



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: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: April Settles

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Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14835396.61
Outpatient Patient Service Revenue	\$89536499.10
Total Gross Patient Service Revenue	\$104371895.71

2. Deductions From Revenue

Contractual Allowance	\$63805522.19
Other Deductions	\$0
Total Deductions	\$63805522.19

3. Total Operating Revenue

Net Patient Service Revenue	\$40566373.52
Other Operating Revenue	\$1355148.56
Total Operating Revenue	\$41921522.08

4. Operating Expenses

Salaries and Wages	\$16666416.68	Employee Benefits	\$3322174.15
Depreciation and Amortization	\$1085859.83	Interest Expense	\$362319.74
Bad Debt	\$7874781.41	Other Expenses	\$12918371.69
Total Operating Expenses	\$42229923.5		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-308401.42	Total Assets	\$21927477.50
Net Non-operating Gains over Loss	\$-11892.41	Total Liabilities	\$15400193.39
Total Net Gains	\$-320293.83		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44566799.47	\$27244957.98	\$17321841.49
Medicaid	\$12942115.07	\$7911884.75	\$5030230.32
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46862981.17	\$28648679.46	\$18214301.71
Total	\$104371895.71	\$63805522.19	\$40566373.52

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	\$0	\$0

Number of Medical Professionals Trained	\$0
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Number of Hospital Patients Educated	10805
Number of Citizens Exposed to Health Education Messages	32006

Statement Six: Charity Statement

Hospital Charity Charges	\$354959.25
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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

