



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

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

Year End: 01/01/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$109438703
Outpatient Patient Service Revenue	\$153843517
Total Gross Patient Service Revenue	\$263282220

2. Deductions From Revenue

Contractual Allowance	\$113189220
Other Deductions	\$5618338
Total Deductions	\$118807558

3. Total Operating Revenue

Net Patient Service Revenue	\$144474662
Other Operating Revenue	\$6554792
Total Operating Revenue	\$151029454

4. Operating Expenses

Salaries and Wages	\$72624990	Employee Benefits	\$22479680
Depreciation and Amortization	\$15037232	Interest Expense	\$3826630
Bad Debt	\$6022495	Other Expenses	\$57818851
Total Operating Expenses	\$177809878		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-26780424	Total Assets	\$267563204
Net Non-operating Gains over Loss	\$-7064138	Total Liabilities	\$127881193
Total Net Gains	\$-33844562		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$122927033	\$79323841	\$43603192
Medicaid	\$24482280	\$13516641	\$10965639
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$115872907	\$20348738	\$95524169
Total	\$263282220	\$113189220	\$150093000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$700204	\$-700204

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	\$173675	\$360139	\$-186464
Hospital Patients	\$83887	\$133873	\$-49986
Community Education	\$0	\$440223	\$-440223

Number of Medical Professionals Trained	36
Number of Hospital Patients Educated	1152
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$7745884
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4376424	
HCI Payments	\$0		
Subtotal	\$0	\$4376424	\$-4376424
Medicaid Shortfalls	\$3877698	\$13832488	
Subtotal	\$3877698	\$18208912	\$-14331214
DSH Payments	\$11,968,276		
Subtotal	\$15845974	\$18208912	\$-2362938
Medicare Shortfalls	\$43603192	\$69453774	
Other Government Programs	\$0	\$0	
Total	\$59449166	\$87662686	\$-28213520

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	\$2725525	\$-2725525
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$183247	\$-183247
Other Allocations	\$0	\$0	\$0