



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: KOSCIUSKO COMMUNITY HOSPITAL

City of Hospital: Warsaw

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

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

Medicare Provider Number: 15-0133

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103916995	Contractual Allowance	\$17858218
Outpatient Patient Service Revenue	\$185951846	Other Deductions	\$-272818
Total Gross Patient Service Revenue	\$289868841	Total Deductions	\$17585400

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$111559472
Other Operating Revenue	\$505824
Total Operating Revenue	\$112065296

#### 4. Operating Expenses

Salaries and Wages	\$22273843	Employee Benefits	\$5279388
Depreciation and Amortization	\$4053331	Interest Expense	\$74543
Bad Debt	\$12323852	Other Expenses	\$26492225
Total Operating Expenses	\$70497182		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41568114	Total Assets	\$62324781
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$62324781
Total Net Gains	\$41568114		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$85055327	\$68105366	\$16949961
Medicaid	\$35577232	\$32898576	\$2678656
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$169236282	\$77305427	\$91930855
Total	\$289868841	\$178309369	\$111559472

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$36316.00	\$-36316

**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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$325555	
HCI Payments	\$0		
Subtotal	\$0	\$325555	\$-325555
Medicaid Shortfalls	\$3967609	\$21923167	
Subtotal	\$3967609	\$22248722	\$-18281113
DSH Payments	\$75,672		
Subtotal	\$4043281	\$22248722	\$-18205441
Medicare Shortfalls	\$16055947	\$52412233	
Other Government Programs	\$0	\$0	
Total	\$20099228	\$74660955	\$-54561727

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$36316	\$-36316
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$5798641	\$-5798641
Other Allocations	\$0	\$0	\$0