



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2014 (mm/dd/yyyy format)

Year End: 04/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Amy Lashbrook

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5415707
Outpatient Patient Service Revenue	\$27918135
Total Gross Patient Service Revenue	\$33333842

2. Deductions From Revenue

Contractual Allowance	\$14872525
Other Deductions	\$1079621
Total Deductions	\$15952146

3. Total Operating Revenue

Net Patient Service Revenue	\$17381695
Other Operating Revenue	\$712997
Total Operating Revenue	\$18094692

4. Operating Expenses

Salaries and Wages	\$6430883	Employee Benefits	\$1687022
Depreciation and Amortization	\$1174106	Interest Expense	\$621626
Bad Debt	\$321716	Other Expenses	\$7416212
Total Operating Expenses	\$17651565		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$443127	Total Assets	\$21427099
Net Non-operating Gains over	\$0	Total Liabilities	\$15840225

Loss	
Total Net Gains	\$443127

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11515682	\$5288024	\$6227658
Medicaid	\$2635894	\$2214380	\$421514
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19182266	\$7370121	\$11812145
Total	\$33333842	\$14872525	\$18461317

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$95	\$19473	\$-19378
Hospital Patients	\$0	\$0	\$0
Community Education	\$7471	\$58875	\$-51404

Number of Medical Professionals Trained	75
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4500

Statement Six: Charity Statement

Hospital Charity Charges	\$1079622
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$549599	
HCI Payments	\$0		
Subtotal	\$0	\$549599	\$-549599
Medicaid Shortfalls	\$635635	\$1613535	
Subtotal	\$635635	\$2163134	\$-1527499
DSH Payments	\$0		
Subtotal	\$635635	\$2163134	\$-1527499
Medicare Shortfalls	\$4438980	\$5435434	
Other Government Programs	\$0	\$0	
Total	\$5074615	\$7598568	\$-2523953

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$662394	\$1878947	\$-1216553
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments