Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)
City of Hospital: ANDERSON
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$107362648
Outpatient Patient Service Revenue	$194842338
Total Gross Patient Service Revenue	$302204986

2. Deductions From Revenue

Contractual Allowance	$136246721
Other Deductions	$47323058
Total Deductions	$183569779

3. Total Operating Revenue

Net Patient Service Revenue	$118635207
Other Operating Revenue	$6426793
Total Operating Revenue	$125062000

4. Operating Expenses

Salaries and Wages	$50209891	Employee Benefits	$12248115
Depreciation and Amortization	$6670274	Interest Expense	$1247787
Bad Debt	$11290401	Other Expenses	$41861031
Total Operating Expenses	$123527499		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$1534501	Total Assets	$112184484
Net Non-operating Gains over Loss	$3695929	Total Liabilities	$31178140
Total Net Gains	$5230430		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$144071040	$101471581	$42599459
Medicaid	$36610307	$34775140	$1835167
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$121523639	$47323058	$74200581
Total	$302204986	$183569779	$118635207

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$480907	$650046	$-169139

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	$10595	$12550	$-1955

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

Statement Six: Charity Statement

Hospital Charity Charges	$17436620

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$5548367	
HCI Payments	$0		
Subtotal	$0	$5548367	$-5548367
Medicaid Shortfalls	$3356875	$6031568	
Subtotal	$3356875	$11579935	$-8223060
DSH Payments	$0		
Subtotal	$3356875	$11579935	$-8223060
Medicare Shortfalls	$36759096	$39471499	
Other Government Programs	$167805	$0	
Total	$40283776	$51051434	$-10767658

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