



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 09/01/2010 (mm/dd/yyyy format)

Year End: 08/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$501704764
Outpatient Patient Service Revenue	\$529173069
Total Gross Patient Service Revenue	\$1030877833

2. Deductions From Revenue

Contractual Allowance	\$616633784
Other Deductions	\$29623375
Total Deductions	\$646257159

3. Total Operating Revenue

Net Patient Service Revenue	\$384620674
Other Operating Revenue	\$8395730
Total Operating Revenue	\$393016404

4. Operating Expenses

Salaries and Wages	\$107581614	Employee Benefits	\$25644940
Depreciation and Amortization	\$23991202	Interest Expense	\$13916230
Bad Debt	\$36284667	Other Expenses	\$188298254
Total Operating Expenses	\$395716907		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2700503	Total Assets	\$464415498
Net Non-operating Gains over Loss	\$896025	Total Liabilities	\$337089154
Total Net Gains	\$-1804478		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$487022067	\$334779462	\$152242605
Medicaid	\$143812674	\$124589633	\$19223041
Other Government	\$0	\$0	\$0
Other State	\$18193663	\$15805393	\$2388270
Other Payers	\$381849429	\$171082671	\$210766758
Total	\$1030877833	\$646257159	\$384620674

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$176729	\$-176729

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$38200	\$-38200

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2773395	\$8157610	\$-5384215
Hospital Patients	\$0	\$613922	\$-613922
Community Education	\$0	\$74098	\$-74098

Number of Medical Professionals Trained	138275
Number of Hospital Patients Educated	315886
Number of Citizens Exposed to Health Education Messages	13254

Statement Six: Charity Statement

Hospital Charity Charges	\$29623383
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10115047	
HCI Payments	\$0		
Subtotal	\$0	\$10115047	\$-10115047
Medicaid Shortfalls	\$0	\$29520213	
Subtotal	\$0	\$39635260	\$-39635260
DSH Payments	\$0		
Subtotal	\$0	\$39635260	\$-39635260
Medicare Shortfalls	\$152242605	\$166074525	
Other Government Programs	\$0	\$0	
Total	\$152242605	\$205709785	\$-53467180

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5276047	\$-5276047
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$893303	\$-893303
Other Allocations	\$0	\$0	\$0