



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/31/2008 (mm/dd/yyyy format)

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

Medicare Provider Number: 15-0009

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$192599000
Outpatient Patient Service Revenue	\$183267000
Total Gross Patient Service Revenue	\$375866000

2. Deductions From Revenue

Contractual Allowance	\$218858000
Other Deductions	\$8403000
Total Deductions	\$227261000

3. Total Operating Revenue

Net Patient Service Revenue	\$148605000
Other Operating Revenue	\$2473000
Total Operating Revenue	\$151078000

4. Operating Expenses

Salaries and Wages	\$57829000	Employee Benefits	\$12160000
Depreciation and Amortization	\$10241000	Interest Expense	\$2072000
Bad Debt	\$29101000	Other Expenses	\$49624000
Total Operating Expenses	\$161027000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-718000	Total Assets	\$138651000
Net Non-operating Gains over Loss	\$-4075000	Total Liabilities	\$138651000
Total Net Gains	\$-4793000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$164505000	\$106588000	\$57917000
Medicaid	\$37692000	\$31259000	\$6433000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$173669000	\$81011000	\$92658000
Total	\$375866000	\$218858000	\$157008000

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	\$0	\$1612877	\$-1612877
Hospital Patients	\$0	\$9051926	\$-9051926
Community Education	\$0	\$92400	\$-92400

Number of Medical Professionals Trained	19
Number of Hospital Patients Educated	57682
Number of Citizens Exposed to Health Education Messages	23912

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$8403000	\$0	
HCI Payments	\$0		
Subtotal	\$8403000	\$0	\$8403000
Medicaid Shortfalls	\$31259000	\$0	
Subtotal	\$39662000	\$0	\$39662000
DSH Payments	\$0		
Subtotal	\$39662000	\$0	\$39662000
Medicare Shortfalls	\$106588000	\$0	
Other Government Programs	\$0	\$0	
Total	\$146250000	\$0	\$146250000

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	\$92400	\$-92400
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$170676.57	\$-170676.57
Other Allocations	\$0	\$0	\$0