



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: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

Year Begin: 10/01/2013 (mm/dd/yyyy format)

Year End: 09/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Dawn Michel

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10836416
Outpatient Patient Service Revenue	\$40231250
Total Gross Patient Service Revenue	\$51067666

2. Deductions From Revenue

Contractual Allowance	\$20135612
Other Deductions	\$1094339
Total Deductions	\$21229951

3. Total Operating Revenue

Net Patient Service Revenue	\$29837713
Other Operating Revenue	\$473761
Total Operating Revenue	\$30311474

4. Operating Expenses

Salaries and Wages	\$10919838	Employee Benefits	\$3056684
Depreciation and Amortization	\$1229724	Interest Expense	\$266948
Bad Debt	\$3651059	Other Expenses	\$9865647
Total Operating Expenses	\$28989900		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1321573	Total Assets	\$22943314
Net Non-operating Gains over Loss	\$-1824685	Total Liabilities	\$11763784
Total Net Gains	\$-503112		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21266292	\$11354855	\$9911437
Medicaid	\$7670908	\$5012083	\$2658825
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22130467	\$3768674	\$18361793
Total	\$51067667	\$20135612	\$30932055

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$14048	\$0	\$14048

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	\$0	\$0

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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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1094339	\$0	
HCI Payments	\$0		
Subtotal	\$1094339	\$0	\$1094339
Medicaid Shortfalls	\$2658825	\$4142290	
Subtotal	\$3753164	\$4142290	\$-389126
DSH Payments	\$0		
Subtotal	\$3753164	\$4142290	\$-389126
Medicare Shortfalls	\$9787270	\$11483798	
Other Government Programs	\$0	\$0	
Total	\$13540434	\$15626088	\$-2085654

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