



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0009

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$226742000
Outpatient Patient Service Revenue	\$182258000
Total Gross Patient Service Revenue	\$409000000

#### 2. Deductions From Revenue

Contractual Allowance	\$251400000
Other Deductions	\$0
Total Deductions	\$251400000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$157600000
Other Operating Revenue	\$2711000
Total Operating Revenue	\$160311000

#### 4. Operating Expenses

Salaries and Wages	\$55566000	Employee Benefits	\$13032000
Depreciation and Amortization	\$9474000	Interest Expense	\$1706000
Bad Debt	\$29311000	Other Expenses	\$21838000
Total Operating Expenses	\$130927000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$262000	Total Assets	\$163118000
Net Non-operating Gains over Loss	\$495000	Total Liabilities	\$84226000
Total Net Gains	\$757000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$186850339	\$127071000	\$59779339
Medicaid	\$49933932	\$41002000	\$8931932
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$172215729	\$83327000	\$88888729
Total	\$409000000	\$251400000	\$157600000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$347274	\$302819	\$44455

### 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	\$465925	\$179680	\$286245
Hospital Patients	\$0	\$372372	-\$372372
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	3.63
Number of Hospital Patients Educated	14322
Number of Citizens Exposed to Health Education Messages	7655

### Statement Six: Charity Statement

Hospital Charity Charges	\$8962000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2688600	
HCI Payments	\$0		
Subtotal	\$0	\$2688600	\$-2688600
Medicaid Shortfalls	\$8931932	\$14980180	
Subtotal	\$8931932	\$17668780	\$-8736848
DSH Payments	\$0		
Subtotal	\$8931932	\$17668780	\$-8736848
Medicare Shortfalls	\$59779339	\$56055101	
Other Government Programs	\$5768173	\$0	
Total	\$74479444	\$73723881	\$755563

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$56025	\$-56025
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$744866.58	\$157185.05	\$587681.53
Other Allocations	\$0	\$0	\$0