



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: KENTUCKIANA MEDICAL CENTER LLC

City of Hospital: Clarksville

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

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

Medicare Provider Number: 15-0176

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$48115752	Contractual Allowance	\$30614847
Outpatient Patient Service Revenue	\$13392656	Other Deductions	\$10216599
Total Gross Patient Service Revenue	\$61508408	Total Deductions	\$40831446

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$20676962
Other Operating Revenue	\$263411
Total Operating Revenue	\$20940373

#### 4. Operating Expenses

Salaries and Wages	\$7666729	Employee Benefits	\$973314
Depreciation and Amortization	\$1448225	Interest Expense	\$1151215
Bad Debt	\$650746	Other Expenses	\$19912274
Total Operating Expenses	\$31802503		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$9779891
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$29602306
Total Net Gains	\$0		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$41538219	\$22758546	\$18779673
Medicaid	\$9094399	\$7730238	\$1364161
Other Government	\$111046	\$126062	\$-15016
Other State	\$0	\$0	\$0
Other Payers	\$10764744	\$0	\$10764744
Total	\$61508408	\$30614846	\$30893562

**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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$710264
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$355508	
HCI Payments	\$0		
Subtotal	\$0	\$355508	\$-355508
Medicaid Shortfalls	\$1364161	\$4552020	
Subtotal	\$1364161	\$4907528	\$-3543367
DSH Payments	\$0		
Subtotal	\$1364161	\$4907528	\$-3543367
Medicare Shortfalls	\$18779673	\$20791125	
Other Government Programs	\$0	\$0	
Total	\$20143834	\$25698653	\$-5554819

**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	\$581913	\$-581913
Other Allocations	\$0	\$0	\$0