



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: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$212903173	Contractual Allowance	\$395947277
Outpatient Patient Service Revenue	\$352484986	Other Deductions	\$4108014
Total Gross Patient Service Revenue	\$565388159	Total Deductions	\$400055291

3. Total Operating Revenue	
Net Patient Service Revenue	\$165332868
Other Operating Revenue	\$25709150
Total Operating Revenue	\$191042018

4. Operating Expenses

Salaries and Wages	\$69236079	Employee Benefits	\$16083231
Depreciation and Amortization	\$8258806	Interest Expense	\$0
Bad Debt	\$7332681	Other Expenses	\$117695865
Total Operating Expenses	\$218606662		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-27564644	Total Assets	\$295324363
Net Non-operating Gains over Loss	\$11688233	Total Liabilities	\$7592661
Total Net Gains	\$-15876411		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$313287859	\$254107021	\$59180838
Medicaid	\$100188658	\$68119269	\$32069389
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$151911642	\$77829001	\$74082641
Total	\$565388159	\$400055291	\$165332868

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
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4108014
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1040757	
HCI Payments	\$0		
Subtotal	\$0	\$1040757	\$-1040757
Medicaid Shortfalls	\$35884739	\$41297682	
Subtotal	\$35884739	\$42338439	\$-6453700
DSH Payments	\$6,174,982		

	Subtotal	\$42059721	\$42338439	\$-278718
Medicare Shortfalls		\$57267802	\$87123569	
Other Government Programs		\$0	\$0	
	Total	\$99327523	\$129462008	\$-30134485

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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