



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CLARIAN - ARNETT HEALTH

City of Hospital: Lafayette

Year Begin: 10/16/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26723000
Outpatient Patient Service Revenue	\$68437000
Total Gross Patient Service Revenue	\$95160000

2. Deductions From Revenue

Contractual Allowance	\$50508000
Other Deductions	\$1161000
Total Deductions	\$51669000

3. Total Operating Revenue

Net Patient Service Revenue	\$43492000
Other Operating Revenue	\$3844000
Total Operating Revenue	\$47336000

4. Operating Expenses

Salaries and Wages	\$27704000	Employee Benefits	\$4635000
Depreciation and Amortization	\$3653000	Interest Expense	\$2831000
Bad Debt	\$2841000	Other Expenses	\$38023000
Total Operating Expenses	\$79687000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-32353000	Total Assets	\$255246000
Net Non-operating Gains over Loss	\$3000	Total Liabilities	\$287527000
Total Net Gains	\$-32350000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$18764000	\$10523000	\$8241000
Medicaid	\$2998000	\$438000	\$2560000
Other Government	\$9374000	\$8358000	\$1016000
Other State	\$0	\$0	\$0
Other Payers	\$62813000	\$32143000	\$30670000
Total	\$93949000	\$51462000	\$42487000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$27000	\$8000	\$19000

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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1352000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$954000	
HCI Payments	\$0		
Subtotal	\$0	\$954000	\$-954000
Medicaid Shortfalls	\$438000	\$2116000	
Subtotal	\$438000	\$3070000	\$-2632000
DSH Payments	\$0		
Subtotal	\$438000	\$3070000	\$-2632000
Medicare Shortfalls	\$4388000	\$10525000	
Other Government Programs	\$0	\$0	
Total	\$4826000	\$13595000	\$-8769000

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$221000	\$-221000
Other Allocations	\$0	\$0	\$0