



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0009; 15-S009

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$233177000
Outpatient Patient Service Revenue	\$180559000
Total Gross Patient Service Revenue	\$413736000

2. Deductions From Revenue

Contractual Allowance	\$252388000
Other Deductions	\$8445000
Total Deductions	\$260833000

3. Total Operating Revenue

Net Patient Service Revenue	\$152903000
Other Operating Revenue	\$2490000
Total Operating Revenue	\$155393000

4. Operating Expenses

Salaries and Wages	\$57170000	Employee Benefits	\$13827000
Depreciation and Amortization	\$10090000	Interest Expense	\$3135000
Bad Debt	\$41651000	Other Expenses	\$53253000
Total Operating Expenses	\$179126000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-24775000	Total Assets	\$139962000
Net Non-operating Gains over Loss	\$228000	Total Liabilities	\$84226000
Total Net Gains	\$-24547000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$186938174	\$124461208	\$62476966
Medicaid	\$57520481	\$44866207	\$12654274
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$169277345	\$91505585	\$77771760
Total	\$413736000	\$260833000	\$152903000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$462547	\$349814	\$112733

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	\$471503	\$168044	\$303459
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2.5
Number of Hospital Patients Educated	14322
Number of Citizens Exposed to Health Education Messages	14429

Statement Six: Charity Statement

Hospital Charity Charges	\$4890000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1467000	
HCI Payments	\$0		
Subtotal	\$0	\$1467000	\$-1467000
Medicaid Shortfalls	\$12654274	\$17256144	
Subtotal	\$12654274	\$18723144	\$-6068870
DSH Payments	\$0		
Subtotal	\$12654274	\$18723144	\$-6068870
Medicare Shortfalls	\$62476966	\$56081452	
Other Government Programs	\$0	\$5367000	
Total	\$75131240	\$80171596	\$-5040356

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$67925	\$-67925
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$336922	\$163962	\$172960
Other Allocations	\$0	\$0	\$0