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HOSPITAL FISCAL REPORT

State Form 49520 (R2/7-02)
 Indiana State Department of Health
 (Form Approved by State Board of Accounts, 2000)

I. Identification of Organization

Name of Hospital		GREENE COUNTY GENERAL HOSPITAL	
City of Hospital		LINTON	
Year Begin	01/01/2008	Year End	12/31/2008
Person Completing the Report		Timothy W. Norris	
E-Mail Address		tnorris@greencountyhospital.com	
Medicare Provider Number		15-1317	

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$ 10,055,808	Contractual Allowance	\$ 15,444,365
Outpatient Patient Service Revenue	\$ 28,314,695	Other Deductions	\$ -0-
Total Gross Patient Service Revenue	\$ 38,370,503	Total Deductions	\$ 15,444,365

3. Total Operating Revenue

Net Patient Service Revenue	\$ 22,926,138
Other Operating Revenue	\$ 3,747,647
Total Operating Revenue	\$ 26,673,785

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4. Operating Expenses

Salaries and Wages	\$ 9,369,010	Employee Benefits	\$ 2,548,418
Depreciation and Amortization	\$ 488,015	Interest Expense	\$ - 0 -
Bad Debt	\$ 2,222,628	Other Expenses	\$ 7,830,367
Total Operating Expenses	\$ 22,504,308		

5. Net Revenue and Expenses		6. Assets and Liabilities	
Excess Revenue over Expenses	\$ 4,169,477	Total Assets	\$ 22,017,593
Net Non-operating Gains over Losses	\$ 3,137	Total Liabilities	\$ 1,788,112
Total Net Gain	\$ 4,172,614		

Statement Two	Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$ 19,955,365	\$ 7,768,985	\$ 12,186,380
Medicaid	\$ 4,988,165	\$ 3,909,863	\$ 1,078,302
Other Government	\$ 125,309	\$ 32,879	\$ 92,430
Other State	\$ -0-	\$ -0-	\$ -0-
Other Payers	\$ 13,301,664	\$ 3,732,638	\$ 9,569,026
Total	\$ 38,370,503	\$ 15,444,365	\$ 22,926,138

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Statement Three	Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$ -0-	\$ -0-	\$ -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-	\$ 1,750	\$ (1,750)
Hospital Patients	\$ -0-	\$ 3,220	\$ (3,220)
Community Education	\$ -0-	\$ 1,025	\$ (1,025)

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	252
Number of Citizens Exposed to Health Education Messages	679

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Statement Six: Charity Statement

Hospital Charity Charges \$ 1,321,178

	Payments From Clients	Adjustments	
		LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Costs by Hospital		\$ 792,707	
Charity Payments by Clients	\$ -0-		
HCI Payments	\$ -0-		
Subtotal	\$ -0-	\$ 792,707	\$ 792,707
Medicaid Shortfalls	\$ 565,782	\$ 2,992,899	
Subtotal	\$ 565,782	\$ 3,785,606	\$ 792,707
DSH Payments	\$ 1,247,035		
Subtotal	\$ 1,812,817	\$ 3,785,606	\$ 792,707
Medicare Shortfalls	\$ 8,633,285	\$ 11,973,219	
Other Government Programs	\$ 55,458	\$ 75,185	
Total	\$ 10,501,560	\$ 15,834,010	\$ 792,707

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$ -0-	\$ 925	\$ (925)
Community Assessment	\$ -0-	\$ -0-	\$ -0-
Provision of Taxes	\$ -0-	\$ -0-	\$ -0-
Other Allocations	\$ -0-	\$ -0-	\$ -0-