



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: COMMUNITY HOSPITAL (ANDERSON)

City of Hospital: Anderson

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Sandy Richie

Email Address: sandy.richie@ecommunity.com

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$209575524
Outpatient Patient Service Revenue	\$289758383
Total Gross Patient Service Revenue	\$499333907

2. Deductions From Revenue

Contractual Allowance	\$234104504
Other Deductions	\$97665298
Total Deductions	\$331769802

3. Total Operating Revenue

Net Patient Service Revenue	\$167564105
Other Operating Revenue	\$7023951
Total Operating Revenue	\$174588056

4. Operating Expenses

Salaries and Wages	\$60537278	Employee Benefits	\$16240209
Depreciation and Amortization	\$7262205	Interest Expense	\$281607
Bad Debt	\$3444744	Other Expenses	\$55560986
Total Operating Expenses	\$143327029		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27816283	Total Assets	\$247805012
Net Non-operating Gains over Loss	\$8077445	Total Liabilities	\$22030341

Total Net Gains	\$35893728
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$258599711	\$200172891	\$58426820
Medicaid	\$90887364	\$33931613	\$56955751
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$149846832	\$97665298	\$52181534
Total	\$499333907	\$331769802	\$167564105

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$604087.95	\$648016.69	\$-43928.74

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	\$11031	\$16271	\$-5240

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	\$9093757
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1214437	\$2522790	
HCI Payments	\$0		
Subtotal	\$1214437	\$2522790	\$-1308353
Medicaid Shortfalls	\$18271806	\$25213967	
Subtotal	\$19486243	\$27736757	\$-8250514
DSH Payments	\$1,049,401		
Subtotal	\$20535644	\$27736757	\$-7201113
Medicare Shortfalls	\$57890132	\$71740715	
Other Government Programs	\$0	\$0	
Total	\$78425776	\$99477472	\$-21051696

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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