



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

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

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

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$57092416 |
| Outpatient Patient Service Revenue | \$151161297 |
| Total Gross Patient Service Revenue | \$208253713 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$115938174 |
| Other Deductions | \$6844325 |
| Total Deductions | \$122782499 |

3. Total Operating Revenue

| | |
|-----------------------------|------------|
| Net Patient Service Revenue | \$85471214 |
| Other Operating Revenue | \$3283783 |
| Total Operating Revenue | \$88754997 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$29959547 | Employee Benefits | \$8914753 |
| Depreciation and Amortization | \$4218817 | Interest Expense | \$797689 |
| Bad Debt | \$7798565 | Other Expenses | \$28296026 |
| Total Operating Expenses | \$79985397 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$8769600 | Total Assets | \$112846918 |
| Net Non-operating Gains over Loss | \$1656424 | Total Liabilities | \$37684124 |
| Total Net Gains | \$10426024 | | |

Statement Two: Contractual Allowance

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

| | | | |
|------------------|-------------|-------------|------------|
| Medicare | \$87097624 | \$56732843 | \$30364781 |
| Medicaid | \$30695117 | \$23674221 | \$7020896 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$90460972 | \$35531110 | \$54929862 |
| Total | \$208253713 | \$115938174 | \$92315539 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$100000 | \$37498 | \$62502 |

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 | \$54095 | \$199778 | \$-145683 |
| Community Education | \$9408 | \$286449 | \$-277041 |

| | |
|---|-------|
| Number of Medical Professionals Trained | |
| Number of Hospital Patients Educated | 4082 |
| Number of Citizens Exposed to Health Education Messages | 15000 |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$6844325 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$2321258 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$2321258 | \$-2321258 |
| Medicaid Shortfalls | \$4791758 | \$11263337 | |
| Subtotal | \$4791758 | \$13691926 | \$-8900168 |
| DSH Payments | \$2,294,785 | | |
| Subtotal | \$7086543 | \$13691926 | \$-6605383 |
| Medicare Shortfalls | \$23013879 | \$32505177 | |
| Other Government Programs | \$446102 | \$645339 | |
| Total | \$30546524 | \$46842442 | \$-16295918 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$285000 | \$-285000 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |