



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: Batesville

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

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

Medicare Provider Number: 151329

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21701155	Contractual Allowance	\$43821524
Outpatient Patient Service Revenue	\$86169698	Other Deductions	\$1410391
Total Gross Patient Service Revenue	\$107870853	Total Deductions	\$45231915

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$62638938
Other Operating Revenue	\$379654
Total Operating Revenue	\$63018592

#### 4. Operating Expenses

Salaries and Wages	\$22897053	Employee Benefits	\$7405714
Depreciation and Amortization	\$4821243	Interest Expense	\$1571105
Bad Debt	\$5257832	Other Expenses	\$17370259
Total Operating Expenses	\$59323206		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3695386	Total Assets	\$106910562
Net Non-operating Gains over Loss	\$3776280	Total Liabilities	\$43096876
Total Net Gains	\$7471666		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$45994095	\$23951074	\$22043021
Medicaid	\$8260690	\$7674311	\$586379
Other Government	\$0	\$0	\$0
Other State	\$911403	\$617983	\$293420
Other Payers	\$52704665	\$12988547	\$39716118
Total	\$107870853	\$45231915	\$62638938

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$53955	\$248183	\$-194228

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$121349	\$-121349

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6268	\$330019	\$-323751
Hospital Patients	\$0	\$54280	\$-54280
Community Education	\$89257	\$1284058	\$-1194801

Number of Medical Professionals Trained	414
Number of Hospital Patients Educated	1686
Number of Citizens Exposed to Health Education Messages	110958

### Statement Six: Charity Statement

Hospital Charity Charges	\$1410391
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3682	\$629091	
HCI Payments	\$0		
Subtotal	\$3682	\$629091	\$-625409
Medicaid Shortfalls	\$657902	\$3168025	
Subtotal	\$661584	\$3797116	\$-3135532
DSH Payments	\$0		
Subtotal	\$661584	\$3797116	\$-3135532
Medicare Shortfalls	\$15221455	\$14874878	
Other Government Programs	\$0	\$0	
Total	\$15883039	\$18671994	\$-2788955

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$89257	\$1284058	\$-1194801
Community Assessment	\$0	\$24013	\$-24013
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6340	\$297865	\$-291525