Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ADAMS MEMORIAL HOSPITAL
City of Hospital: Decatur
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-1330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$35350622
Outpatient Patient Service Revenue	$58209395
Total Gross Patient Service Revenue	$93560017

2. Deductions From Revenue

Contractual Allowance	$54679098
Other Deductions	$0
Total Deductions	$54679098

3. Total Operating Revenue

Net Patient Service Revenue	$38880919
Other Operating Revenue	$5034338
Total Operating Revenue	$43915257

4. Operating Expenses

Salaries and Wages	$18368644	Employee Benefits	$6292945
Depreciation and Amortization	$3702296	Interest Expense	$1942760
Bad Debt	$8376792	Other Expenses	$7098421
Total Operating Expenses	$45781858		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$-1866601	Total Assets	$67707870
Net Non-operating Gains over Loss	$0	Total Liabilities	$43371269
Total Net Gains	$-1866601		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$43037608	$18272236	$24765372
Medicaid	$8420402	$6457884	$1962518
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$42102008	$29948979	$12153029
Total	$93560018	$54679099	$38880919

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$12424	$12424	$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	$25000	$20000	$5000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	91833
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	$1151592

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$95877	$1247469	
HCI Payments	$0		
Subtotal	$95877	$1247469	$-1151592
Medicaid Shortfalls	$0	$779869	
Subtotal	$95877	$2027338	$-1931461
DSH Payments	$0		
Subtotal	$95877	$2027338	$-1931461
Medicare Shortfalls	$0	$0	
Other Government Programs	$0	$0	
Total	$95877	$2027338	$-1931461

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$485909	$485909	$0
Community Assessment	$0	$0	$0
Provision of Taxes	$1718986	$1718986	$0
Other Allocations	$0	$0	$0