



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: Jasper

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$97788900	Contractual Allowance	\$109886285
Outpatient Patient Service Revenue	\$157521877	Other Deductions	\$5464297
Total Gross Patient Service Revenue	\$255310777	Total Deductions	\$115350582

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$139960195
Other Operating Revenue	\$4014893
Total Operating Revenue	\$143975088

4. Operating Expenses

Salaries and Wages	\$60026366	Employee Benefits	\$13807742
Depreciation and Amortization	\$10135110	Interest Expense	\$2535545
Bad Debt	\$6343009	Other Expenses	\$46775321
Total Operating Expenses	\$139623093		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4351995	Total Assets	\$196629023
Net Non-operating Gains over Loss	\$1908717	Total Liabilities	\$196629023
Total Net Gains	\$6260712		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$111955302	\$64637300	\$47318002
Medicaid	\$23232699	\$17609326	\$5623373
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$120122776	\$27639659	\$92483117
Total	\$255310777	\$109886285	\$145424492

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$6829301	\$409546	\$6419755

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	\$322786	\$395162	\$-72376

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	231065
Number of Citizens Exposed to Health Education Messages	150000

Statement Six: Charity Statement

Hospital Charity Charges	\$4896840
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2102742	
HCI Payments	\$0		
Subtotal	\$0	\$2102742	\$-2102742
Medicaid Shortfalls	\$2972098	\$5605878	
Subtotal	\$2972098	\$7708620	\$-4736522
DSH Payments	\$0		
Subtotal	\$2972098	\$7708620	\$-4736522
Medicare Shortfalls	\$29653533	\$33993848	
Other Government Programs	\$0	\$0	
Total	\$32625631	\$41702468	\$-9076837

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1743657	\$1659291	\$84366
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$160846	\$-160846
Other Allocations	\$0	\$0	\$0