



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PINNACLE HOSPITAL

City of Hospital: Crown Point

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

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

Medicare Provider Number: 150166

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11271972
Outpatient Patient Service Revenue	\$29274977
Total Gross Patient Service Revenue	\$40546949

#### 2. Deductions From Revenue

Contractual Allowance	\$24126241
Other Deductions	\$0
Total Deductions	\$24126241

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$16420707
Other Operating Revenue	\$35840
Total Operating Revenue	\$16456547

#### 4. Operating Expenses

Salaries and Wages	\$8574341	Employee Benefits	\$71349
Depreciation and Amortization	\$2232282	Interest Expense	\$781220
Bad Debt	\$293723	Other Expenses	\$12171101
Total Operating Expenses	\$24124016		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7667469	Total Assets	\$11011040
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$13072889
Total Net Gains	\$-7667469		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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

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

### 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	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

<b>Statement Seven: Subsidized Health Services for the Community</b>
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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	\$0	\$0
Other Allocations	\$0	\$0	\$0