



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: New Castle

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$56229056
Outpatient Patient Service Revenue	\$104970194
Total Gross Patient Service Revenue	\$161199250

2. Deductions From Revenue

Contractual Allowance	\$90365501
Other Deductions	\$1345885
Total Deductions	\$91711386

3. Total Operating Revenue

Net Patient Service Revenue	\$69487864
Other Operating Revenue	\$2247524
Total Operating Revenue	\$71735388

4. Operating Expenses

Salaries and Wages	\$23611831	Employee Benefits	\$9278776
Depreciation and Amortization	\$4119522	Interest Expense	\$452760
Bad Debt	\$7914493	Other Expenses	\$21174581
Total Operating Expenses	\$66551963		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5183425	Total Assets	\$91418917
Net Non-operating Gains over Loss	\$205066	Total Liabilities	\$23486767
Total Net Gains	\$5388491		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$71870010	\$51989383	\$19880627
Medicaid	\$25525450	\$22404279	\$3121171
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63803790	\$15971839	\$47831951
Total	\$161199250	\$90365501	\$70833749

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$101780	\$101780	\$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	\$418485	\$-418485
Hospital Patients	\$0	\$1139068	\$-1139068
Community Education	\$10436	\$189997	\$-179561

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Number of Medical Professionals Trained	392
Number of Hospital Patients Educated	50000
Number of Citizens Exposed to Health Education Messages	27000

Statement Six: Charity Statement

Hospital Charity Charges	\$3387982
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1139067	
HCI Payments	-\$6092		
Subtotal	-\$6092	\$1139067	-\$1145159
Medicaid Shortfalls	\$2526937	\$8581860	
Subtotal	\$2520845	\$9720927	-\$7200082
DSH Payments	\$102,678		
Subtotal	\$2623523	\$9720927	-\$7097404
Medicare Shortfalls	\$18851211	\$24163272	
Other Government Programs	\$6139798	\$4097701	
Total	\$27614532	\$37981900	-\$10367368

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$362753	-\$362753
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$23990	-\$23990
Other Allocations	\$0	\$32630	-\$32630

Comments



