



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: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: SULLIVAN

Year Begin: 01/01/0013 (mm/dd/yyyy format)

Year End: 12/31/0013 (mm/dd/yyyy format)

Person Completing the Report: Alan Montella

Email Address: alan.montella@schosp.com

Medicare Provider Number: 15-1327

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

Inpatient Patient Service Revenue	\$11375986
Outpatient Patient Service Revenue	\$48064764
Total Gross Patient Service Revenue	\$59440750

## 2. Deductions From Revenue

Contractual Allowance	\$31277124
Other Deductions	\$0
Total Deductions	\$31277124

## 3. Total Operating Revenue

Net Patient Service Revenue	\$28163626
Other Operating Revenue	\$438972
Total Operating Revenue	\$28602598

## 4. Operating Expenses

Salaries and Wages	\$10021643	Employee Benefits	\$2867781
Depreciation and Amortization	\$1635293	Interest Expense	\$0
Bad Debt	\$4827141	Other Expenses	\$8462553
Total Operating Expenses	\$27814411		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$788187	Total Assets	\$35367247
Net Non-operating Gains over Loss	\$-372937	Total Liabilities	\$3495237
Total Net Gains	\$415250		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23980625	\$14899538	\$9081087
Medicaid	\$3594747	\$1610923	\$1983824
Other Government	\$10293246	\$7338603	\$2954643
Other State	\$0	\$0	\$0
Other Payers	\$21572132	\$7428060	\$14144072
Total	\$59440750	\$31277124	\$28163626

## 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	\$8760	\$10260	\$-1500

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	25

Statement Six: Charity Statement
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Hospital Charity Charges	\$116835
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$116835	
HCI Payments	\$0		
Subtotal	\$0	\$116835	\$-116835
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2500	\$-2500
Community Assessment	\$0	\$3000	\$-3000
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



