



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

Hospital Name: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

Year Begin: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (mm/dd/yyyy format)

Person Completing the Report: Dawn Michel

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12123127
Outpatient Patient Service Revenue	\$37329666
Total Gross Patient Service Revenue	\$49452793

## 2. Deductions From Revenue

Contractual Allowance	\$18453699
Other Deductions	\$889243
Total Deductions	\$19342942

## 3. Total Operating Revenue

Net Patient Service Revenue	\$30109849
Other Operating Revenue	\$760078
Total Operating Revenue	\$30869927

## 4. Operating Expenses

Salaries and Wages	\$10560633	Employee Benefits	\$2793107
Depreciation and Amortization	\$1528445	Interest Expense	\$309855
Bad Debt	\$3573590	Other Expenses	\$9291205
Total Operating Expenses	\$28056835		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2813091	Total Assets	\$24272386
Net Non-operating Gains over Loss	\$-1008985	Total Liabilities	\$12515932
Total Net Gains	\$1804106		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20977904	\$10642635	\$10335269
Medicaid	\$6049257	\$3974205	\$2075052
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22515632	\$3836859	\$18678773
Total	\$49542793	\$18453699	\$31089094

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$175679	\$0	\$175679

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

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$939813	
HCI Payments	\$0		
Subtotal	\$0	\$939813	\$-939813
Medicaid Shortfalls	\$2075052	\$3245055	
Subtotal	\$2075052	\$4184868	\$-2109816
DSH Payments	\$0		
Subtotal	\$2075052	\$4184868	\$-2109816
Medicare Shortfalls	\$10335269	\$11253359	
Other Government Programs	\$0	\$0	
Total	\$12410321	\$15438227	\$-3027906

Statement Seven: Subsidized Health Services for the Community
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	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

Comments



