



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 CLINTON

City of Hospital: Clinton

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

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

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18058933	Contractual Allowance	\$36320922
Outpatient Patient Service Revenue	\$50713829	Other Deductions	\$3515229
Total Gross Patient Service Revenue	\$68772762	Total Deductions	\$39836151

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$28936611
Other Operating Revenue	\$486354
Total Operating Revenue	\$29422965

4. Operating Expenses

Salaries and Wages	\$9545153	Employee Benefits	\$2203472
Depreciation and Amortization	\$956934	Interest Expense	\$6524
Bad Debt	\$5676730	Other Expenses	\$9693812
Total Operating Expenses	\$28082625		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1340340	Total Assets	\$0
Net Non-operating Gains over Loss	\$1086	Total Liabilities	\$0
Total Net Gains	\$1341426		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$29299409	\$16407669	\$12891740
Medicaid	\$11553205	\$10552697	\$1000508
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27920148	\$12875785	\$15044363
Total	\$68772762	\$39836151	\$28936611

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10575	\$-10575

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	\$116619	\$-116619
Hospital Patients	\$0	\$98579	\$-98579
Community Education	\$0	\$7224	\$-7224

Number of Medical Professionals Trained	9885
Number of Hospital Patients Educated	9727
Number of Citizens Exposed to Health Education Messages	2214

Statement Six: Charity Statement

Hospital Charity Charges	\$3515229
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1090682	
HCI Payments	\$0		
Subtotal	\$0	\$1090682	\$-1090682
Medicaid Shortfalls	\$0	\$1685012	
Subtotal	\$0	\$2775694	\$-2775694
DSH Payments	\$1,161,676		
Subtotal	\$1161676	\$2775694	\$-1614018
Medicare Shortfalls	\$12891740	\$9082817	
Other Government Programs	\$0	\$0	
Total	\$14053416	\$11858511	\$2194905

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	\$29029	\$-29029
Other Allocations	\$0	\$0	\$0