



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg, IN

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

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

Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16768000	Contractual Allowance	\$31210000
Outpatient Patient Service Revenue	\$45398000	Other Deductions	\$77000
Total Gross Patient Service Revenue	\$62166000	Total Deductions	\$31287000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$30879000
Other Operating Revenue	\$568000
Total Operating Revenue	\$31447000

4. Operating Expenses

Salaries and Wages	\$10986000	Employee Benefits	\$1963000
Depreciation and Amortization	\$1725000	Interest Expense	\$5000
Bad Debt	\$6185000	Other Expenses	\$8046000
Total Operating Expenses	\$28910000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2537000	Total Assets	\$33904000
Net Non-operating Gains over Loss	\$-1360000	Total Liabilities	\$3179000
Total Net Gains	\$1177000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$23563000	\$13932000	\$9631000
Medicaid	\$10899000	\$5902000	\$4997000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27704000	\$11376000	\$16328000
Total	\$62166000	\$31210000	\$30956000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$166000	\$166000	\$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	\$77000
--------------------------	---------

	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	\$3,585,000		
Subtotal	\$3585000	\$0	\$3585000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$3585000	\$0	\$3585000

Statement Seven: Subsidized Health Services for the Community

	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