



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: LINTON

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

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

Medicare Provider Number: 15-1317

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10362991
Outpatient Patient Service Revenue	\$37231216
Total Gross Patient Service Revenue	\$47594207

#### 2. Deductions From Revenue

Contractual Allowance	\$20438016
Other Deductions	\$0
Total Deductions	\$20438016

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$27156191
Other Operating Revenue	\$1458137
Total Operating Revenue	\$28614328

#### 4. Operating Expenses

Salaries and Wages	\$10367876	Employee Benefits	\$3652025
Depreciation and Amortization	\$451645	Interest Expense	\$0
Bad Debt	\$2744812	Other Expenses	\$9298687
Total Operating Expenses	\$26515045		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2099284	Total Assets	\$29229804
Net Non-operating Gains over Loss	\$9931	Total Liabilities	\$3288728
Total Net Gains	\$2109215		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$21463158	\$9582716	\$11880442
Medicaid	\$6187247	\$5695235	\$492012
Other Government	\$0	\$0	\$0
Other State	\$59680	\$14850	\$44830
Other Payers	\$19884122	\$5145215	\$14738907
Total	\$47594207	\$20438016	\$27156191

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$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	\$399	\$-399
Hospital Patients	\$0	\$4775	\$-4775
Community Education	\$0	\$2597	\$-2597

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	955
Number of Citizens Exposed to Health Education Messages	3902

### Statement Six: Charity Statement

Hospital Charity Charges	\$1068420
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1004780	
HCI Payments	\$0		
Subtotal	\$0	\$1004780	\$-1004780
Medicaid Shortfalls	\$164004	\$5818707	
Subtotal	\$164004	\$6823487	\$-6659483
DSH Payments	\$1,081,758		
Subtotal	\$1245762	\$6823487	\$-5577725
Medicare Shortfalls	\$9582716	\$20184717	
Other Government Programs	\$26898	\$56125	
Total	\$10855376	\$27064329	\$-16208953

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12538	\$-12538
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0