



## 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:* 10/01/2009 (mm/dd/yyyy format)

*Year End:* 09/30/2010 (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	\$11824305	Contractual Allowance	\$28429638
Outpatient Patient Service Revenue	\$57074050	Other Deductions	\$833866
Total Gross Patient Service Revenue	\$68898355	Total Deductions	\$29263504

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$39634851
Other Operating Revenue	\$2382582
Total Operating Revenue	\$42017433

#### 4. Operating Expenses

Salaries and Wages	\$13621116	Employee Benefits	\$4341043
Depreciation and Amortization	\$2218487	Interest Expense	\$462952
Bad Debt	\$4517230	Other Expenses	\$16272942
Total Operating Expenses	\$41433770		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$583679	Total Assets	\$50473853
Net Non-operating Gains over Loss	\$1447618	Total Liabilities	\$50743853
Total Net Gains	\$2031297		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$20559202	\$9682274	\$10876928
Medicaid	\$8689363	\$5823440	\$2865923
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$39649790	\$13757790	\$25892000
Total	\$68898355	\$29263504	\$39634851

### 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	\$0	\$0	\$0
Community Education	\$34117	\$78590	\$-44473

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	210
Number of Citizens Exposed to Health Education Messages	2896

### Statement Six: Charity Statement

Hospital Charity Charges	\$833886
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$367980	
HCI Payments	\$0		
Subtotal	\$0	\$367980	\$-367980
Medicaid Shortfalls	\$454714	\$3832009	
Subtotal	\$454714	\$4199989	\$-3745275
DSH Payments	\$0		
Subtotal	\$454714	\$4199989	\$-3745275
Medicare Shortfalls	\$6651682	\$9066608	
Other Government Programs	\$0	\$0	
Total	\$7106396	\$13266597	\$-6160201

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$34117	\$78590	\$-44473
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$203265	\$-203265
Other Allocations	\$0	\$0	\$0