



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: Batesville

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

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

Medicare Provider Number: 151329

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23797510
Outpatient Patient Service Revenue	\$102550887
Total Gross Patient Service Revenue	\$126348397

#### 2. Deductions From Revenue

Contractual Allowance	\$52755737
Other Deductions	\$1855734
Total Deductions	\$54611471

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$71736916
Other Operating Revenue	\$1144155
Total Operating Revenue	\$72881071

#### 4. Operating Expenses

Salaries and Wages	\$25352738	Employee Benefits	\$8147108
Depreciation and Amortization	\$4999428	Interest Expense	\$1443156
Bad Debt	\$6324882	Other Expenses	\$20600678
Total Operating Expenses	\$66867990		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6013081	Total Assets	\$111889864
Net Non-operating Gains over Loss	\$-2631251	Total Liabilities	\$44747545
Total Net Gains	\$3381830		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$56477729	\$25940449	\$30537280
Medicaid	\$10865961	\$7700217	\$3165744
Other Government	\$0	\$0	\$0
Other State	\$1516181	\$655338	\$860843
Other Payers	\$57488516	\$20315467	\$37173049
Total	\$126348387	\$54611471	\$71736916

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$48754	\$251552	\$-202798

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$86486	\$-86486

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$8995	\$637839	\$-628844
Hospital Patients	\$0	\$56699	\$-56699
Community Education	\$85208	\$1452613	\$-1367405

Number of Medical Professionals Trained	456
Number of Hospital Patients Educated	1719
Number of Citizens Exposed to Health Education Messages	96052

### Statement Six: Charity Statement

Hospital Charity Charges	\$1855734
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$4822	\$784779	
HCI Payments	\$0		
Subtotal	\$4822	\$784779	\$-779957
Medicaid Shortfalls	\$726336	\$3171845	
Subtotal	\$731158	\$3956624	\$-3225466
DSH Payments	\$0		
Subtotal	\$731158	\$3956624	\$-3225466
Medicare Shortfalls	\$17401440	\$18966234	
Other Government Programs	\$0	\$0	
Total	\$18132598	\$22922858	\$-4790260

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$85208	\$1452613	\$-1367405
Community Assessment	\$0	\$13101	\$-13101
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$5025	\$248391	\$-243366