



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4900805
Outpatient Patient Service Revenue	\$42584158
Total Gross Patient Service Revenue	\$47484963

2. Deductions From Revenue

Contractual Allowance	\$23596941
Other Deductions	\$550032
Total Deductions	\$24146973

3. Total Operating Revenue

Net Patient Service Revenue	\$23337990
Other Operating Revenue	\$925056
Total Operating Revenue	\$24263046

4. Operating Expenses

Salaries and Wages	\$10653879	Employee Benefits	\$1943825
Depreciation and Amortization	\$1371424	Interest Expense	\$218280
Bad Debt	\$3555803	Other Expenses	\$6883424
Total Operating Expenses	\$24626635		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-363589	Total Assets	\$18317442
Net Non-operating Gains over Loss	\$395153	Total Liabilities	\$7257912
Total Net Gains	\$31564		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$19937664	\$11270126	\$8667538
Medicaid	\$7190898	\$5717580	\$1473318
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20356401	\$7159267	\$13197134
Total	\$47484963	\$24146973	\$23337990

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$41054	\$0	\$41054

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	\$13169	\$-13169
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	\$494727
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$637,215		
Subtotal	\$637215	\$0	\$637215
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$637215	\$0	\$637215

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4285	\$27399	\$-23114
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0