SECTION II - EXPENSE TRIAL BALANCE

SCHEDULE B-1
PAGE 10 OF 11

FACILITY NAME: [redacted]
PROVIDER NUMBER: [redacted]
REPORTING PERIOD: [redacted]

	COST CENTER	SALARIES (1)	CONTRACT (2)	SUPPLIES AND OTHER COSTS (3)	TOTAL (COLUMNS 1,2, &3) (4)	RECLASS (5)	RECLASS TRIAL BALANCE (COL 4 + COL 5) (6)	ADJUSTMENTS INCREASES (DECREASES) (7)	NET EXPENSES (COL 6 - COL 7) (8)
PART XIII	VISION CARE COSTS								
	OPTOMETRIST WAGES	$	$		$	$	$	$	$
	OPHTHALMOLOGIST								
	VISION TECHNICIAN								
	SUPPLIES-VISION			$					
	DEPRECIATION-VISION EQUIPMENT								
	LEASED EQUIPMENT-VISION								
	OTHER (SPECIFY):								
	TOTAL PART XIII-VISION CARE COSTS	$	$	$	$	$	$	$	$
PART XIV	PODIATRY SERVICES COSTS								
	WAGES PODIATRIST	$	$		$	$	$	$	$
	PODIATRY SUPPLIES			$					
	DEPRECIATION-PODIATRIC EQUIP.								
	LEASED EQUIPMENT-PODIATRY								
	OTHER (SPECIFY):								
	TOTAL PART XIV-PODIATRY COSTS	$	$	$	$	$	$	$	$

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/[illegible]

EFFECTIVE DATE 1/1/91

[redacted]

ATTACHMENT 4.19-B
5101:3-28-05
Page 38 of 57

APPENDIX A
ENACTED

SECTION II – EXPENSE TRIAL BALANCE (OUTPATIENT CLINIC COST REPORT)

SCHEDULE B-1
PAGE 11 OF 11

FACILITY NAME: _____
PROVIDER NUMBER: _____
REPORTING PERIOD: _____

	COST CENTER	SALARIES (1)	CONTRACT (2)	SUPPLIES AND OTHER COSTS (3)	TOTAL (COLUMNS 1,2, &3) (4)	RECLASS (5)	RECLASS TRIAL BALANCE (COL 4 + COL 5) (6)	ADJUSTMENTS INCREASES (DECREASES) (7)	NET EXPENSES (COL 6 - COL 7) (8)
PART XV	CHIROPRACTIC COSTS								
	CHIROPRACTOR'S WAGES	$	$	$	$	$	$	$	$
	CHIROPRACTIC SUPPLIES								
	DEPRECIATION-CHIROPRACTIC								
	LEASED EQUIP.-CHIROPRACTIC								
	OTHER (SPECIFY):								
	TOTAL PART XV-CHIROPRACTIC COSTS	$	$	$	$	$	$	$	$
PART XVI	NON-REIMBURSABLE COST CENTERS								
	PHARMACY	$	$	$	$	$	$	$	$
	WIC								
	SICKLE CELL								
	OTHER (SPECIFY):								
	TOTAL PART XVI NON-REIMBURSABLE COST CENTER	$	$	$	$	$	$	$	$
	TOTAL PARTS I-XVI	$	$	$	$	$	$	$	$

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91
EFFECTIVE DATE 1/1/91

SECTION III

OUTPATIENT CLINIC COST REPORT

SCHEDULE

DEPRECIATION

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

FIXED ASSEST:

ACCOUNT	COST AT BEGINNING OF PERIOD (1)	ADDITIONS OR (REDUCTIONS) (2)	COST AT END OF PERIOD (3)	ACCUM. DEPREC. (4)	BOOK BAL. AT END OF YEAR (5)	DEPREC. THIS PERIOD (6)
1. LAND	$	$	$		$	
2. BUILDINGS				$		$
3. LEASEHOLD IMPROVEMENT						
4. TOTAL FIXED	$	$	$	$	$	$

MOVABLE EQUIPMENT:

ACCOUNT	COST AT BEGINNING OF PERIOD (1)	ADDITIONS OR (REDUCTIONS) (2)	COST AT END OF PERIOD (3)	ACCUM. DEPREC. (4)	BOOK BAL. AT END OF YEAR (5)	DEPREC. THIS PERIOD (6)
1. ADMIN. AND GENERAL	$	$	$	$	$	$
2. FACILITY COSTS						
3. MEDICAL RECORDS						
4. MEDICAL SERVICE						
5. LABORATORY						
6. RADIOLOGY						
7. DENTAL						
8. SPEECH						
9. MENTAL HEALTH						
10. PHYSICAL THERAPY						
11. TRANSPORTATION						
12. VISION						
13. PODIATRY						
14. CHIROPRACTIC						
15. OTHER NON-REIMB.						
16. TOTAL MOVABLE EQUIP.	$	$	$	$	$	$

Were there any gains or losses on disposals of capital assets? ____Yes ____No
Included in expenses? ____Yes ____No

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91
EFFECTIVE 1/1/91

SECTION IV SCHEDUL

OUTPATIENT CLINIC COST REPORT

SUMMARY OF PROFESSIONAL SERVICES
CLINIC EMPLOYEES

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

DETAIL	ADMIN. DUTIES		DIRECT CARE		PAID LEAVE TIME		TOTAL	
	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAG
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. MEDICAL		$		$		$		$
2. RADIOLOGIST								
3. DENTISTS								
4. DENTAL ASSTS., HYGIENISTS AND TECHNICIANS								
5. PSYCHOLOGIST & CLINICAL SOCIAL WKR.								
6. PHYS. THERAPIST/MECHANOTHERAPIST								
7. OPTOMETRIST / OPTICIAN								
8. NURSING								
9. SPEECH & HEARING THERAPISTS								
10. PODIATRIST								
11. CHIROPRACTIC								
12. OTHER LABORATORY SALARIES								
13. TOTAL		$		$		$		$

SUMMARY OF PROFESSIONAL SERVICES
CLINIC EMPLOYEES

DETAIL	ADMIN. DUTIES		DIRECT CARE		PAID LEAVE TIME		TOTAL	
	HOURS	COMP.	HOURS	COMP.	HOURS	COMP.	HOURS	COMI
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. MEDICAL		$		$		$		$
2. RADIOLOGIST								
3. DENTISTS								
4. DENTAL ASSTS., HYGIENISTS AND TECHNICIANS								
5. PSYCHOLOGIST & CLINICAL SOCIAL WKR.								
6. PHYS. THERAPIST/MECHANOTHERAPIST								
7. OPTOMETRIST / OPTICIAN								
8. NURSING								
9. SPEECH & HEARING THERAPISTS								
10. INTERNS & RESIDENTS								
11. PODIATRIST								
12. CHIROPRACTIC								
13. OTHER LABORATORY SALARIES								
14. TOTAL		$		$		$		$

HOW MANY HOURS PER YEAR DO YOU CONSIDER AS A FULL TIME EQUIVALENCY? _____

TNS # 90-24 APPROVAL DATE 12/6/91
SUPERSEDES
TNS # NEW EFFECTIVE DATE 1/1/91

SECTION IV — OUTPATIENT CLINIC COST REPORT — WORKSHEET I

PAGE 1 OF

PROFESSIONAL SERVICES - MEDICAL

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

MEDICAL SERVICES – CLINIC EMPLOYEES – PHYSICIANS, MEDICAL DIR., PSYCHIATRIST, PHYSICIAN ASSISTANTS, NURSE PRACTITIONER, NURSE MIDWIFE

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES		DIRECT CARE		VACATION & SICK		TOTAL	
		HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
5.	/								
6.	/								
7.	/								
8.	/								
9.	/								
10.	/								
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29.	/								
30.	/								
31.	/								
32.	/								
33.	/								
34.	/								
35.	/								
36.	/								
37.	/								
38.	/								
39.	/								
40.	/								
41.	/								
42.	/								
43.	/								
44.	/								
45. TOTALS - CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #1

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91

EFFECTIVE DATE 1/1/91

SECTION IV — WORKSHEET D

OUTPATIENT CLINIC COST REPORT

PROFESSIONAL SERVICES - MENTAL HEALTH — PAGE 2 OF 5

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

MENTAL HEALTH SERVICES – CLINIC EMPLOYEES – PSYCHOLOGIST & CLINICAL SOCIAL WORKERS ONLY

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES		DIRECT CARE		VACATION & SICK		TOTAL	
		HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
5.	/								
6.	/								
7.	/								
8.	/								
9.	/								
10.	/								
11.	/								
12.	/								
13.	/								
14.	/								
15.	/								
16.	/								
17.	/								
18.	/								
19.	/								
20.	/								
21. TOTAL-CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #5

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91

EFFECTIVE DATE 1/1/91

WORKSHEET I

OUTPATIENT CLINIC COST REPORT

PAGE 3 OF

PROFESSIONAL SERVICES - DENTAL

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

DENTAL SERVICES – CLINIC EMPLOYEES – DENTISTS, DENTAL HYGIENIST, DENTAL DIRECTOR

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES		DIRECT CARE		VACATION & SICK		TOTAL	
		HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
5.	/								
6.	/								
7.	/								
8.	/								
9.	/								
10.	/								
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15.	/								
16.	/								
17.	/								
18.	/								
19.	/								
20.	/								
21.	/								
22.	/								
23.	/								
24.	/								
25.	/								
26.	/								
27.	/								
28. TOTALS – CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #3

TNS # 90-24 APPROVAL DATE 12/6/91
SUPERSEDES
TNS # NEW EFFECTIVE DATE 1/1/91

SECTION IV — OUTPATIENT CLINIC COST REPORT — WORKSHEET
PROFESSIONAL SERVICES – VISION — PAGE 4 OF

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

VISION SERVICES – CLINIC EMPLOYEES – OPTOMETRIST, OPTICIAN

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES HOURS	ADMIN. DUTIES WAGES	DIRECT CARE HOURS	DIRECT CARE WAGES	VACATION & SICK HOURS	VACATION & SICK WAGES	TOTAL HOURS	TOTAL WAGE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
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22.	/								
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24.	/								
25.	/								
26.	/								
27.	/								
28. TOTALS – CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #7

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91
EFFECTIVE DATE 1/1/91

SECTION IV — OUTPATIENT CLINIC COST REPORT — WORKSHEET I
PAGE 5 OF

PROFESSIONAL SERVICES – PODIATRY & CHIROPRACTIC

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

PODIATRIC SERVICES – CLINIC EMPLOYEES – PODIATRIST

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES HOURS	ADMIN. DUTIES WAGES	DIRECT CARE HOURS	DIRECT CARE WAGES	VACATION & SICK HOURS	VACATION & SICK WAGES	TOTAL HOURS	TOTAL WAGES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
5.	/								
6.	/								
7.	/								
8.	/								
9.	/								
10.	/								
11. TOTALS – CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #10

CHIROPRACTIC SERVICES – CLINIC EMPLOYEES – CHIROPRACTOR

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES HOURS	ADMIN. DUTIES WAGES	DIRECT CARE HOURS	DIRECT CARE WAGES	VACATION & SICK HOURS	VACATION & SICK WAGES	TOTAL HOURS	TOTAL WAGES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
2.	/								
3.	/								
4.	/								
5.	/								
6.	/								
7.	/								
8.	/								
9.	/								
10.	/								
11. TOTALS – CLINIC EMPLOYEES			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D, LINE #11

TNS # 90-24
SUPERSEDES
TNS # NEW

APPROVAL DATE 12/6/91
EFFECTIVE DATE 1/1/91

ATTACHMENT 4.19-B Enacted 1/91

SECTION IV — OUTPATIENT CLINIC COST REPORT — WORKSHEET D

CONTRACT PERSONNEL – MEDICAL

PAGE 1 OF

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

MEDICAL SERVICES – CONTRACTED – PHYSICIANS, MEDICAL DIR., PSYCHIATRIST
NURSE PRACTITIONER, PHYSICIAN ASSISTANT, NURSE MIDWIFE

NAME AND TITLE	START MO./YR.	ADMIN. DUTIES		DIRECT CARE		VACATION & SICK		TOTAL	
		HOURS	COMP.	HOURS	COMP.	HOURS	COMP.	HOURS	COMP.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.	/		$		$		$		$
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40.	/								
41.	/								
42.	/								
43.	/								
44.	/								
45. TOTALS – CONTRACT PERSONNEL			$		$		$		$

CARRY TOTALS OVER TO SCHEDULE D-1, LINE #1

[redacted] 90-24
[redacted] FR
[redacted] NEW

[redacted] 12/6/91
EFFECTIVE DATE 1/1/91