



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: JAY COUNTY HOSPITAL

City of Hospital: Portland

Year Begin: 10/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Don Michael

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Medicare Provider Number: 15-1320, 15-m320, 15-z320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15261048
Outpatient Patient Service Revenue	\$76798817
Total Gross Patient Service Revenue	\$92059865

2. Deductions From Revenue

Contractual Allowance	\$47638350
Other Deductions	\$0
Total Deductions	\$47638350

3. Total Operating Revenue

Net Patient Service Revenue	\$44421515
Other Operating Revenue	\$631567
Total Operating Revenue	\$45053082

4. Operating Expenses

Salaries and Wages	\$15425498	Employee Benefits	\$5738454
Depreciation and Amortization	\$1971351	Interest Expense	\$0
Bad Debt	\$6092754	Other Expenses	\$13948094
Total Operating Expenses	\$43176151		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1876931	Total Assets	\$48778410
Net Non-operating Gains over Loss	\$12846	Total Liabilities	\$4200784

Total Net Gains	\$1889777
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33676816	\$20401354	\$13275462
Medicaid	\$12611081	\$11350572	\$1260509
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$45771968	\$15886424	\$29885544
Total	\$92059865	\$47638350	\$44421515

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$7100	\$0	\$7100

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

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	\$693436
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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	\$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

	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

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