



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PERRY COUNTY MEMORIAL HOSPITAL

City of Hospital: Tell City

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

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

Medicare Provider Number: 15-1322

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19353709
Outpatient Patient Service Revenue	\$49878966
Total Gross Patient Service Revenue	\$69232675

#### 2. Deductions From Revenue

Contractual Allowance	\$33080205
Other Deductions	\$2286135
Total Deductions	\$35366340

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$33866335
Other Operating Revenue	\$156101
Total Operating Revenue	\$34022436

#### 4. Operating Expenses

Salaries and Wages	\$9580164	Employee Benefits	\$4298168
Depreciation and Amortization	\$1029183	Interest Expense	\$111764
Bad Debt	\$4125073	Other Expenses	\$12659685
Total Operating Expenses	\$31804037		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2218399	Total Assets	\$35269892
Net Non-operating Gains over Loss	\$-1813862	Total Liabilities	\$4629096
Total Net Gains	\$404537		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$31900423	\$18685977	\$13214446
Medicaid	\$7305223	\$6468668	\$836555
Other Government	\$368845	\$220607	\$148238
Other State	\$1817703	\$1310702	\$507001
Other Payers	\$27840480	\$8680386	\$19160094
Total	\$69232674	\$35366340	\$33866334

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$68797	\$23510	\$45287

### 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	42
Number of Hospital Patients Educated	41583
Number of Citizens Exposed to Health Education Messages	4630

### Statement Six: Charity Statement

Hospital Charity Charges	\$1918069
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$699673	
HCI Payments	\$0		
Subtotal	\$0	\$699673	\$-699673
Medicaid Shortfalls	\$894706	\$2153108	
Subtotal	\$894706	\$2852781	\$-1958075
DSH Payments	\$759,334		
Subtotal	\$1654040	\$2852781	\$-1198741
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$217607	\$134547	
Total	\$1871647	\$2987328	\$-1115681

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$53342	\$-53342
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0