



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: JASPER

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$102844909	Contractual Allowance	\$124667555
Outpatient Patient Service Revenue	\$173661755	Other Deductions	\$4675573
Total Gross Patient Service Revenue	\$276506664	Total Deductions	\$129343128

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$147163536
Other Operating Revenue	\$3657048
Total Operating Revenue	\$150820584

4. Operating Expenses

Salaries and Wages	\$62048911	Employee Benefits	\$13621219
Depreciation and Amortization	\$10050980	Interest Expense	\$2442812
Bad Debt	\$7373802	Other Expenses	\$49503702
Total Operating Expenses	\$145041426		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5779158	Total Assets	\$209905188
Net Non-operating Gains over Loss	\$1340384	Total Liabilities	\$209905188
Total Net Gains	\$7119542		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$128494612	\$76810515	\$51684097
Medicaid	\$23564597	\$18790440	\$4774157
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$124447455	\$29066600	\$95380855
Total	\$276506664	\$124667555	\$151839109

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$485082	\$735860	\$-250778

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	\$0	\$0	\$0
Community Education	\$304623	\$426995	\$-122372

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	213372
Number of Citizens Exposed to Health Education Messages	150000

Statement Six: Charity Statement

Hospital Charity Charges	\$3734237
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1555280	
HCI Payments	\$0		
Subtotal	\$0	\$1555280	\$-1555280
Medicaid Shortfalls	\$2621105	\$5665261	
Subtotal	\$2621105	\$7220541	\$-4599436
DSH Payments	\$0		
Subtotal	\$2621105	\$7220541	\$-4599436
Medicare Shortfalls	\$30311860	\$35222075	
Other Government Programs	\$0	\$0	
Total	\$32932965	\$42442616	\$-9509651

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1202699	\$1726819	\$-524120
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$186013	\$-186013
Other Allocations	\$0	\$0	\$0