



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: LINTON

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

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

Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9169891	Contractual Allowance	\$18500975
Outpatient Patient Service Revenue	\$34525482	Other Deductions	\$0
Total Gross Patient Service Revenue	\$43695373	Total Deductions	\$18500975

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$25194398
Other Operating Revenue	\$1504396
Total Operating Revenue	\$26698794

4. Operating Expenses

Salaries and Wages	\$10193445	Employee Benefits	\$2986769
Depreciation and Amortization	\$671548	Interest Expense	\$0
Bad Debt	\$2303330	Other Expenses	\$8953546
Total Operating Expenses	\$25108638		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1590156	Total Assets	\$23831861
Net Non-operating Gains over Loss	\$1631155	Total Liabilities	\$2639828
Total Net Gains	\$3221311		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$20924945	\$8770086	\$12154859
Medicaid	\$5680399	\$5269292	\$411107
Other Government	\$0	\$0	\$0
Other State	\$86580	\$8658	\$77922
Other Payers	\$17003449	\$4452939	\$12550510
Total	\$43695373	\$18500975	\$25194398

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$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	\$6417	\$-6417
Hospital Patients	\$0	\$4705	\$-4705
Community Education	\$0	\$512	\$-512

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	941
Number of Citizens Exposed to Health Education Messages	3317

Statement Six: Charity Statement

Hospital Charity Charges	\$1233256
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1159798	
HCI Payments	\$0		
Subtotal	\$0	\$1159798	\$-1159798
Medicaid Shortfalls	\$137036	\$5342049	
Subtotal	\$137036	\$6501847	\$-6364811
DSH Payments	\$1,162,683		
Subtotal	\$1299719	\$6501847	\$-5202128
Medicare Shortfalls	\$8770086	\$19678563	
Other Government Programs	\$46753	\$81423	
Total	\$10116558	\$26261833	\$-16145275

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7667	\$-7667
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0