



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)

City of Hospital: Anderson

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$119904534	Contractual Allowance	\$117861169
Outpatient Patient Service Revenue	\$196277444	Other Deductions	\$46285956
Total Gross Patient Service Revenue	\$316181978	Total Deductions	\$164147125

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$152034853
Other Operating Revenue	\$7057355
Total Operating Revenue	\$159092208

4. Operating Expenses

Salaries and Wages	\$54389239	Employee Benefits	\$14428797
Depreciation and Amortization	\$5851462	Interest Expense	\$1159758
Bad Debt	\$8650885	Other Expenses	\$35494706
Total Operating Expenses	\$119974847		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$39117361	Total Assets	\$146858016
Net Non-operating Gains over Loss	\$5320205	Total Liabilities	\$26790180
Total Net Gains	\$44437566		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$156091806	\$109332797	\$46759009
Medicaid	\$37470915	\$8528373	\$28942542
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$122619257	\$46285955	\$76333302
Total	\$316181978	\$164147125	\$152034853

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$606481	\$625521	\$-19040

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	\$13290	\$12593	\$697

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

Statement Six: Charity Statement

Hospital Charity Charges	\$18565728
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$956099	\$6605016	
HCI Payments	\$0		
Subtotal	\$956099	\$6605016	\$-5648917
Medicaid Shortfalls	\$22066333	\$20380495	
Subtotal	\$23022432	\$26985511	\$-3963079
DSH Payments	\$10,712,645		
Subtotal	\$33735077	\$26985511	\$6749566
Medicare Shortfalls	\$45266624	\$55531833	
Other Government Programs	\$0	\$0	
Total	\$79001701	\$82517344	\$-3515643

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