



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES

*City of Hospital:* New Albany

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

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

*Medicare Provider Number:* 15-0044

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$318018000
Outpatient Patient Service Revenue	\$353222000
Total Gross Patient Service Revenue	\$671240000

#### 2. Deductions From Revenue

Contractual Allowance	\$432493000
Other Deductions	\$9736000
Total Deductions	\$442229000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$229011000
Other Operating Revenue	\$2824000
Total Operating Revenue	\$231835000

#### 4. Operating Expenses

Salaries and Wages	\$82424000	Employee Benefits	\$21166000
Depreciation and Amortization	\$11607000	Interest Expense	\$4860000
Bad Debt	\$22741000	Other Expenses	\$88426000
Total Operating Expenses	\$231224000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$611000	Total Assets	\$267830000
Net Non-operating Gains over Loss	\$2992000	Total Liabilities	\$139790000
Total Net Gains	\$3603000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$276701785	\$203892558	\$72809227
Medicaid	\$57300668	\$40886180	\$16414488
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$304460718	\$197450262	\$107010456
Total	\$638463171	\$442229000	\$196234171

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$53125	\$-53125

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$158595	\$33566	\$125029

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1697	\$-1697
Hospital Patients	\$94000	\$514555	\$-420555
Community Education	\$7085	\$136960	\$-129875

Number of Medical Professionals Trained	143
Number of Hospital Patients Educated	35291
Number of Citizens Exposed to Health Education Messages	10758

### Statement Six: Charity Statement

Hospital Charity Charges	\$9736000
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3310902	
HCI Payments	\$0		
Subtotal	\$0	\$3310902	\$-3310902
Medicaid Shortfalls	\$14141777	\$17067463	
Subtotal	\$14141777	\$20378365	\$-6236588
DSH Payments	\$5,230,310		
Subtotal	\$19372087	\$20378365	\$-1006278
Medicare Shortfalls	\$83687602	\$93529260	
Other Government Programs	\$0	\$0	
Total	\$103059689	\$113907625	\$-10847936

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9220	\$216600	\$-207380
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0