



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

Year Begin: 10/01/2009 (mm/dd/yyyy format)

Year End: 09/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 151319

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|                                     |            |
|-------------------------------------|------------|
| Inpatient Patient Service Revenue   | \$11500728 |
| Outpatient Patient Service Revenue  | \$34717313 |
| Total Gross Patient Service Revenue | \$46218041 |

#### 2. Deductions From Revenue

|                       |            |
|-----------------------|------------|
| Contractual Allowance | \$17379739 |
| Other Deductions      | \$1086194  |
| Total Deductions      | \$18465933 |

#### 3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$27752108 |
| Other Operating Revenue     | \$315399   |
| Total Operating Revenue     | \$28067507 |

#### 4. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$10145080 | Employee Benefits | \$2702982 |
| Depreciation and Amortization | \$2098816  | Interest Expense  | \$488123  |
| Bad Debt                      | \$3043578  | Other Expenses    | \$8072179 |
| Total Operating Expenses      | \$26550758 |                   |           |

#### 5. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$1516746 | Total Assets      | \$26347830 |
| Net Non-operating Gains over Loss | \$-536001 | Total Liabilities | \$14467262 |
| Total Net Gains                   | \$980745  |                   |            |

### Statement Two: Contractual Allowance

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

|                  |            |            |            |
|------------------|------------|------------|------------|
| Medicare         | \$18160458 | \$8869876  | \$9290582  |
| Medicaid         | \$5521442  | \$4840456  | \$680986   |
| Other Government | \$0        | \$0        | \$0        |
| Other State      | \$0        | \$0        | \$0        |
| Other Payers     | \$22536141 | \$3669407  | \$18866734 |
| Total            | \$46218041 | \$17379739 | \$28838302 |

**Statement Three: Donations Statement**

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$511604                   | \$511604                    | \$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 | \$1086194 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$1086194              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$1086194              | \$-1086194                     |
| Medicaid Shortfalls       | \$680986              | \$2926364              |                                |
| Subtotal                  | \$680986              | \$4012558              | \$-3331572                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$680986              | \$4012558              | \$-3331572                     |
| Medicare Shortfalls       | \$9290582             | \$9625043              |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$9971568             | \$13637601             | \$-3666033                     |

**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                     |