



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 OF BREMEN, INC.

City of Hospital: Bremen, Indiana

Year Begin: 05/01/2009 (mm/dd/yyyy format)

Year End: 04/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7469770
Outpatient Patient Service Revenue	\$19231789
Total Gross Patient Service Revenue	\$26701559

2. Deductions From Revenue

Contractual Allowance	\$11422550
Other Deductions	\$250211
Total Deductions	\$11672761

3. Total Operating Revenue

Net Patient Service Revenue	\$15028799
Other Operating Revenue	\$614295
Total Operating Revenue	\$15643094

4. Operating Expenses

Salaries and Wages	\$5761622	Employee Benefits	\$1483286
Depreciation and Amortization	\$1063150	Interest Expense	\$736569
Bad Debt	\$588726	Other Expenses	\$5242305
Total Operating Expenses	\$14875658		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$767424	Total Assets	\$23777425
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$23777425
Total Net Gains	\$767424		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$9180285	\$4727417	\$4452868
Medicaid	\$2523184	\$2401471	\$121713
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14998090	\$4543872	\$10454218
Total	\$26701559	\$11672760	\$15028799

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	\$450	\$-450
Hospital Patients	\$0	\$297600	\$-297600
Community Education	\$1506	\$32717	\$-31211

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	28451
Number of Citizens Exposed to Health Education Messages	25000

Statement Six: Charity Statement

Hospital Charity Charges	\$250211
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$139155	
HCI Payments	\$0		
Subtotal	\$0	\$139155	\$-139155
Medicaid Shortfalls	\$226701	\$1327159	
Subtotal	\$226701	\$1466314	\$-1239613
DSH Payments	\$0		
Subtotal	\$226701	\$1466314	\$-1239613
Medicare Shortfalls	\$5134159	\$5002655	
Other Government Programs	\$0	\$0	
Total	\$5360860	\$6468969	\$-1108109

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$525799	\$1586619	\$-1060820
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$150	\$-150