



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0112

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$163122193
Outpatient Patient Service Revenue	\$227144879
Total Gross Patient Service Revenue	\$390267072

#### 2. Deductions From Revenue

Contractual Allowance	\$180787776
Other Deductions	\$10917875
Total Deductions	\$191705651

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$198561421
Other Operating Revenue	\$3205792
Total Operating Revenue	\$201767213

#### 4. Operating Expenses

Salaries and Wages	\$68974227	Employee Benefits	\$26470602
Depreciation and Amortization	\$17326263	Interest Expense	\$3025497
Bad Debt	\$12148564	Other Expenses	\$71337051
Total Operating Expenses	\$199282204		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2485009	Total Assets	\$315214340
Net Non-operating Gains over Loss	\$10155441	Total Liabilities	\$88852602
Total Net Gains	\$12640450		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$181464873	\$115072196	\$66392677
Medicaid	\$43005723	\$32945044	\$10060679
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$165796476	\$32770536	\$133025940
Total	\$390267072	\$180787776	\$209479296

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$336854	\$-336854

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$8000	\$6965	\$1035

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$110120	\$293835	\$-183715
Hospital Patients	\$80802	\$209608	\$-128806
Community Education	\$0	\$432134	\$-432134

Number of Medical Professionals Trained	415
Number of Hospital Patients Educated	954
Number of Citizens Exposed to Health Education Messages	100000

### Statement Six: Charity Statement

Hospital Charity Charges	\$10917875
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6165362	
HCI Payments	\$0		
Subtotal	\$0	\$6165362	\$-6165362
Medicaid Shortfalls	\$5808699	\$21606075	
Subtotal	\$5808699	\$27771437	\$-21962738
DSH Payments	\$6,939,741		
Subtotal	\$12748440	\$27771437	\$-15022997
Medicare Shortfalls	\$66392677	\$91167952	
Other Government Programs	\$0	\$0	
Total	\$79141117	\$118939389	\$-39798272

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1182614	\$-1182614
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$190573	\$-190573
Other Allocations	\$0	\$0	\$0