



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PERRY COUNTY MEMORIAL HOSPITAL

City of Hospital: Tell City

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

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

Medicare Provider Number: 15-1322

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19597152	Contractual Allowance	\$30749340
Outpatient Patient Service Revenue	\$45521524	Other Deductions	\$1205726
Total Gross Patient Service Revenue	\$65118676	Total Deductions	\$31955066

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$33163610
Other Operating Revenue	\$196034
Total Operating Revenue	\$33359644

4. Operating Expenses

Salaries and Wages	\$9134261	Employee Benefits	\$3775539
Depreciation and Amortization	\$1151883	Interest Expense	\$144554
Bad Debt	\$3625321	Other Expenses	\$11723464
Total Operating Expenses	\$29555022		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3804623	Total Assets	\$36257448
Net Non-operating Gains over Loss	\$-1438585	Total Liabilities	\$6021189
Total Net Gains	\$2366038		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30459483	\$16416202	\$14043281
Medicaid	\$7491609	\$6450448	\$1041161
Other Government	\$442605	\$222577	\$220028
Other State	\$1803508	\$1435283	\$368225
Other Payers	\$24921472	\$5365981	\$1955491
Total	\$65118677	\$29890491	\$35228186

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$106158	\$70181	\$35977

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	46
Number of Hospital Patients Educated	39191
Number of Citizens Exposed to Health Education Messages	6773

Statement Six: Charity Statement

Hospital Charity Charges	\$1680299
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$661767	
HCI Payments	\$0		
Subtotal	\$0	\$661767	\$-661767
Medicaid Shortfalls	\$1047849	\$2950488	
Subtotal	\$1047849	\$3612255	\$-2564406
DSH Payments	\$0		
Subtotal	\$1047849	\$3612255	\$-2564406
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$220028	\$174315	
Total	\$1267877	\$3786570	\$-2518693

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$44142	\$-44142
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0