



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

Year Begin: 10/01/2010 (mm/dd/yyyy format)

Year End: 09/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10377075	Contractual Allowance	\$17765604
Outpatient Patient Service Revenue	\$34648065	Other Deductions	\$985924
Total Gross Patient Service Revenue	\$45025140	Total Deductions	\$18751528

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$26273610
Other Operating Revenue	\$475219
Total Operating Revenue	\$26748829

4. Operating Expenses

Salaries and Wages	\$10148299	Employee Benefits	\$2484563
Depreciation and Amortization	\$1822566	Interest Expense	\$354700
Bad Debt	\$2945933	Other Expenses	\$9627476
Total Operating Expenses	\$27383537		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-634716	Total Assets	\$24227325
Net Non-operating Gains over Loss	\$-922824	Total Liabilities	\$13904366
Total Net Gains	\$-1557540		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$17082599	\$9085997	\$7996602
Medicaid	\$5759830	\$5082264	\$677566
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22182711	\$3597343	\$18585368
Total	\$45025140	\$17765604	\$27259536

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$284895	\$284895	\$0

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	\$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	\$985924
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$985924	
HCI Payments	\$0		
Subtotal	\$0	\$985924	\$-985924
Medicaid Shortfalls	\$677566	\$3283103	
Subtotal	\$677566	\$4269027	\$-3591461
DSH Payments	\$0		
Subtotal	\$677566	\$4269027	\$-3591461
Medicare Shortfalls	\$7993302	\$9737081	
Other Government Programs	\$0	\$0	
Total	\$8670868	\$14006108	\$-5335240

Statement Seven: Subsidized Health Services for the Community

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