



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

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

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

Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12356000	Contractual Allowance	\$35639000
Outpatient Patient Service Revenue	\$48547000	Other Deductions	\$0
Total Gross Patient Service Revenue	\$60903000	Total Deductions	\$35639000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$25264000
Other Operating Revenue	\$657000
Total Operating Revenue	\$25921000

4. Operating Expenses

Salaries and Wages	\$9051000	Employee Benefits	\$2866000
Depreciation and Amortization	\$2426000	Interest Expense	\$0
Bad Debt	\$7021000	Other Expenses	\$7965000
Total Operating Expenses	\$29329000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3408000	Total Assets	\$28987000
Net Non-operating Gains over Loss	\$453000	Total Liabilities	\$2541000
Total Net Gains	\$-2955000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22335000	\$14621000	\$7714000
Medicaid	\$12627000	\$10604000	\$2023000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25941000	\$10414000	\$15527000
Total	\$60903000	\$35639000	\$25264000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$451000	\$0	\$451000

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,352,000		
Subtotal	\$1352000	\$0	\$1352000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1352000	\$0	\$1352000

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