



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany

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

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

Medicare Provider Number: 15-0172

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11453084	Contractual Allowance	\$30427716
Outpatient Patient Service Revenue	\$30026757	Other Deductions	\$-23928
Total Gross Patient Service Revenue	\$41479841	Total Deductions	\$30403788

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$11076053
Other Operating Revenue	\$0
Total Operating Revenue	\$11076053

#### 4. Operating Expenses

Salaries and Wages	\$2835382	Employee Benefits	\$593789
Depreciation and Amortization	\$636883	Interest Expense	\$85622
Bad Debt	\$414798	Other Expenses	\$5367764
Total Operating Expenses	\$9934238		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1141815	Total Assets	\$5284179
Net Non-operating Gains over Loss	\$48530	Total Liabilities	\$3581317
Total Net Gains	\$1190345		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$13995515	\$10698203	\$3297312
Medicaid	\$2219801	\$1941795	\$278006
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25264455	\$17763720	\$7500735
Total	\$41479771	\$30403718	\$11076053

**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	\$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	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

**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