



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: UNION HOSPITAL CLINTON

City of Hospital: Clinton

Year Begin: 09/01/2012 (mm/dd/yyyy format)

Year End: 08/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Jan Price

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Medicare Provider Number: 15-1326, 15-Z236

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15256272
Outpatient Patient Service Revenue	\$53845105
Total Gross Patient Service Revenue	\$69101377

2. Deductions From Revenue

Contractual Allowance	\$36248791
Other Deductions	\$7086324
Total Deductions	\$43335115

3. Total Operating Revenue

Net Patient Service Revenue	\$25766262
Other Operating Revenue	\$293664
Total Operating Revenue	\$26059926

4. Operating Expenses

Salaries and Wages	\$9698184	Employee Benefits	\$1917386
Depreciation and Amortization	\$1072283	Interest Expense	\$1390
Bad Debt	\$0	Other Expenses	\$9035910
Total Operating Expenses	\$21725153		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4334774	Total Assets	\$0
Net Non-operating Gains over Loss	\$25	Total Liabilities	\$0
Total Net Gains	\$4334799		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29355436	\$16304715	\$13050721
Medicaid	\$12018800	\$10200113	\$1818687
Other Government	\$0	\$0	\$0
Other State	\$129651	\$99377	\$30274
Other Payers	\$20511166	\$9644586	\$10866580
Total	\$62015053	\$36248791	\$25766262

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6340	\$-6340

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	\$2800	\$165559	\$-162759
Hospital Patients	\$0	\$64671	\$-64671
Community Education	\$0	\$10309	\$-10309

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Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	22432
Number of Citizens Exposed to Health Education Messages	2133

Statement Six: Charity Statement

Hospital Charity Charges	\$3642680
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1202676	
HCI Payments	\$0		
Subtotal	\$0	\$1202676	\$-1202676
Medicaid Shortfalls	\$0	\$2930009	
Subtotal	\$0	\$4132685	\$-4132685
DSH Payments	\$154,855		
Subtotal	\$154855	\$4132685	\$-3977830
Medicare Shortfalls	\$0	\$8593281	
Other Government Programs	\$0	\$0	
Total	\$154855	\$12725966	\$-12571111

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	\$22458	\$-22458
Other Allocations	\$0	\$0	\$0

Comments



