Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL
City of Hospital: Vincennes
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$140278212
Outpatient Patient Service Revenue	$204785355
Total Gross Patient Service Revenue	$345063567

2. Deductions From Revenue

Contractual Allowance	$148381000
Other Deductions	$34683414
Total Deductions	$183064414

3. Total Operating Revenue

Net Patient Service Revenue	$161999153
Other Operating Revenue	$5552153
Total Operating Revenue	$167551306

4. Operating Expenses

Salaries and Wages	$65529889	Employee Benefits	$21157262
Depreciation and Amortization	$9969914	Interest Expense	$1175422
Bad Debt	$11774831	Other Expenses	$57698404
Total Operating Expenses	$167305722		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$245583	Total Assets	$210322589
Net Non-operating Gains over Loss	$9795540	Total Liabilities	$48413641
Total Net Gains	$10041123		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$177296844	$94060185	$83236659
Medicaid	$36171888	$19190045	$16981843
Other Government	$1819883	$965491	$854392
Other State	$30523	$16194	$14329
Other Payers	$129744429	$68832500	$60911929
Total	$345063567	$183064415	$161999152

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$309588	$35716	$273872

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	$17428	$27499	$-10071

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	$87214	$349350	$-262136
Hospital Patients	$0	$6946	$-6946
Community Education	$533	$193394	$-192861

Number of Medical Professionals Trained	188
Number of Hospital Patients Educated	344473
Number of Citizens Exposed to Health Education Messages	38015

Statement Six: Charity Statement

Hospital Charity Charges	$12946983

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$5398891	
HCI Payments	$0		
Subtotal	$0	$5398891	$-5398891
Medicaid Shortfalls	$9846229	$13607066	
Subtotal	$9846229	$19005957	$-9159728
DSH Payments	$3,398,888		
Subtotal	$13245117	$19005957	$-5760840
Medicare Shortfalls	$54587677	$66695169	
Other Government Programs	$0	$0	
Total	$67832794	$85701126	$-17868332

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$46444	$323964	$-277520
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$14851	$-14851
Other Allocations	$53151	$203811	$-150660