TOTAL 27
Home Health Agency									71
<b>SPECIAL PURPOSE COST CENTERS</b>									
Lung Acquisition									82
Kidney Acquisition									83
Liver Acquisition									84
Heart Acquisition									85
Other Organ Acquisition (specify)									86
Ambulatory Surgical Center (Distinct Part)									92
Hospice									93
Other Special Purpose (specify)									94
Subtotal (sum of lines 1-94)									95
<b>NONREIMBURSABLE COST CENTERS</b>									
Gift, Flower, Coffee Shop, & Canteen									96
Research									97
Physicians' Private Offices									98
Nonpaid Workers									99
Other Nonreimbursable (specify)									100
Cross Foot Adjustments									101
Negative Cost Centers									102
Total (sum of lines 95-102)									103
Total Statistical Basis									104
Unit Cost Multiplier									105

4 CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.

07-09

FORM CMS-2552-96

3690 (Cont.)

COMPUTATION OF PROGRAM INPATIENT ROUTINE SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET L-1, PART II
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Check applicable box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX
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Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 27)	Swing Bed Adjustment	Reduced Capital Cost for Extraordinary Circumstances (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)
	1	2	3	4	5	6	7
(A) INPATIENT ROUTINE SERVICE COST CENTERS							
25 Adults & Pediatrics (General Routine Care)							25
26 Intensive Care Unit							26
27 Coronary Care Unit							27
28 Burn Intensive Care Unit							28
29 Surgical Intensive Care Unit							29
30 Other Special Care Unit (specify)							30
31 Subprovider							31
33 Nursery							33
101 Total (sum of lines 25-33)							101

(A) Worksheet A line numbers

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3661.2)

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES		PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET L-1, PART III
		COMPONENT NO.:		

Check applicable boxes	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX
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Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 27)	Total Charges (from Wkst. C, Part I, col. 6)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Program Extraordinary Capital Cost (col. 3 x col. 4)	
	1	2	3	4	5	
(A) ANCILLARY COST CENTERS						
37 Operating Room						37
38 Recovery Room						38
39 Delivery Room and Labor Room						39
40 Anesthesiology						40
41 Radiology-Diagnostic						41
42 Radiology-Therapeutic						42
43 Radioisotope						43
44 Laboratory						44
45 PBP Clinical Laboratory Service-Prgm. Only						45
46 Whole Blood & Packed Red Blood Cells						46
47 Blood Storing, Processing & Trans.						47
48 Intravenous Therapy						48
49 Respiratory Therapy						49
50 Physical Therapy						50
51 Occupational Therapy						51
52 Speech Pathology						52
53 Electrocardiology						53
54 Electroencephalography						54
55 Medical Supplies Charged to Patients						55
55.30 <i>Implantable Devices Charged to Patients</i>						55.30
56 Drugs Charged to Patients						56
57 Renal Dialysis						57
58 ASC (Non-Distinct Part)						58
59 Other Ancillary (specify)						59

(A) Worksheet A line numbers

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	PROVIDER NO.:	PERIOD:	WORKSHEET L-1, PART III (CONT.)
	COMPONENT NO.:	FROM _____ TO _____	

Check applicable boxes	<input type="checkbox"/> Hospital	<input type="checkbox"/> Title V
	<input type="checkbox"/> Subprovider	<input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX

Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 27)	Total Charges (from Wkst. C, Part I, col. 6)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Program Extraordinary Capital Cost (col. 3 x col. 4)	
	1	2	3	4	5	
OUTPATIENT SERVICE COST CENTERS						
60	Clinic					60
61	Emergency					61
62	Observation Beds					62
63	Other Outpatient (specify)					63
OTHER REIMBURSABLE COST CENTERS						
64	Home Program Dialysis					64
65	Ambulance Services					65
66	Durable Medical Equipment-Rented					66
67	Durable Medical Equipment-Sold					67
68	Other Reimbursable (specify)					68
101	Total (sum of lines 37 through 68)					101

(A) Worksheet A line numbers

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3661 AND 3661.3)