



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.

City of Hospital: Angola

Year Begin: 10/01/2008 (mm/dd/yyyy format)

Year End: 09/30/2009 (mm/dd/yyyy format)

Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10665897
Outpatient Patient Service Revenue	\$53522570
Total Gross Patient Service Revenue	\$64188467

2. Deductions From Revenue

Contractual Allowance	\$24910339
Other Deductions	\$1066896
Total Deductions	\$25977235

3. Total Operating Revenue

Net Patient Service Revenue	\$38211232
Other Operating Revenue	\$2406928
Total Operating Revenue	\$40618160

4. Operating Expenses

Salaries and Wages	\$13316114	Employee Benefits	\$5183133
Depreciation and Amortization	\$2342343	Interest Expense	\$699332
Bad Debt	\$3306267	Other Expenses	\$15236335
Total Operating Expenses	\$40083524		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$534636	Total Assets	\$40176539
Net Non-operating Gains over Loss	\$-94711	Total Liabilities	\$40176539
Total Net Gains	\$439925		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$19911166	\$9510200	\$10400966
Medicaid	\$7422783	\$4708029	\$2714754
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36854518	\$11759006	\$25095512
Total	\$64188467	\$25977235	\$38211232

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$50000	\$0	\$50000

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	\$902	\$2090	\$-1188
Community Education	\$27235	\$339946	\$-312711

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	178
Number of Citizens Exposed to Health Education Messages	3255

Statement Six: Charity Statement

Hospital Charity Charges	\$1066896
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$506776	
HCI Payments	\$0		
Subtotal	\$0	\$506776	\$-506776
Medicaid Shortfalls	\$472596	\$3525822	
Subtotal	\$472596	\$4032598	\$-3560002
DSH Payments	\$19,042		
Subtotal	\$491638	\$4032598	\$-3540960
Medicare Shortfalls	\$6444874	\$9457804	
Other Government Programs	\$0	\$0	
Total	\$6936512	\$13490402	\$-6553890

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$27235	\$339946	\$-312711
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$161585	\$-161585
Other Allocations	\$0	\$0	\$0