



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2010 (mm/dd/yyyy format)

Year End: 04/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5509711	Contractual Allowance	\$10786385
Outpatient Patient Service Revenue	\$19219692	Other Deductions	\$655645
Total Gross Patient Service Revenue	\$24729403	Total Deductions	\$11442030

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$13287374
Other Operating Revenue	\$754615
Total Operating Revenue	\$14041989

4. Operating Expenses

Salaries and Wages	\$5972157	Employee Benefits	\$1322614
Depreciation and Amortization	\$1125843	Interest Expense	\$684411
Bad Debt	\$388907	Other Expenses	\$5135138
Total Operating Expenses	\$14629070		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-587081	Total Assets	\$21746958
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$21746958
Total Net Gains	\$-587081		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$8419913	\$4105780	\$4314133
Medicaid	\$2409909	\$2363482	\$46427
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13899581	\$4972767	\$8926814
Total	\$24729403	\$11442029	\$13287374

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	\$1350	\$-1350
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	3
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	25000

Statement Six: Charity Statement

Hospital Charity Charges	\$655645
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$375553	
HCI Payments	\$0		
Subtotal	\$0	\$375553	\$-375553
Medicaid Shortfalls	\$130190	\$1360455	
Subtotal	\$130190	\$1736008	\$-1605818
DSH Payments	\$0		
Subtotal	\$130190	\$1736008	\$-1605818
Medicare Shortfalls	\$4828195	\$4651503	
Other Government Programs	\$0	\$0	
Total	\$4958385	\$6387511	\$-1429126

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