



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: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: New Castle

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$63496026
Outpatient Patient Service Revenue	\$123706779
Total Gross Patient Service Revenue	\$187202805

2. Deductions From Revenue

Contractual Allowance	\$112640434
Other Deductions	\$1949121
Total Deductions	\$114589555

3. Total Operating Revenue

Net Patient Service Revenue	\$72613250
Other Operating Revenue	\$9083280
Total Operating Revenue	\$81696530

4. Operating Expenses

Salaries and Wages	\$26578007	Employee Benefits	\$8636152
Depreciation and Amortization	\$4553140	Interest Expense	\$258534
Bad Debt	\$3531505	Other Expenses	\$28725906
Total Operating Expenses	\$72283244		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9413286	Total Assets	\$134982413
Net Non-operating Gains over Loss	\$802905	Total Liabilities	\$26840253

Total Net Gains	\$10216191
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$89844417	\$49230599	\$40613818
Medicaid	\$29754221	\$7668458	\$22085763
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$67604167	\$55741377	\$11862790
Total	\$187202805	\$112640434	\$74562371

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$117572	\$117572	\$0

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

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$563627	\$-563627
Hospital Patients	\$0	\$2111251	\$-2111251
Community Education	\$0	\$6676	\$-6676

Number of Medical Professionals Trained	271
Number of Hospital Patients Educated	126699
Number of Citizens Exposed to Health Education Messages	150000

Statement Six: Charity Statement
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Hospital Charity Charges	\$1949121
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$604877	
HCI Payments	\$0		
Subtotal	\$0	\$604877	\$-604877
Medicaid Shortfalls	\$893703	\$9233717	
Subtotal	\$893703	\$9838594	\$-8944891
DSH Payments	\$4071088		
Subtotal	\$4964791	\$9838594	\$-4873803
Medicare Shortfalls	\$16624970	\$27881687	
Other Government Programs	\$0	\$0	
Total	\$21589761	\$37720281	\$-16130520

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$632958	\$-632958
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$67544	\$-67544
Other Allocations	\$0	\$20990	\$-20990

Comments

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