



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

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

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

Medicare Provider Number: 151334

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13740000	Contractual Allowance	\$34210000
Outpatient Patient Service Revenue	\$46610000	Other Deductions	\$1000
Total Gross Patient Service Revenue	\$60350000	Total Deductions	\$34211000

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$26139000
Other Operating Revenue	\$-392000
Total Operating Revenue	\$25747000

#### 4. Operating Expenses

Salaries and Wages	\$7951000	Employee Benefits	\$2644000
Depreciation and Amortization	\$1943000	Interest Expense	\$
Bad Debt	\$7011000	Other Expenses	\$7025000
Total Operating Expenses	\$19549000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-827000	Total Assets	\$3980000
Net Non-operating Gains over Loss	\$110000	Total Liabilities	\$1578000
Total Net Gains	\$-717000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$23537000	\$14157000	\$9380000
Medicaid	\$10139000	\$8760000	\$1379000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26674000	\$11293000	\$15381000
Total	\$60350000	\$34210000	\$26140000

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$108000	\$108000	\$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	\$1000
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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	\$1,453,000		
Subtotal	\$1453000	\$0	\$1453000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1453000	\$0	\$1453000

**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