



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 09/01/2009 (mm/dd/yyyy format)

Year End: 08/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$458138802
Outpatient Patient Service Revenue	\$493395215
Total Gross Patient Service Revenue	\$951534017

2. Deductions From Revenue

Contractual Allowance	\$557573235
Other Deductions	\$26905663
Total Deductions	\$584478898

3. Total Operating Revenue

Net Patient Service Revenue	\$367055119
Other Operating Revenue	\$8332059
Total Operating Revenue	\$375387178

4. Operating Expenses

Salaries and Wages	\$109751619	Employee Benefits	\$28318599
Depreciation and Amortization	\$21005914	Interest Expense	\$8505594
Bad Debt	\$26750703	Other Expenses	\$182266934
Total Operating Expenses	\$376599363		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1212187	Total Assets	\$455406077
Net Non-operating Gains over Loss	\$1055067	Total Liabilities	\$319773026
Total Net Gains	\$-157120		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$448759534	\$298964653	\$149794881
Medicaid	\$133696590	\$113775798	\$19920792
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$369077893	\$171738447	\$197339446
Total	\$951534017	\$584478898	\$367055119

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$294230	\$-294230

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$98857	\$-98857

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$5695147	\$-5695147
Hospital Patients	\$0	\$822500	\$-822500
Community Education	\$0	\$594714	\$-594714

Number of Medical Professionals Trained	123123
Number of Hospital Patients Educated	347651
Number of Citizens Exposed to Health Education Messages	19120

Statement Six: Charity Statement

Hospital Charity Charges	\$26905663
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9762182	
HCI Payments	\$0		
Subtotal	\$0	\$9762182	\$-9762182
Medicaid Shortfalls	\$14854046	\$48509134	
Subtotal	\$14854046	\$58271316	\$-43417270
DSH Payments	\$0		
Subtotal	\$14854046	\$58271316	\$-43417270
Medicare Shortfalls	\$120822604	\$162823422	
Other Government Programs	\$0	\$0	
Total	\$135676650	\$221094738	\$-85418088

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5802423	\$-5802423
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$939901	\$-939901
Other Allocations	\$0	\$81173	\$-81173