



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: HARRISON COUNTY HOSPITAL

City of Hospital: Corydon

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Amanda Lutz

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Medicare Provider Number: 151331

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26151420
Outpatient Patient Service Revenue	\$160160588
Total Gross Patient Service Revenue	\$186312008

2. Deductions From Revenue

Contractual Allowance	\$126010223
Other Deductions	\$0
Total Deductions	\$126010223

3. Total Operating Revenue

Net Patient Service Revenue	\$54328130
Other Operating Revenue	\$2045452
Total Operating Revenue	\$56373582

4. Operating Expenses

Salaries and Wages	\$27846703	Employee Benefits	\$6984346
Depreciation and Amortization	\$3064578	Interest Expense	\$-245242
Bad Debt	\$5257687	Other Expenses	\$23139819
Total Operating Expenses	\$66047891		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4661703	Total Assets	\$47758836
Net Non-operating Gains over Loss	\$3324527	Total Liabilities	\$17500340
Total Net Gains	\$-1337176		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$75769672	\$0	\$75769672
Medicaid	\$42579936	\$0	\$42579936
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$67962401	\$0	\$67962401
Total	\$186312009	\$0	\$186312009

#### 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	\$2023166
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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	\$1,307,198		

Subtotal	\$1307198	\$0	\$1307198
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1307198	\$0	\$1307198

Statement Seven: Subsidized Health Services for the Community
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	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