



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

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

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

Medicare Provider Number: 150001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54538436
Outpatient Patient Service Revenue	\$122835320
Total Gross Patient Service Revenue	\$177373756

2. Deductions From Revenue

Contractual Allowance	\$98195008
Other Deductions	\$6592511
Total Deductions	\$104787519

3. Total Operating Revenue

Net Patient Service Revenue	\$72586236
Other Operating Revenue	\$9805173
Total Operating Revenue	\$82391409

4. Operating Expenses

Salaries and Wages	\$33995414	Employee Benefits	\$8161123
Depreciation and Amortization	\$4188850	Interest Expense	\$134279
Bad Debt	\$5375365	Other Expenses	\$28950724
Total Operating Expenses	\$80805755		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1585834	Total Assets	\$93476479
Net Non-operating Gains over Loss	\$-462920	Total Liabilities	\$14061919
Total Net Gains	\$1122914		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$79013363	\$52366384	\$26646979
Medicaid	\$17363415	\$15976346	\$1387069
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$80996978	\$29483684	\$51513294
Total	\$177373756	\$97826414	\$79547342

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$40000	\$6871	\$33129

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	\$145958	\$-145958
Hospital Patients	\$63545	\$87039	\$-23494
Community Education	\$2777	\$265991	\$-263214

Number of Medical Professionals Trained	1100
Number of Hospital Patients Educated	6175
Number of Citizens Exposed to Health Education Messages	2005

Statement Six: Charity Statement

Hospital Charity Charges	\$6592511
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3955507	
HCI Payments	\$0		
Subtotal	\$0	\$3955507	\$-3955507
Medicaid Shortfalls	\$3006627	\$10524388	
Subtotal	\$3006627	\$14479895	\$-11473268
DSH Payments	\$1,778,515		
Subtotal	\$4785142	\$14479895	\$-9694753
Medicare Shortfalls	\$21949248	\$47626471	
Other Government Programs	\$0	\$0	
Total	\$26734390	\$62106366	\$-35371976

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