



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: April Settles

Email Address: april.settles@mygcgh.org

Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14848670
Outpatient Patient Service Revenue	\$46257444
Total Gross Patient Service Revenue	\$61106114

2. Deductions From Revenue

Contractual Allowance	\$28421528
Other Deductions	\$0
Total Deductions	\$28421528

3. Total Operating Revenue

Net Patient Service Revenue	\$32684586
Other Operating Revenue	\$3140937
Total Operating Revenue	\$35825523

4. Operating Expenses

Salaries and Wages	\$12078371	Employee Benefits	\$3885702
Depreciation and Amortization	\$772454	Interest Expense	\$0
Bad Debt	\$17550574	Other Expenses	\$12609502
Total Operating Expenses	\$46896603		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-11071080	Total Assets	\$24796412
Net Non-operating Gains over Loss	\$51443	Total Liabilities	\$12007182
Total Net Gains	\$-11019637		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31347437	\$14182109	\$17165328
Medicaid	\$7760476	\$6411354	\$1349122
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21998201	\$7828065	\$14170136
Total	\$61106114	\$28421528	\$32684586

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

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	\$0	\$7269	\$-7269

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	11077
Number of Citizens Exposed to Health Education Messages	31350

Statement Six: Charity Statement

Hospital Charity Charges	\$1587311
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,061,251		
Subtotal	\$2061251	\$0	\$2061251
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2061251	\$0	\$2061251

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

Comments



