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## Cost Finding at the Rehabilitation Unit of the Medical Center at the University of North Dakota

Marvin L. Kaiser

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COST FINDING AT THE REHABILITATION UNIT  
OF THE MEDICAL CENTER  
AT THE UNIVERSITY OF NORTH DAKOTA

BY  
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BSPA IN ACCOUNTING, UNIVERSITY OF NORTH DAKOTA, 1965

A RESEARCH STUDY  
SUBMITTED TO THE FACULTY  
OF THE  
UNIVERSITY OF NORTH DAKOTA  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
MASTER OF SCIENCE

ARCHIVAL COPY

GRAND FORKS, NORTH DAKOTA  
JUNE  
1966

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This research paper submitted by Marvin L. Kaiser in partial fulfillment of the requirements for the Degree of Master of Science in the University of North Dakota is hereby approved by committee under whom the work has been done.

Lyle C. Steinmeier  
Chairman

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Christopher J. Hamre  
Dean of the Graduate School





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## INTRODUCTION

I intend to outline the procedures for cost finding at the Rehabilitation Unit of the Medical Center at the University of North Dakota. The methods I am using for cost finding are designed to fit into the present accounting system and the results can be tabulated by the present staff.

Cost finding or cost accounting is simply a method of determining with reasonable accuracy the cost of accomplishing some activity or thing.<sup>1</sup> Cost finding serves to benefit management in two main ways. The first is cost computation and the second is cost control.

In cost computation the results are arrived at through a study based on historical or predictable cost. In cost control the management reviews expenditures to determine whether they should be increased or decreased. This research paper is primarily leveled at accumulating the results of historical expenditures.

Included in this paper are procedures for determining two types of cost information:

1. The cost of operating the departments into which the rehabilitation unit is organized, and
2. The cost per unit of service given by each department.

For purposes of assigning costs, the rehabilitation center is divided into eleven departments. The following is a list of the eleven present departments:

1. Social service.
2. Physical therapy.

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1. Social service.
2. Physical therapy.

3. Occupational therapy.
4. Speech and hearing.
5. Psychology.
6. Pre-vocational therapy.
7. Nursing.
8. Kitchen.
9. Administration.
10. Medical service.
11. Maintenance.

I am recommending two slight changes. I propose an elimination of the maintenance department and the establishment of a recreation department. The recreation department is a new function of the rehabilitation center and therefore the establishment of a new department is justified. The expenses that have been charged to the maintenance department should now be charged to the administrative department. I will assume these changes have been made.

The rehabilitation center is on a cash basis of accounting. When using this accounting basis, assumptions or alterations are necessary in order to arrive at a meaningful cost study. Over one half of the total expense of the center is for salaries which are expensed monthly and properly accounted for. I do not feel that the fluctuation in the inventories is significant enough to cause any cost distortion. I do feel, however, that an alteration that is necessary is the removal of capital expenditures from the expense flow. Instead, they should be included in a depreciation schedule.



SOURCE OF COST INFORMATION

Gathering the cost information will be considered next. To assure that all costs are included, it is important to consider all the sources of cost information. The two main sources of cost information for the rehabilitation center are the trust fund and appropriated fund records. Trust funds are those that are generated by the rehabilitation unit through its operations. Appropriated funds are those that the state has granted to the rehabilitation center. In addition to trust and appropriated fund records, sources of cost information must be considered for overhead costs, grants, and items such as salaries paid from the work-study program. All of these expenditures must be included to find the total cost of operating the rehabilitation center.

The majority of the charges to the trust accounts are initiated by the rehabilitation unit. They are posted to the trust accounts by the comptrollers office when they are paid. Journal entries are initiated by the comptrollers office for such items as postage and intra-university transfers. An intra-university transfer is a transfer made as the result of a service rendered to another for which formal billing procedures are not followed.

The departments of the rehabilitation center are assigned account numbers from 2561 through 2571. Charges to the trust accounts are made to these accounts according to their departmental assignment. The accuracy of these charges can be verified by referring to the voucher numbers shown on the ledger sheets. A copy of the voucher is kept in the comptroller's office. The items

charged to the trust accounts by the comptroller's office can be verified by checking the original journal entries.

The only expenditures charged to the appropriations accounts are salaries and employee benefits. The account numbered 3816 is the salary account. Account 3817 is charged for the employee benefits.

There are many costs which should be included in the cost of operations that are not accounted for by the rehabilitation center. I shall refer to some of these costs as overhead expenses. Overhead expenses include heat, electricity, water, janitor service, maintenance, insurance, depreciation of equipment, and depreciation of the building. Other overhead costs which should be included if the cost information is available include elevator expense, garbage, lawn work, street maintenance and a part of the overhead of building and grounds.

The buildings and grounds department of the University has been working on a cost accounting system for its own information. They have cost information available which shows the per building cost of maintaining the majority of their services. The costs which are material have been computed by buildings and grounds. More cost information will be available when buildings and grounds further develops their cost accounting system.

The purchasing department of the University maintains the inventory records. Their records show the location of equipment by building and room. The carrying value of the equipment is the insurable value. The value appears to be lower than cost minus



normal depreciation. No cost records are maintained; therefore an adjustment to the depreciation rate would be justified.

Other costs which must be included in determining the total cost of operations are grants, donations, and the salaries paid by the work-study program. The comptroller's office can determine which grants have been given to the rehabilitation center. Each grant is accounted for as a separate entity. Information concerning the establishment of the grant and vouchers charged to the grant are maintained in the files of the comptroller's office. A classification of the expenses can be obtained from the vouchers. Equipment purchases are commonly made from grant funds. Care should be taken so that there is no duplication of depreciation charges for equipment that is included in the purchasing department's inventory, but purchased from a grant.

The records for the work-study program are maintained in the financial aids office. The records in the financial aids office do not indicate where the student works. Therefore, the rehabilitation center will be responsible for maintaining records of student names and their departments of employment.

At the present time the rehabilitation center has not received any donations. If in the future they should receive any, they should be accounted for in the same way as grants. The charges should be expensed when they are paid and the equipment purchases should be removed from the expense flow and set up in the depreciation schedule.

ALLOCATION PROCEDURES

Allocation of cost is assigning the cost of some good or service to the area or department which incurs the cost or derives the benefit. I shall consider procedures for allocating specific charges, overhead costs, and totals of indirect departments.

The need for allocation of a specific charge may arise in the case of salary when an individual's time is divided between two or more departments. Proper costing requires that his salary be allocated to the departments he serves in the same ratio as the time he spends there. Strict accounting would also require that the employee benefits be allocated on the same ratio as the salary. Other charges which are not considered to be administrative expenses should be allocated to the proper departments according to their use or benefit.

The administrative department is the proper place for grouping current expenses and overhead charges which indirectly benefit the other departments. The operating expenses of the administrative department are usually allocated in total to the direct departments. I shall consider the allocation when I consider allocation of whole departments. The charges I have called overhead include: heat, electricity, water and depreciation. The proper method of allocating these costs to departments is according to their use.

In the allocation of overhead costs, the administrative department may be included or excluded in the allocation process. Either method is acceptable from an accounting standpoint. By including the administrative department in the allocation process, the administrative

department will receive its pro-rata share of the overhead cost. By the use of this method, the total cost of operating the administrative department can be determined. When the administrative department is excluded in the allocation process, the direct departments are allocated the total overhead cost. This method is more expedient than the first method. The decision to include or exclude the administrative department in the allocation process will depend upon the desired results of the cost study.

I shall next consider bases upon which overhead costs are allocated. Heat is usually allocated on a square or cubic foot basis. Buildings and grounds computes their cost on a square footage, therefore square footage is the most acceptable basis available. Electricity should be allocated according to use. This may be difficult to determine since the buildings are not metered. Buildings and grounds computes their cost for electricity on a square footage basis over the entire University. I would recommend an adjustment increase of 150% to the electricity charge computed by buildings and grounds. This increase would compensate for the fact that the rehabilitation center is in operation 24 hours a day and seven days a week while the majority of the University is on an eight-hour day five days a week. I would allocate electricity on the basis of square footage until a more acceptable basis can be established.

Although buildings and grounds computes their cost for water on a square footage basis, I allocated the water charge to the principal water consuming departments on an estimated usage basis. I depreciated the building over a 40-year life and allocated the



annual charge to the departments on the basis of square footage.

Buildings and grounds has also computed a charge for janitor salaries, janitor supplies, special projects, and insurance. If these costs cannot be attributed to a specific department, it would be acceptable to allocate them on the basis of square footage. It would also be justified where cost information is not available to assign an additional percentage of the total charge from buildings and grounds to cover expenses they have not computed. Examples of these expenses are garbage service, lawn service, street maintenance, and the overhead expenses of buildings and grounds.

The depreciation of equipment presented several problems. As I stated earlier, the equipment is inventoried at its insurable value. This procedure requires an adjustment. Also, the useful lives of the various items of equipment are difficult to estimate. To avoid these adjustments and a cumbersome depreciation schedule, I assigned a charge for depreciation of 10% of the insurable value as of the beginning of the accounting year. I assigned this charge to the various departments according to the equipment inventory of each department.

Now I will consider the allocation of indirect departments. Indirect departments are those which do not directly serve the patient. With my proposed departmental setup, the administrative department is the only indirect department. It does not directly serve the patient, but without it, maintaining the rehabilitation center would be difficult. To arrive at the total cost of the direct departments it is necessary to include a charge for the

administrative department services. Several bases for allocation are acceptable. Allocation of the administrative department's cost could be made according to the number of employees in the department, according to patient load, by total payroll, or any other method which seems to allocate cost according to benefit. I allocated the cost by the departmental percentage of total payroll.

#### SPECIAL AREAS

I have included at this point a discussion of several special areas. First I will discuss grants, donated property and bad debts. These are areas which contribute to the center's operating cost but for which the center may not be allowed reimbursement. Supporting schedules should be maintained so that these costs may be accurately determined and, if necessary, removed from the total cost of operations.

I have also considered credit and collections as a special area. My comments in the area of credit and collections are made with full knowledge of the social obligation of the rehabilitation center. My purpose is to make the rehabilitation center aware of the credit and collection procedures available to it.

A grant is income received from organizations which must be used for a specific purpose and during a period of time required by the grantor and accepted by the center.<sup>2</sup> It is sometimes difficult to distinguish between a grant and a contribution limited in use by the donor. Essentially, a contribution is a gift or donation made with charitable intentions. Grants, however, usually are given

in accordance with formal policies to support projects proposed by the applicants and reviewed and approved by the grantor.

In cost finding and establishing a rate based on cost, the question is asked if the expenditures charged to a grant can be included in the total operational expense. I feel that grant expenditures must be included when determining the total cost of operation. When considering rate establishment, the decision may be made by the reimbursing agency. Insurance companies, welfare agencies, workmen's compensation and other third party payers have their own formula for reimbursement. The American Hospital Association does not recognize grant expenditures as proper cost items.<sup>3</sup> It has often been found that the overhead expenses incurred in executing a grant exceed the overhead allowed by the grant. The A. H. A. does not recognize this excess as a cost. It could easily be justified on the theory that the patients benefit from research as they are currently benefiting from past research accomplishments.

Donations for plant and equipment are commonly found at the conception of a center. One of the purposes of a donation is to make the services of a hospital or rehabilitation center available to the surrounding area. At the present time, the rehabilitation unit does not have any large benefactors. However, accounting for donated property should be discussed here. It is still an unsettled question whether there is justification for charging depreciation on the donated plant and equipment. I feel that a charge for donated plant and equipment is justified for the



following reason: The rehabilitation center is not allowed a margin of profit; therefore, provisions for replacing donated plant and equipment must come from depreciation. This need has been seen by financially sound hospitals which are charging depreciation on the replacement cost of their plant and equipment.<sup>4</sup>

Bad debts or uncollectable receivables are a cost which must be considered. The provision for bad debts expense may be handled by either of two methods, the reserve method or the direct charge-off method. Until a reasonable estimate of the bad debts can be made, I would recommend the charge-off method. At this point a clear distinction must be made between bad debts and charity cases. Although they are both expenses, charity cases can usually be identified when the patient is admitted. Separation of these items is essential to avoid distortion in the bad debts expense. Distortion of the bad debts expense would place undue blame on the billing department. This separation is also necessary when negotiating rates with third party payers.

There are three common sources for the reimbursement of charity cost. They are philanthropy, the state (using state as a broad term to indicate all kinds of government agencies), or paying patients.<sup>5</sup> In practice, all sources come into play. If the cost cannot be recovered from one of the first two sources, the paying patient will have to pay for the burden.

At the present time, most insurance companies will not allow bad debts as a cost for reimbursement purposes. Their reasoning is that they pay only for the cost of caring for the patients they

insure and not for the unpaid debts of others. If insurance companies continue to disallow bad debts as a cost, the rates to the paying patient will have to be adjusted in order to recover this cost.

The purpose of the rehabilitation center is to rehabilitate its patients. Most of the patients entering the rehabilitation center have had previous medical treatment of their case. The financial resources of many of these patients will have been exhausted by this prior treatment. As a result, the center has a higher percentage of charity cases and doubtful accounts as compared to hospitals. The most important step in elimination of bad debt losses is taken at the time a new patient is admitted to the hospital.<sup>6</sup> Therefore, it is important that all possible sources for collection be considered at the time of admission.

The rehabilitation center is not subject to emergency cases as is a hospital. This gives the center the advantage of making a pre-admissions record. Surveys have shown that bad debt losses may be reduced by 5% with adequate pre-admission information.<sup>7</sup>

In the case of the patient whose bill will be paid by an insurance company or agency, it is important that the reimbursement formula has been arbitrated and that the required forms have been properly completed by the center. It is helpful to the billing staff to have a good working knowledge of insurance company forms. This will enable the staff to devise their own forms for obtaining information required by insurance company forms. If the billing

is good, the amount of actual loss can be greatly reduced if sound

department has this necessary information they will be able to bill faster and more accurately. As a result, prompt payment will be received. The forms used by the billing department should be reviewed periodically.

The billing procedure is possibly the most important part of the business operation. No matter how much service is provided by the rehabilitation center, the center cannot continue to function if they are not paid for their services and the center will cease to serve. Below I am presenting an example of a possible billing procedure:<sup>8</sup>

1. A statement after 30 days.
2. A statement with a reminder sticker pasted on it after 60 days.
3. First collection letter 10 days after the second statement if payment has not been received.
4. Telephone call 10 days after first collection letter.
5. If the telephone call is unsuccessful in bringing about either payment in full or a payment plan that is as good as the original plan, call the patient for a personal interview.

Time is a debtor's safest refuge. The more he gets, the less likely he is to pay. A recent survey revealed that uncollected past due accounts drop to a value of 80 cents on the dollar after two months, 67 cents after six months and 49 cents one year after they become past due.<sup>9</sup>

Despite precautions in granting credit and careful adherence to definite procedures in billing, some of the accounts are going to go bad. The amount of actual loss can be greatly reduced if sound



collection procedures are put into effect and the proper attitude toward collections is maintained. Collection of past due accounts should not be viewed as a distasteful business, but rather as a science.

The collection letter is generally the first approach to the past due debtor. There are general principals that help in the effective use of collection letters, and both the library and the business school have material available which can assist the billing and collection department in developing an effective collection letter.

Telephone collecting is another tool available in the collection process. An advantage of telephoning is that two-way communication exists. If it is not possible to work out a solution over the phone, the debtor should be asked to come to the office for a personal interview.

A personal interview should be held away from the office routine so that there is less chance of being disturbed. The interview should be held in a private room if possible. The debtor will be more at ease in discussing his financial problems if he feels that he will not be overheard. If the debtor does not have finances available to pay the entire debt, the collector should work out a payment plan.

The last resort in the collection process is turning the account over for collection. The collection agency will keep a substantial portion of the account, but partial payment is better than no payment at all. In the collection of past due accounts, there is

no magic formula. It is a matter of careful planning and careful execution of these plans.

#### BASIS FOR ESTABLISHING FEES

Cost is the basic method upon which fees are established. Several other methods are currently in use. Rates may be determined by competition, on the philosophy of what the traffic will bear, or some method of cost plus a percentage for profit.

I have previously cited some reasons for deviations from cost. These deviations result from the disallowance by insurance companies and agencies of certain items of cost. Other reasons for deviation from cost may result from a marketing philosophy of the management in the introducing a new service may be too expensive to charge at cost. The rate for this new service may be reduced and the subsequent loss recovered in other areas. Another factor affecting pricing is the introduction of loss leaders. The idea is to encourage patients to make use of a particular service. Still another factor may be the desire of the center to offer a complete line of service, which may not be justified from a cost standpoint. Regardless of what is charged for individual items, the overall income must exceed the expenses. These deviations, whether they be compulsory or elected, bring about the need for establishing different rates to accommodate the various insurance companies and agencies.

Most rates are based on a charge per unit of time, such as per diem, per hour, or per visit. In addition to this established

base rate, special charges should be made for drugs, medications, x-rays, and laboratory examinations to the patients who receive these additional goods and services. I have included as schedule I a form designed to account for these special charges. The total cost of these special charges should be removed from the total expenses of the charging department to arrive at the costs to be covered by the base rate.

Several units of service are acceptable for determining unit cost within a department. I shall mention some of the most common ones.

#### Social Service

1. Charge per case.
2. Charge per visit.

#### Occupational and Physical Therapy

1. Charge per unit of time.
2. Charge per treatment.

#### Speech and Hearing

1. Charge per unit of time.
2. Charge per visit.

#### Psychology

1. Charge per unit of time.
2. Charge per visit.
3. Charge flat rate for tests and evaluation.

#### Pre-Vocational Therapy

1. Charge per unit of time.
2. Charge per visit.

#### Nursing and Kitchen

1. Per day.

#### Medical

1. Flat rate for service.
2. Charge per visit.
3. Charge per examination, evaluation, etc.

One of these units of service should be selected for each department. It is necessary to keep a record of the total units



of service expended during a period in order to arrive at unit cost. I have included as schedule II a form designed to keep a record for a month, but it will work for any shorter period of time. It also serves as a record for billing purposes.

Now that the total department costs and total departmental units of service have been established, I will consider some of the ways to establish fees based on cost. I will include three departments in arriving at a base cost for the in-patient. The total cost of the nursing department less any specific charges to patients is the net cost of in-patient service. The total cost of kitchen operation less cash received from employees or out-patients is the net cost for in-patient meals. Adding the net cost of the nursing department and kitchen to the total cost of the recreation department and dividing by the number of in-patient days (one patient for one day = one in-patient day) will give the base cost per patient per day.

Physical therapy, occupational therapy, speech and hearing, and pre-vocational therapy all adapt themselves to the hourly basis as a unit of service. Divide the total cost of the department by the total number of hours of service to arrive at the per hour cost.

Psychology and social service lend themselves to the per visit basis. The total cost of the department divided by the total number of patient visits will provide the cost per visit.

The medical department may best use a weighted unit of time method. Following is an example of the procedure to be followed:

<u>Unit of Service</u>	<u>Number of Units</u>	X	<u>Length of Unit</u>	<u>Hours of Service</u>
Initial examinations	500		1 hr.	500
Evaluations	400		2 hrs.	800
Progress examinations	1,000		$\frac{1}{2}$ hr.	500
				<u>1,800</u> Total
<u>Total cost, 25,000</u>				=
<u>1,800 Hrs. of Service</u>				13.89 Cost Per Hour

The cost for each service would be

Initial examinations	$13.89 \times 1 = 13.89$
Evaluations	$13.89 \times 2 = 27.78$
Progress examinations	$13.89 \times \frac{1}{2} = 6.94$

#### EXPLANATION OF THE CHART OF ACCOUNTS

To assure that costs have been properly accounted for it is essential that the original departmental assignment and expense classification be properly recorded. To assist in improving the accuracy of the expense classification I have included as schedule III the expense classifications from the University of North Dakota charts of accounts. I have included explanations and expansions where I felt they were needed. On those accounts which I made no comment, I felt the account title was self-explanatory.

The expenditure assignment should be made to the department which incurs the obligation. In the case of salaried employees who work in more than one department, their salaries should be charged to their principal departments. An adjustment allocation should be made at the time total departmental costs are computed.

It would also be wise to verify the department assignment on the appropriated salaries with the business office.

#### CONCLUSION

I have set up and explained the procedures to be used in cost finding at the rehabilitation center. I began by establishing the departmental units. I then explored the sources for cost information. The section on allocation explained some of the methods used in assigning the cost to their proper departments. I included a section for discussing some special areas. I felt that this was necessary for the purpose of informing the center's administration of the controversial cost areas and possible procedures in the area of credit and collections. I also explored some of the ways to arrive at fees based on cost. The chart of accounts and forms which I submitted were designed to assist them in gathering accurate cost information. I hope this will facilitate their needs until a completely integrated cost accounting system can be established and adequately staffed.

STATE OF CALIFORNIA

INDUSTRY OF MANUFACTURING

MANUFACTURE OF LUMBER AND WOOD PRODUCTS

YEAR	EMPLOYMENT	WAGES	VALUE	PROD.
1922	100	100	100	100

APPENDIX









UNIVERSITY OF NORTH DAKOTA  
EXPENSE CLASSIFICATIONS - July 1, 1965

SALARIES AND WAGES

- 301 Salaries---to cover all full-time persons and those hired at a specific monthly salary.
- 302 Student Assistants---to include all students except graduate assistants.
- 303 Part-Time Help and Extra Labor.
- 304 Lecturers---to include speakers who have been hired on a fee basis.
- 305 Graduate Assistants.
- 306 Workmens' Compensation.
- 307 OASIS.
- 308 Teachers Insurance and Retirement.
- 309 TIAA, and Hospital Insurance.
- 310 Medical and Hospital Insurance.
- 311 FOASIS.
- 312 Retirement Premiums.

FEES AND SERVICES

- 421 In-State Travel---to include cost of transportation, meals, lodging, and other incidental expenses.
- 422 Out-of-State Travel---to include the same items as in-state travel.
- 423 Water.
- 424 Electricity.
- 425 Rent.
- 426 Communication---to include telephone, telegraph, postage, and postage meter rental.
- 427 Repairs---to include repair bills and supplies used in making your own repairs; also to include service contracts.
- 428 Professional Fees and Services---to include fees for tutoring and services of student health.
- 429 Advertising.
- 430 Licenses and Taxes.
- 431 Insurance and Bonds.
- 432 Membership Dues.
- 433 Miscellaneous---to be used only when no other account seems suitable.
- 434 Laundry.
- 435 Bank Charges.
- 436 Freight and Express.
- 437 Faculty Awards.
- 438 Guarantees.
- 439 Officials.
- 440 Interviews.
- 441 Scouting.
- 442 Recruiting.

For the use of the athletic department

- 443 Honorariums---to include payments made to speakers and lecturers who are not hired, but a token payment is made to them.
- 444 Interest Expense.
- 445 Student Organization Commission.
- 446 Conferences---to be charged for expenses incurred in hosting a conference.
- 447 Awards.
- 448 Stipends.
- 449 Dependency Allowance.
- 450 Tuition for Institute Participants.
- 451 Travel for Participants.
- 452 Field Trips.
- 453 Student Service Fee.
- 454 Book Allowance.
- 561 Printing and Publication---to include expenditures for catalogs, bulletins, pamphlets, leaflets, programs, and display advertising.
- 562 Office and General Supplies---includes office and instructional supplies and materials, as well as any books not purchased for libraries; items printed for office use should also be charged here; miscellaneous small equipment costing less than \$25.00 may be included in this category.
- 563 Books.
- 564 Periodicals.
- 565 Binding.
- 566 Cuts and Mats.
- 567 Purchases.
- 568 Dishes.
- 569 Linens.
- 570 Clothing and Dry Cleaning.
- 571 Medical Supplies---not to include office and general supplies of medical services and nursing departments.
- 572 Laboratory Supplies.
- 573 Gas and Lubricants---not to be used for automobile expense, which should be charged to in-state or out-of-state travel, whichever is appropriate.
- 574 Fuel.
- 575 Reference Material---may be charged for books purchased for reference purposes or library.
- 576 Uniforms.

To be used for  
institute grants

#### EQUIPMENT

- 680 Equipment.

#### SPECIAL PROJECTS

- 785 Alteration Expense.
- 786 General Contract.
- 787 Electrical Contract.
- 788 Plumbing Contract.

- 789 Ventilating Contract.
- 790 Elevator Contract.
- 791 Architect Fees.
- 792 Site Preparation.
- 793 Miscellaneous

REFERENCES

- <sup>1</sup>Donald Faber and Gordon Stevig, "Motivating Cost Finding in Hospitals," Hospital Accounting, April, 1965, p. 12.
- <sup>2</sup>Harold Binderer, "Of Carts and Horses," Hospital Accounting, December, 1964, p. 6.
- <sup>3</sup>Ibid., p. 5.
- <sup>4</sup>Ray S. Ester, "Depreciation, Price Levels and Replacement," Hospital Accounting, November, 1965, p. 14.
- <sup>5</sup>William J. Maiter and Earl Eder, "Rate Setting," Hospital Accounting, December, 1964, p. 11.
- <sup>6</sup>Sister Mary Assante, "Credit Granting---A Way of Life for Hospitals," Hospital Accounting, September, 1965, p. 18.
- <sup>7</sup>Nady Kelschick, "A Triology Fine One," Hospital Accounting, March, 1965, p. 7.
- <sup>8</sup>John W. Johnson, "Collect Carewell With the Bills," Selected Papers: Nineteenth Annual Institute of Hospital Accounting and Finance, a report prepared by Indiana University School of Business and American Association of Hospital Accountants (Indiana University: Bureau of Business Research, 1963), p. 70.
- <sup>9</sup>Ibid., p. 71.

FOOTNOTES

- <sup>1</sup>Donald Faber and Gordon Stavig, "Motivating Cost Finding in Hospitals," Hospital Accounting, April, 1965, p. 12.
- <sup>2</sup>Harold Hinderer, "Of Carts and Horses," Hospital Accounting, December, 1964, p. 4.
- <sup>3</sup>Ibid, p. 5.
- <sup>4</sup>Roy E. Baker, "Depreciation, Price Levels and Replacement," Hospital Accounting, November, 1965, p. 14
- <sup>5</sup>William J. Mueller and Earl Soder, "Rate Setting," Hospital Accounting, December, 1964, p. 11.
- <sup>6</sup>Sister Mary Assunta, "Credit Granting---A Way of Life for Hospitals," Hospital Accounting, September, 1965, p. 10.
- <sup>7</sup>Rudy Kalabich, "A Trilogy Plus One," Hospital Accounting, March, 1965, p. 7.
- <sup>8</sup>John W. Johnson, "Collect Goodwill With the Bills," Selected Papers: Nineteenth Annual Institute of Hospital Accounting and Finance, a report prepared by Indiana University School of Business and American Association of Hospital Accountants (Indiana University: Bureau of Business Research, 1961), p. 70.
- <sup>9</sup>Ibid, p. 71.



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