



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: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (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	\$12053739
Outpatient Patient Service Revenue	\$50653265
Total Gross Patient Service Revenue	\$62707004

2. Deductions From Revenue

Contractual Allowance	\$32196193
Other Deductions	\$0
Total Deductions	\$32196193

3. Total Operating Revenue

Net Patient Service Revenue	\$30510811
Other Operating Revenue	\$3668605
Total Operating Revenue	\$34179416

4. Operating Expenses

Salaries and Wages	\$11961999	Employee Benefits	\$4171613
Depreciation and Amortization	\$1064615	Interest Expense	\$357968
Bad Debt	\$5698145	Other Expenses	\$11829757
Total Operating Expenses	\$35084097		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-904680	Total Assets	\$19935328
Net Non-operating Gains over Loss	\$43231	Total Liabilities	\$13240191
Total Net Gains	\$-861449		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29848534	\$15325388	\$14523146
Medicaid	\$8967102	\$4604056	\$4363046
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23891368	\$12266749	\$11624619
Total	\$62707004	\$32196193	\$30510811

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	\$2590	\$-2590

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	10880
Number of Citizens Exposed to Health Education Messages	32000

Statement Six: Charity Statement

Hospital Charity Charges	\$926458
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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	\$1,533,037		
Subtotal	\$1533037	\$0	\$1533037
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1533037	\$0	\$1533037

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