



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: SULLIVAN

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

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

Medicare Provider Number: 151327

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12640003
Outpatient Patient Service Revenue	\$41880691
Total Gross Patient Service Revenue	\$54520694

#### 2. Deductions From Revenue

Contractual Allowance	\$28201132
Other Deductions	\$0
Total Deductions	\$28201132

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$26319562
Other Operating Revenue	\$118451
Total Operating Revenue	\$26438013

#### 4. Operating Expenses

Salaries and Wages	\$9278203	Employee Benefits	\$2836022
Depreciation and Amortization	\$1619233	Interest Expense	\$26174
Bad Debt	\$3942960	Other Expenses	\$7497802
Total Operating Expenses	\$25200394		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1237619	Total Assets	\$33668602
Net Non-operating Gains over Loss	\$-343468	Total Liabilities	\$4304049
Total Net Gains	\$894151		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22734798	\$13791176	\$8943622
Medicaid	\$2838813	\$1913950	\$924863
Other Government	\$1422285	\$931627	\$490658
Other State	\$5078239	\$4626488	\$451751
Other Payers	\$22446559	\$6937891	\$15508668
Total	\$54520694	\$28201132	\$26319562

### 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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$5074	\$5074	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4000

### Statement Six: Charity Statement

Hospital Charity Charges	\$47982
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$28789	
HCI Payments	\$0		
Subtotal	\$0	\$28789	\$-28789
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

**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