



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:

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	<input type="text" value="\$85654016"/>
Outpatient Patient Service Revenue	<input type="text" value="\$0"/>
Total Gross Patient Service Revenue	\$85654016

2. Deductions From Revenue

Contractual Allowance	<input type="text" value="\$59447266"/>
Other Deductions	<input type="text" value="\$343859"/>
Total Deductions	\$59791125

3. Total Operating Revenue

Net Patient Service Revenue	<input type="text" value="\$25862891"/>
Other Operating Revenue	<input type="text" value="\$99487"/>
Total Operating Revenue	\$25962378

4. Operating Expenses

Salaries and Wages	<input type="text" value="\$11807941"/>	Employee Benefits	<input type="text" value="\$1775167"/>
Depreciation and Amortization	<input type="text" value="\$309374.00"/>	Interest Expense	<input type="text" value="\$0"/>
Bad Debt	<input type="text" value="\$0"/>	Other Expenses	<input type="text" value="\$11637733"/>
Total Operating Expenses	\$25530215		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$432163.00	Total Assets	\$6953463
Net Non-operating Gains over Loss	\$-380244	Total Liabilities	\$6273506
Total Net Gains	\$51919		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52029094	\$36328073	\$15701021
Medicaid	\$11892132	\$9432414	\$2459718
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21732790	\$14030638	\$7702152
Total	\$85654016	\$59791125	\$25862891

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	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$199724
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$199765	
HCI Payments	\$0		
Subtotal	\$0	\$199765	\$-199765
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

